

Name and establishment flap
Please fold it out to complete the questionnaire!

model questionnaire

Name flap

Please enter the names on the flap in the following order:

1. Adult in the household who is most familiar with the household's financial matters
2. Spouse or cohabiting partner of Person 1
3. Children of Person 1 and/or Person 2
4. Relatives of Person 1 or Person 2
5. Other people in the household

(Please retain this order throughout the questionnaire.)

Person 1	Person 2	Person 3	Person 4	Person 5

Telephone number for further enquiries
(voluntary)

Please enter the reference week as given on the front cover:

Monday,

DD	MM	YY			

to Sunday,

DD	MM	YY			

Establishment flap

84 Name and address of the establishment you work in.

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

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 84 on page 25).

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.

model questionnaire

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 8

Note !

The reference week is given on the front cover.

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)

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 1

Female 2

Gender diverse 3

Not stated in the birth register 4

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

5 When were you born?

Month

Year

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

voluntary

6 Is your birthday before the last day of the reference week in 2021?

Yes 1

No 8

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

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

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

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			

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 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	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 Has your household been interviewed for the microcensus in this dwelling within the last 12 months?

Yes

No → 14

11 Have any household members moved out since the last interview?

Yes, number of those who moved out

No 8

12 Have any household members died since the last interview?

Yes, number of those who died

No 8

model questionnaire

13 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"/>				
No	<input type="checkbox"/>				

People and household

14 Do you live in a one-person household?

Yes → 20

No

15 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="text"/>				
No 8	<input type="checkbox"/>				

16 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="text"/>				
No	<input type="checkbox"/>				

17 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="text"/> → 19				
No 8	<input type="checkbox"/>				

18 Does your partner live in this household?

i This includes registered life partnerships.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, my partner is number (see flap)	<input type="text"/>				
No 8	<input type="checkbox"/>				

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19 What is your relationship to Person 1?

	Person 1	Person 2	Person 3	Person 4	Person 5
I am Person 1. 1	<input type="checkbox"/>				
I am (his/her) ...					
wife, husband. 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
partner. 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
daughter, son (including stepchildren, adopted and foster children). 4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
daughter-in-law, son-in-law. 5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
granddaughter, grandson. 6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
great-granddaughter, great-grandson. 7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mother, father (including stepparents, adoptive and foster parents). 8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mother-in-law, father-in-law. 9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
grandmother, grandfather. 10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
great-grandmother, great-grandfather. 11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sister, brother. 12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sister-in-law, brother-in-law. 13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
another relative by birth/marriage. 14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
not related by birth/marriage. 15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Place of residence 12 months ago

20 12 months before the reference week, was your place of residence the same as today?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 25				
No 8	<input type="checkbox"/>				
Not applicable, newborn person 7	<input type="checkbox"/> → 25				

21 Was your place of residence in Germany at that time?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/>				
No 8	<input type="checkbox"/> → 24				

22 In which Land was your place of residence located at that time?

In ... (Land):

Code from List 22

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

List 22

Baden-Württemberg	8	Niedersachsen	3
Bayern	9	Nordrhein-Westfalen	5
Berlin	11	Rheinland-Pfalz	7
Brandenburg	12	Saarland	10
Bremen	4	Sachsen	14
Hamburg	2	Sachsen-Anhalt	15
Hessen	6	Schleswig-Holstein	1
Mecklenburg-Vorpommern	13	Thüringen	16

23 In which municipality and in which administrative district was your place of residence located at that time?

Person 1

Person 2

Person 3

Person 4

Person 5

<input type="text"/>	} → 25
<input type="text"/>	

24 In which country was your place of residence located at that time?

Person 1

Person 2

Person 3

Person 4

Person 5

<input type="text"/>

Information and communication technologies in the household

25 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

No

I don't know.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>				
No	<input type="checkbox"/>				
I don't know.	<input type="checkbox"/>				

Children in day care

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

- Yes
- No → 29

27 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"/>				
Professional child minder 2	<input type="checkbox"/>				
Au-pair, babysitter 3	<input type="checkbox"/>				
Preschool institution (pre-primary education) 4	<input type="checkbox"/>				
Care services for pupils before and/or after school (offered by school or other facility) 5	<input type="checkbox"/>				
Relatives, friends, neighbours 6	<input type="checkbox"/>				
None of the above categories applies. 7	<input type="checkbox"/> → 29				

28 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"/>				
Professional child minder 2	<input type="checkbox"/>				
Au-pair, babysitter 3	<input type="checkbox"/>				
Preschool institution (pre-primary education) 4	<input type="checkbox"/>				
Care services for pupils before and/or after school (offered by school or other facility) 5	<input type="checkbox"/>				
Relatives, friends, neighbours 6	<input type="checkbox"/>				
None of the above categories applies. 7	<input type="checkbox"/>				

29 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 Saarbrücken between 1947 and 1956, which was French territory at the time).

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/>				
No 8	<input type="checkbox"/> → 31				

30 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"/> → 34				
No 8	<input type="checkbox"/>				

31 In which country (today’s borders) were you born?

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"/>

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

i See also p. 71: **i** “Today’s territory”.

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

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33 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"/>				
Employment: no job found before moving to Germany 2	<input type="checkbox"/>				
Academic studies or other education, advanced training 3	<input type="checkbox"/>				
Moved to Germany with a family member or followed a family member (family reunification) 4	<input type="checkbox"/>				
Marriage/partnership with a person living in Germany (family formation) 5	<input type="checkbox"/>				
Flight, persecution, expulsion, asylum 6	<input type="checkbox"/>				
Free movement within the EU: wished to settle in Germany 7	<input type="checkbox"/>				
Retirement 8	<input type="checkbox"/>				
Other main reason 9	<input type="checkbox"/>				

34 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"/> → 36				
I speak German and at least one other language at home. 2	<input type="checkbox"/>				
I do not speak German at home but another language/other languages. 3	<input type="checkbox"/>				

model questionnaire

35 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"/>
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	18 <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"/>
Hungarian	25 <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

36 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"/> → 38	<input type="checkbox"/> → 38			

37 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"/>				

38 Thinking of the last 10 years: Did you arrive in Germany within that period and/or did you interrupt your stay in Germany for at least 1 year?

Yes 1

No 8

Not applicable as I was born in Germany and have never interrupted my stay in Germany for at least 1 year. 9

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>				
<input type="checkbox"/> → 40				
<input type="checkbox"/> → 40				

39 In which country did you live before your most recent arrival/your most recent return?

Person 1

Person 2

Person 3

Person 4

Person 5

<input type="text"/>

40 Do you have German citizenship?

Yes, German citizenship only 7

Yes, German citizenship and citizenship of at least one foreign country 2

No 8

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/> → 45				
<input type="checkbox"/> → 44				
<input type="checkbox"/>				

41 Of which foreign country do you have citizenship?

If you do not have citizenship of any country, please enter "stateless".

Person 1

Person 2

Person 3

Person 4

Person 5

<input type="text"/>

42 Do you have citizenship of another foreign country?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>				
No	<input type="checkbox"/> → 54				

43 Of which second foreign country do you have citizenship?

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"/>

→ 54

44 Of which other country do you have citizenship?

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"/>

45 How did you obtain German citizenship?

i See also p. 71: **2** "Citizenship".

	Person 1	Person 2	Person 3	Person 4	Person 5
By birth	<input type="checkbox"/> → 48				
As a non-naturalised (ethnic) German repatriate	<input type="checkbox"/> → 54				
As a naturalised (ethnic) German repatriate	<input type="checkbox"/>				
By naturalisation (no ethnic German repatriate)	<input type="checkbox"/>				
By adoption by German parent(s)	<input type="checkbox"/> → 54				

46 When were you naturalised?

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

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

→ 54

48 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	<input type="checkbox"/> → 51				
No	<input type="checkbox"/>				

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

i See also p. 71: **1** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, in (year)	_____	_____	_____	_____	_____
Yes, but I do not know the year of arrival. 2	<input type="checkbox"/>				
No 8	<input type="checkbox"/>				
I don't know. 7	<input type="checkbox"/>				

50 Is/was your mother a German citizen?

i See also p. 71: **2** "Citizenship".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, by birth	<input type="checkbox"/>				
Yes, as a non-naturalised (ethnic) German repatriate .. 2	<input type="checkbox"/>				
Yes, as a naturalised (ethnic) German repatriate 3	<input type="checkbox"/>				
Yes, by naturalisation (no ethnic German repatriate) .. 4	<input type="checkbox"/>				
Yes, by adoption by German parent(s)	<input type="checkbox"/>				
Yes, but I do not know how it was obtained. 6	<input type="checkbox"/>				
No 8	<input type="checkbox"/>				
I don't know. 7	<input type="checkbox"/>				

51 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	<input type="checkbox"/> → 54				
No	<input type="checkbox"/>				

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

i See also p. 71: **1** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, in (year)	_____	_____	_____	_____	_____
Yes, but I do not know the year of arrival. 2	<input type="checkbox"/>				
No 8	<input type="checkbox"/>				
I don't know. 7	<input type="checkbox"/>				

53 Is/was your father a German citizen?

i See also p. 71: **2** "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"/>
I don't know.	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

i See also p. 71: **1** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 56	<input type="checkbox"/> → 56			
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know.	7 <input type="checkbox"/> → 56	<input type="checkbox"/> → 56			

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

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"/>

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

i See also p. 71: **1** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 58	<input type="checkbox"/> → 58			
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know.	7 <input type="checkbox"/> → 58	<input type="checkbox"/> → 58			

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

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

School or university attendance

58 Have you been a pupil, apprentice, student in the last 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"/> → 64	<input type="checkbox"/> → 64			

59 Have you been a pupil, apprentice, student in the last 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

60 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"/> → 64	<input type="checkbox"/> → 64			
Evening grammar school, adult education college	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn the page for more schools.

62 What is the title of your master craftsman specialisation?

i This refers to **master craftsman 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		} → 64
Person 2		
Person 3		
Person 4		
Person 5		

63 What course of study did you take?

	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 or comparable course of study	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions about impairments

64 Do you have an officially recognised disability?

i As certified e.g. by a severely disabled person's pass, a seriously injured or war disabled person's pass, a pension award letter, an administrative or judicial ruling or a notice issued by a pension office.

	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"/>
No response	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

} → 66

65 What is the officially recognised degree of disability?

	Person 1	Person 2	Person 3	Person 4	Person 5
less than 30	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 less than 40	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 less than 50	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 less than 60	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60 less than 70	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70 less than 80	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80 less than 90	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90 less than 100	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know.	88 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response	99 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

66 Are you 15 years or older?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>				
No	<input type="checkbox"/> → 203				

Employment situation in the reference week

67 Did you work for payment for at least one hour 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	<input type="checkbox"/> → 75				
No	<input type="checkbox"/>				

68 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	<input type="checkbox"/> → 75				
No	<input type="checkbox"/>				

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/> → 71				
No	<input type="checkbox"/>				

model questionnaire

70 Did you do any casual or small work for payment in the reference week, such as 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
 - household helper or cleaner
 - delivery services driver for restaurants, online shops; or as courier
 - babysitter
 - carer of children or of people in need of care
 - deliverer of advertising leaflets or free newspapers
 - hostess /gentleman hos
 - private tutor
 - renovation or construction helper (e.g. painting, wallpapering, plastering, installing electrics, plumbing)
 - gardening (mowing the lawn, cutting hedges or trees, etc.)

- harvesting
- preparing analyses or reports, scientific work
- academic assistant
- bookkeeping
- translato
- coach in a sports club
- temporary security worker
- freelancer on online platforms
- artist or performer
- 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	<input type="checkbox"/> → 75				
No	<input type="checkbox"/> → 169				

model questionnaire

71 Why did you not work in the reference week?

i See also p. 71:
3 "Partial retirement" and
4 "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)	<input type="checkbox"/>				
Holidays, special leave	<input type="checkbox"/>				
Compensation leave (within the framework of a working time account or an annualised hours contract)	<input type="checkbox"/> → 75				
Maternity leave	<input type="checkbox"/>				
Partial retirement	<input type="checkbox"/>				
Vocational and continuing training	<input type="checkbox"/>				
Parental leave	<input type="checkbox"/>				
Released from work under the Caregiver Leave Act ...	<input type="checkbox"/>				
Off-season	<input type="checkbox"/> → 74				
Strike, lockout	<input type="checkbox"/>				
Bad weather	<input type="checkbox"/>				
Short-time work for technical or economic reasons ...	<input type="checkbox"/>				
General and continuing education, school attendance	<input type="checkbox"/>	<input type="checkbox"/> → 73			
Personal, family responsibilities	<input type="checkbox"/>				
Other reasons	<input type="checkbox"/>				
I have already found a job but did not yet work in that job in the reference week.	<input type="checkbox"/> → 169				

72 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	<input type="checkbox"/> → 75				
No	<input type="checkbox"/>				
Not applicable because self-employed, freelancer	<input type="checkbox"/>				

73 Indicate the total period of your absence from work.

	Person 1	Person 2	Person 3	Person 4	Person 5
3 months or less	<input type="checkbox"/> → 75				
More than 3 months	<input type="checkbox"/> → 170				

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>				
No	<input type="checkbox"/> → 171				

Job during the reference week

75 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. 71: **B** "Categorisation of job".

	Person 1	Person 2	Person 3	Person 4	Person 5
Self-employed person, freelancer					
without employees 1	<input type="checkbox"/>				
with employees 2	<input type="checkbox"/>				
Unpaid family worker in a family business 3	<input type="checkbox"/>				
Public official (not including candidates), judge 4	<input type="checkbox"/> → 77				
Salary earner (not including apprentices) 5	<input type="checkbox"/>				
Wage earner (not including apprentices), homemaker 6	<input type="checkbox"/>				
Apprentice/trainee receiving remuneration 7	<input type="checkbox"/>				
Candidate public official 8	<input type="checkbox"/>				
Intern, trainee (including paid practical training or internship) 9	<input type="checkbox"/>				
Temporary or professional soldier 10	<input type="checkbox"/> → 77				
In voluntary military service 11	<input type="checkbox"/>				
In the Federal Volunteer Service (also social, ecological or cultural year) 12	<input type="checkbox"/>				
Other employee with a small-scale job 13	<input type="checkbox"/>				

76 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"/>				
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"/>				

77 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. 71: **6** "Marginal employment".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, a 450-euro job, mini-job (average maximum earnings of 450 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 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"/>

78 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"/>

Job during the reference week

79 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: 100%; height: 20px;" type="text"/>
Person 2	<input style="width: 100%; height: 20px;" type="text"/>
Person 3	<input style="width: 100%; height: 20px;" type="text"/>
Person 4	<input style="width: 100%; height: 20px;" type="text"/>
Person 5	<input style="width: 100%; height: 20px;" type="text"/>

voluntary

model questionnaire

80 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	

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

	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"/>				
Yes, supervisory duties (guiding and supervising staff, distributing work and checking the outcome) 2	<input type="checkbox"/>				
No 8	<input type="checkbox"/>				

82 What activities does your current job usually consist of?

Please mark all relevant boxes.

	Person 1	Person 2	Person 3	Person 4	Person 5
Giving guidance to staff 1	<input type="checkbox"/>				
Supervising staff 2	<input type="checkbox"/>				
Distributing work 3	<input type="checkbox"/>				
Checking the work performed 4	<input type="checkbox"/>				
None of the above 8	<input type="checkbox"/>				

model questionnaire

83 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.

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. 71:  "Establishment (location)".

Person 1

Person 2

Person 3

Person 4

Person 5

84 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.

85 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".

Yes

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

No

Model questionnaire

86 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"/> → 88	<input type="checkbox"/> → 88			
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"/>

87 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"/>				

Change of job or occupation

88 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

89 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	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

Location of place of work

90 Is your place of work located here, in the municipality where you live?

i If you work at **different places**, your place of work is the location from where your work is organised.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/> → 102				
No	<input type="checkbox"/>				

91 Is your place of work located in Germany?

In ... (Land):

Code from List 91

My place of work is not in Germany.

	Person 1	Person 2	Person 3	Person 4	Person 5
	<input type="text"/>				
	<input type="checkbox"/> → 93				

List 91

Baden-Württemberg	8	Niedersachsen	3
Bayern	9	Nordrhein-Westfalen	5
Berlin	11	Rheinland-Pfalz	7
Brandenburg	12	Saarland	10
Bremen	4	Sachsen	14
Hamburg	2	Sachsen-Anhalt	15
Hessen	6	Schleswig-Holstein	1
Mecklenburg-Vorpommern	13	Thüringen	16

92 In which municipality and in which administrative district is your place of work located?

Person 1

Person 2

Person 3

Person 4

Person 5

<input type="text"/>	} → 102
<input type="text"/>	

93 In which country do you work?

i If you work at **different places**, your place of work is the location from where your work is organised.

	Person 1	Person 2	Person 3	Person 4	Person 5
Belgium	BE <input type="checkbox"/> → 94	<input type="checkbox"/> → 94			
Denmark	DK <input type="checkbox"/> → 95	<input type="checkbox"/> → 95			
France	FR <input type="checkbox"/> → 96	<input type="checkbox"/> → 96			
Netherlands	NL <input type="checkbox"/> → 97	<input type="checkbox"/> → 97			
Austria	AT <input type="checkbox"/> → 98	<input type="checkbox"/> → 98			
Poland	PL <input type="checkbox"/> → 99	<input type="checkbox"/> → 99			
Switzerland	CH <input type="checkbox"/> → 100	<input type="checkbox"/> → 100			
Czech Republic	CZ <input type="checkbox"/> → 101	<input type="checkbox"/> → 101			
Luxembourg	LU <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Russian Federation	RU <input type="checkbox"/> → 102	<input type="checkbox"/> → 102			
United Kingdom	GB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
United States	US <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other country (please state):

Person 1	<input type="text"/>	} → 102
Person 2	<input type="text"/>	
Person 3	<input type="text"/>	
Person 4	<input type="text"/>	
Person 5	<input type="text"/>	

94 In which province/region of Belgium is your place of work located?

	Person 1	Person 2	Person 3	Person 4	Person 5
Antwerp	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brussels	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flemish Brabant	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hainaut	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limburg	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liège	6 <input type="checkbox"/> → 102	<input type="checkbox"/> → 102			
Luxembourg	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Namur	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
East Flanders	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walloon Brabant	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Flanders	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

95 In which region of Denmark is your place of work located?

	Person 1	Person 2	Person 3	Person 4	Person 5
Hovedstaden	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central Jutland	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North Jutland	3 <input type="checkbox"/> → 102	<input type="checkbox"/> → 102			
Zealand	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Southern Denmark	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

96 In which region of France is your place of work located?

	Person 1	Person 2	Person 3	Person 4	Person 5
Burgundy	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Champagne-Ardenne	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alsace	3 <input type="checkbox"/> → 102	<input type="checkbox"/> → 102			
Franche-Comté	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lorraine	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other region	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

97 In which province of the Netherlands is your place of work located?

	Person 1	Person 2	Person 3	Person 4	Person 5
Drenthe	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flevoland	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friesland	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gelderland	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groningen	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limburg	6 <input type="checkbox"/> → 102	<input type="checkbox"/> → 102			
North Brabant	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North Holland	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overijssel	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zeeland	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Holland	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utrecht	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

98 In which province of Austria is your place of work located?

	Person 1	Person 2	Person 3	Person 4	Person 5
Burgenland	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carinthia	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Austria	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Austria	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salzburg	5 <input type="checkbox"/> → 102	<input type="checkbox"/> → 102			
Styria	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tyrol	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vorarlberg	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vienna	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

99 In which region/voivodeship of Poland is your place of work located?

	Person 1	Person 2	Person 3	Person 4	Person 5
Dolnoslaskie (Lower Silesia)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lubuskie (Lubusz)	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wielkopolskie (Greater Poland)	3 <input type="checkbox"/> → 102	<input type="checkbox"/> → 102			
Zachodniopomorskie (West Pomerania)	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other region/voivodeship	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

100 In which region of Switzerland is your place of work located?

	Person 1	Person 2	Person 3	Person 4	Person 5
Lake Geneva region	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Espace Mittelland	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Northwestern Switzerland	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zurich	4 <input type="checkbox"/> → 102	<input type="checkbox"/> → 102			
Eastern Switzerland	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central Switzerland	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ticino	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

101 In which region/oblast of the Czech Republic is your place of work located?

	Person 1	Person 2	Person 3	Person 4	Person 5
Jihozapad (Southwest)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prague	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severovychod (Northeast)	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severozapad (Northwest)	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stredni Cechy (Central Bohemia)	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other region/oblast	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

Scope and scale of current job

102 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** please mark the category relating to the time before you entered partial retirement.

	Person 1	Person 2	Person 3	Person 4	Person 5
Full-time	<input type="checkbox"/> → 105				
Part-time	<input type="checkbox"/>				

103 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	<input type="checkbox"/>				
School education, studies, other education or advanced training	<input type="checkbox"/> → 105				
Own illness, consequences of an accident	<input type="checkbox"/>				
Permanently reduced earning capacity, permanent disability	<input type="checkbox"/>				
Have to look after children	<input type="checkbox"/>				
Have to look after people with disabilities	<input type="checkbox"/>				
Have to look after people in need of care	<input type="checkbox"/>				
Other family reasons	<input type="checkbox"/>				
Other personal reasons	<input type="checkbox"/> → 105				
I want to work part-time.	<input type="checkbox"/>				
Other main reason	<input type="checkbox"/>				

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

Please mark all relevant boxes.

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

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

	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"/> → 111	<input type="checkbox"/> → 111			

106 How many clients did you have in the 12 months before the reference week?

i If you have been **self-employed** for less than 12 months, your answer should refer to the period of your self-employment. People who supply goods or services **to final consumers only**, please indicate the number of customers. If there are "customers" as well as "clients", please indicate the number of clients.

	Person 1	Person 2	Person 3	Person 4	Person 5
None	1 <input type="checkbox"/> } → 108	<input type="checkbox"/> } → 108			
One	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two to nine	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ten or more	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable because I am an unpaid family worker	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

107 Did you receive at least 75% of your income from a single client?

i See also p. 71: **8** "Income earned in the last 12 months".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	7 <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"/>
Not applicable because I am an unpaid family worker	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

108 When did you start working as a self-employed person, a freelancer or an unpaid family worker?

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

109 Can you decide on the start and end of your working times?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, I can decide on them myself. 1	<input type="checkbox"/>				
No, the start and end of my working times are determined by the clients or customers. 8	<input type="checkbox"/>				
No, my working times are determined by other people or (external) circumstances. 7	<input type="checkbox"/>				
No response 9	<input type="checkbox"/>				

110 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 125	<input type="text"/>				

111 Do you have a working contract for your job with a company that has placed you in a temporary assignment?

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

112 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 1	<input type="checkbox"/>				
No, open-ended contract 8	<input type="checkbox"/> → 115				

113 Why are you in fixed-term employment?

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Could not find permanent job 1	<input type="checkbox"/>				
Do not want permanent job 2	<input type="checkbox"/>				
Contract for probationary period 3	<input type="checkbox"/>				
Apprentice receiving apprenticeship pay 4	<input type="checkbox"/>				
Other kind of training (e.g. legal/teaching/medical internship, other practical training) 5	<input type="checkbox"/>				
Job was advertised only as fixed-term employment. 6	<input type="checkbox"/>				
I am working as a stand-in. 7	<input type="checkbox"/>				
Other main reason 8	<input type="checkbox"/>				

114 How long is the total contract period?

i If it is an employment contract for less than 1 month, please enter "0".

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of months 125	<input type="text"/>				

115 Since when have you been employed with your current employer?

i If you are a **temporary employee**, please enter the date when you started working for the temporary employment agency.

If you are on secondment or loan, enter the date when you started working for the establishment which seconded or hired you out.

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

116 How did you find your current job?

i If you have **several jobs**, your answer should only refer to the job in which you work the most hours per week. Please **only indicate the method** that was successful.

	Person 1	Person 2	Person 3	Person 4	Person 5
By answering an advertisement in a newspaper or on the internet	<input type="checkbox"/>				
Through relatives, friends, acquaintances	<input type="checkbox"/>				
Through the employment agency (job centre) or other employment authorities	<input type="checkbox"/> → 118				
Through private employment organisations	<input type="checkbox"/>				
Through an educational, vocational or continuing training institution	<input type="checkbox"/>				
Through practical training, internships or previous work experiences	<input type="checkbox"/>				
Through a speculative application, by applying for an unsolicited job	<input type="checkbox"/>				
My employer/a headhunter contacted me personally.	<input type="checkbox"/>				
By bidding for a public tender	<input type="checkbox"/>				
In some other way	<input type="checkbox"/>				

117 Was the employment agency involved in your job search at any time?

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

118 Did you start your current job in the reference week or the preceding 12 months?

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

119	Can you decide on the start and end of your working times?	Person 1	Person 2	Person 3	Person 4	Person 5
	Yes, I can decide on them myself. 1	<input type="checkbox"/>				
	Yes, I can decide on them myself within the scope of flexible working time arrangements. 2	<input type="checkbox"/>				
	No, I have fixed working times. 8	<input type="checkbox"/>				
	No response 9	<input type="checkbox"/>				
120	Do you have a written contract or verbal agreement with your employer?	Person 1	Person 2	Person 3	Person 4	Person 5
	Yes, a written contract 1	<input type="checkbox"/>				
	Yes, a verbal agreement 2	<input type="checkbox"/>				
	No 8	<input type="checkbox"/> → 124				
	No response 9	<input type="checkbox"/>				
121	Does the contract or verbal agreement set out the weekly working hours?	Person 1	Person 2	Person 3	Person 4	Person 5
	Yes 1	<input type="checkbox"/>				
	No 8	<input type="checkbox"/> } → 124				
	No response 9	<input type="checkbox"/>				
122	How many weekly working hours does the contract or verbal agreement specify? <i>Please round to the nearest half hour (e. g. 30.5).</i>	Person 1	Person 2	Person 3	Person 4	Person 5
	Contractual hours of work <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	No response <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123	Do you usually work as many hours per week as contractually agreed?	Person 1	Person 2	Person 3	Person 4	Person 5
	Yes 1	<input type="checkbox"/>				
	No 8	<input type="checkbox"/>				
124	How many hours a week do you usually work, including regular extra hours and stand-by duty? i See also p. 71: <input type="checkbox"/> "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. 40.5).</i>	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"/>
125	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 1	<input type="checkbox"/>				
	No 8	<input type="checkbox"/> → 127				

model questionnaire

126 In all, how many days off did you have in the reference week?

i Please include half days and count them as 0.5.

Number of days

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

127 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"/> → 129	<input type="checkbox"/> → 129			

128 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
□.□	□.□	□.□	□.□	□.□

129 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"/> → 131	<input type="checkbox"/> → 131			

130 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
□.□	□.□	□.□	□.□	□.□

131 Did you work more hours in the reference week than contractually agreed?

i If you have no contractual working hours but worked more hours than usual please indicate "Yes".

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"/> → 135	<input type="checkbox"/> → 135			

132 In all, how many additional hours did you work in the reference week?

i Please add up all additional hours worked on all days of the reference week.

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

Number of hours

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

133 How are the additional hours (overtime) remunerated?

Please mark all relevant boxes and, in addition, enter the number of hours worked as paid or unpaid overtime in the reference week.

Yes ...

	Person 1	Person 2	Person 3	Person 4	Person 5
hours compensated by flexible working time or time off (working time account)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hours remunerated in addition to your salary/wage (paid overtime)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
hours not remunerated and not otherwise compensated (unpaid overtime)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

134 Which statement applies to most of the extra hours worked?

	Person 1	Person 2	Person 3	Person 4	Person 5
Hours worked to accumulate credit hours or to reduce debit hours	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid or unpaid overtime hours	2 <input type="checkbox"/> → 138	<input type="checkbox"/> → 138			
Other hours	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

135 Did you work fewer hours in the reference week than contractually agreed?

i If you have no contractual working hours, mark "Yes" if you worked fewer hours in the reference week than usual, and mark "No" if you worked more 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"/> → 138	<input type="checkbox"/> → 138			

136 Why did you work less or not at all?

i See also p. 71:
4 "Caregiver Leave Act/Family Caregiver Leave Act".

Reason:	Person 1	Person 2	Person 3	Person 4	Person 5
Code from List 136	<input type="text"/>				

List 136	
Illness, accident	1
Spa treatment, rehabilitation measures	2
Industrial safety provisions, including maternity leave	3
Parental leave	4
Fully or partly released from work under the Caregiver Leave Act	5
Partly released from work under the Family Caregiver Leave Act	6
Holidays, special leave	7
Leave of absence (public service)	8
Strike, lockout	9
Bad weather	10
Short-time work	11
Public holiday	12
Start of job during the reference week	13
End of job during the reference week	14
Compensation for overtime hours (e.g. flexitime)	15
Attendance of school, training or advanced training outside the establishment	16
Personal or family responsibilities or other personal reasons	17
Absent from job due to partial retirement	18
Other main reason	19

137 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, and work done at home provided that it is a normal part of your job, such as for teachers.

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
□.□.□	□.□.□	□.□.□	□.□.□	□.□.□

Hours worked in the reference week and the preceding 3 weeks

138 Did you work on at least one Saturday in the reference week and the preceding 3 weeks?

Yes, ...	Person 1	Person 2	Person 3	Person 4	Person 5
on every Saturday 1	<input type="checkbox"/>				
on at least two Saturdays 2	<input type="checkbox"/>				
on one Saturday 3	<input type="checkbox"/>				
No 8	<input type="checkbox"/>				

139 Did you work on at least one Sunday in the reference week and the preceding 3 weeks?

Yes, ...	Person 1	Person 2	Person 3	Person 4	Person 5
on every Sunday 1	<input type="checkbox"/>				
on at least two Sundays 2	<input type="checkbox"/>				
on one Sunday 3	<input type="checkbox"/>				
No 8	<input type="checkbox"/>				

140 Did you work on at least one public holiday in the reference week and the preceding 3 weeks?

Yes, ...	Person 1	Person 2	Person 3	Person 4	Person 5
on every public holiday 1	<input type="checkbox"/>				
on at least two public holidays 2	<input type="checkbox"/>				
on one public holiday 3	<input type="checkbox"/>				
No 8	<input type="checkbox"/>				
Not applicable, there was no public holiday during that period. 9	<input type="checkbox"/>				

141 Did you work in the evening between 18:00 and 23:00 hrs on at least one working day in the reference week and the preceding 3 weeks?

Yes ...	Person 1	Person 2	Person 3	Person 4	Person 5
on every day worked 1	<input type="checkbox"/>				
on at least half of the days worked 2	<input type="checkbox"/>				
on fewer than half of the days worked 3	<input type="checkbox"/>				
No 8	<input type="checkbox"/>				

142 Did you work in the night between 23:00 and 6:00 hrs on at least one working day in the reference week and the preceding 3 weeks?

Yes ...	Person 1	Person 2	Person 3	Person 4	Person 5
on every day worked 1	<input type="checkbox"/>				
on at least half of the days worked 2	<input type="checkbox"/>				
on fewer than half of the days worked 3	<input type="checkbox"/>				
No 8	<input type="checkbox"/> → 144				

voluntary

143 How many hours did you work on average between 23.00 and 6.00 hrs?

i See also p. 72: **10** "Hours worked at night".

Round up or down to the nearest full hour.

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of hours	<input type="checkbox"/>				
No response	<input type="checkbox"/>				

144 Did you do shift work in the reference week and the preceding 3 weeks?

Yes ...	Person 1	Person 2	Person 3	Person 4	Person 5
on every day worked 1	<input type="checkbox"/>				
on at least half of the days worked 2	<input type="checkbox"/>				
on fewer than half of the days worked 3	<input type="checkbox"/>				
No 8	<input type="checkbox"/> → 150				

voluntary

145 Did you work the early shift in the reference week and the preceding 3 weeks?

Yes ...	Person 1	Person 2	Person 3	Person 4	Person 5
on every day worked 1	<input type="checkbox"/>				
on at least half of the days worked 2	<input type="checkbox"/>				
on fewer than half of the days worked 3	<input type="checkbox"/>				
No 8	<input type="checkbox"/>				
No response 9	<input type="checkbox"/>				

146 Did you work the late shift in the reference week and the preceding 3 weeks?

Yes ...	Person 1	Person 2	Person 3	Person 4	Person 5
on every day worked 1	<input type="checkbox"/>				
on at least half of the days worked 2	<input type="checkbox"/>				
on fewer than half of the days worked 3	<input type="checkbox"/>				
No 8	<input type="checkbox"/>				
No response 9	<input type="checkbox"/>				

147 Did you work the night shift in the reference week and the preceding 3 weeks?

Yes ...	Person 1	Person 2	Person 3	Person 4	Person 5
on every day worked 1	<input type="checkbox"/>				
on at least half of the days worked 2	<input type="checkbox"/>				
on fewer than half of the days worked 3	<input type="checkbox"/>				
No 8	<input type="checkbox"/>				
No response 9	<input type="checkbox"/>				

148 Did you work the day shift in the reference week and the preceding 3 weeks?

Yes ...	Person 1	Person 2	Person 3	Person 4	Person 5
on every day worked 1	<input type="checkbox"/>				
on at least half of the days worked 2	<input type="checkbox"/>				
on fewer than half of the days worked 3	<input type="checkbox"/>				
No 8	<input type="checkbox"/>				
No response 9	<input type="checkbox"/>				

149 Did you work any other shift in the reference week and the preceding 3 weeks?

Yes ...	Person 1	Person 2	Person 3	Person 4	Person 5
on every day worked 1	<input type="checkbox"/>				
on at least half of the days worked 2	<input type="checkbox"/>				
on fewer than half of the days worked 3	<input type="checkbox"/>				
No 8	<input type="checkbox"/>				
No response 9	<input type="checkbox"/>				

150 Did you work from home in the reference week and the preceding 3 weeks?

i See also p. 72:
ii "Working at home".

Yes ...	Person 1	Person 2	Person 3	Person 4	Person 5
on every day worked 1	<input type="checkbox"/>				
on at least half of the days worked 2	<input type="checkbox"/>				
on fewer than half of the days worked 3	<input type="checkbox"/>				
No 8	<input type="checkbox"/>				

Second or additional jobs

151 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"/>				
Yes, I had more than 2 jobs. 2	<input type="checkbox"/>				
No 8	<input type="checkbox"/> → 161				

152 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. 71: **ii** "Marginal employment".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, a 450-euros job, mini-job (average maximum earnings of 450 euros per month) 1	<input type="checkbox"/>				
Yes, short-term employment (a maximum of 3 months or 70 days worked per year) 2	<input type="checkbox"/>				
Yes, a one-euro job, (job opportunity for people receiving unemployment benefit II) 3	<input type="checkbox"/>				
No 8	<input type="checkbox"/>				

153 How often do you work in your additional job?

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

154 What is your status in your additional job?

i See also p. 71: **5** "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, judge	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary earner	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wage earner, homemaker	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

155 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

model questionnaire

156 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

157 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"/>				
Yes, supervisory duties (guiding and supervising staff, distributing work and checking the outcome)	<input type="checkbox"/>				
No	<input type="checkbox"/>				

158 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 relevant branch of activity.

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. 71: **■** "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"/>

model questionnaire

159 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).

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

160 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" in the number-of-hours box.

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

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

Number of desired working hours

161 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.

	Person 1	Person 2	Person 3	Person 4	Person 5
Retain	1 <input type="checkbox"/> → 167	<input type="checkbox"/> → 167			
Increase	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce	3 <input type="checkbox"/> → 166	<input type="checkbox"/> → 166			

162 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 tying myself down 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"/>

163 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"/> → 166	<input type="checkbox"/> → 166			
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

164 Why would you not be able to work more hours in these 2 weeks?

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Illness or inability to work	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education, advanced training	2 <input type="checkbox"/> → 166	<input type="checkbox"/> → 166			
Notice periods in the current job	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 reasons	7 <input type="checkbox"/> → 166	<input type="checkbox"/> → 166			
Other personal reasons	8 <input type="checkbox"/> → 166	<input type="checkbox"/> → 166			
Other main reason	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Please mark all relevant boxes.

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

166 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"/>				

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

167 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"/>				
No 8	<input type="checkbox"/> → 199				

168 Why did you look for a job?

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Near end of the current job 1	<input type="checkbox"/>				
Seeking for a permanent job 2	<input type="checkbox"/>				
Current job is of a transitional nature 3	<input type="checkbox"/>				
Seeking additional work 4	<input type="checkbox"/> → 199				
Seeking work with more working hours 5	<input type="checkbox"/>				
Seeking work with less working hours 6	<input type="checkbox"/>				
Seeking better working conditions 7	<input type="checkbox"/>				
Other main reason 8	<input type="checkbox"/>				

Last job or absence from work

169 Have you ever worked for pay or been in paid employment?

i Former unpaid family workers please mark "Yes, for a total of more than three months".

If you were in paid (self-)employment more than once, please add up the times.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, for a total of more than three months 1	<input type="checkbox"/>				
Yes, for a total of less than three months 2	<input type="checkbox"/>				
No 8	<input type="checkbox"/> → 179				

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

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) 1	<input type="checkbox"/>				
End of a fixed-term working contract 2	<input type="checkbox"/>				
Sale or closure of own enterprise 3	<input type="checkbox"/>				

Family reasons

Have to look after children 4	<input type="checkbox"/>				
Have to look after people with disabilities 5	<input type="checkbox"/>				
Have to look after people in need of care 6	<input type="checkbox"/>				
Other family reasons 7	<input type="checkbox"/>				

Personal reasons

Own resignation 8	<input type="checkbox"/>				
School or vocational education, studies 9	<input type="checkbox"/>				
Own illness, consequences of an accident 10	<input type="checkbox"/>				
Permanently reduced earning capacity, permanent disability 11	<input type="checkbox"/>				
Retirement 12	<input type="checkbox"/>				
Other personal reasons 13	<input type="checkbox"/>				

Other reasons

Other main reason 14	<input type="checkbox"/>				
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171 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 1	<input type="text"/>				
Year 2	<input type="text"/>				

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

i See also p. 71: **5** "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"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174
Salary earner (not including apprentices)	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wage earner (not including apprentices), homeworker	6 <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"/> → 174	<input type="checkbox"/> → 174			
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"/>

173 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"/>

174 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

175 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

model questionnaire

Person 1

Person 2

Person 3

Person 4

Person 5

176 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"/>

177 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.

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 relevant branch of activity.

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. 71: **■** "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"/>

178 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"/>

model questionnaire

179 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"/> → 181	<input type="checkbox"/> → 181			

180 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"/> → 191	<input type="checkbox"/> → 191			
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"/>

181 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"/> → 194	<input type="checkbox"/> → 194			
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 find a job in the reference week.	8 <input type="checkbox"/> → 183	<input type="checkbox"/> → 183			

182 When will you start your new job?

Within the next 3 months after the reference week ... 1

Later, that is, after more than 3 months after the reference week 8

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

183 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.

Yes 1

No 8

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

184 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.

No suitable job available 1

I am awaiting re-employment (following temporary lay-off)..... 2

Own illness, consequences of an accident 3

Permanently reduced earning capacity, permanent disability 4

Have to look after children 5

Have to look after people with disabilities 6

Have to look after people in need of care 7

Other family responsibilities 8

Other personal responsibilities 9

School or vocational education, studies 10

Retirement 11

Other main reason 12

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

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

Please mark all relevant boxes.

There is no adequate care available in the vicinity..... 1

There is no adequate care available at the relevant times of the day. 2

Adequate care is too expensive. 3

I want to do it myself. 4

Other essential reasons 9

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

186 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"/> → 199	<input type="checkbox"/> → 199			
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

187 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"/> → 199	<input type="checkbox"/> → 199			
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"/> → 199	<input type="checkbox"/> → 199			
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"/>

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

Please mark all relevant boxes.

	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"/> → 199	<input type="checkbox"/> → 199			
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"/>

189 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"/> → 199	<input type="checkbox"/> → 199			
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"/> → 199	<input type="checkbox"/> → 199			
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"/>

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

Please mark all relevant boxes.

	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"/> → 199	<input type="checkbox"/> → 199			
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"/>

191 Why are you searching for work?

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Dismissal	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own resignation	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntarily away from job	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entering the labour market (for the first time)	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"/>

192 What employment status are you looking for?

	Person 1	Person 2	Person 3	Person 4	Person 5
I am mainly looking for employment as...					
a self-employed person or freelancer 1	<input type="checkbox"/> → 194				
an employee, public official 2	<input type="checkbox"/>				

193 Are you searching for a full-time or part-time job?

	Person 1	Person 2	Person 3	Person 4	Person 5
I am searching for...					
a full-time job only. 1	<input type="checkbox"/>				
preferably a full-time job, but would also work part-time. 2	<input type="checkbox"/>				
a part-time job only. 3	<input type="checkbox"/>				
preferably a part-time job, but would also work full-time. 4	<input type="checkbox"/>				
a full-time or part-time job. 5	<input type="checkbox"/>				

194 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"/>				
1 to less than 3 months 2	<input type="checkbox"/>				
3 to less than 6 months 3	<input type="checkbox"/>				
6 to less than 12 months 4	<input type="checkbox"/>				
1 to less than 1 ½ years 5	<input type="checkbox"/>				
1 ½ to less than 2 years 6	<input type="checkbox"/>				
2 to less than 4 years 7	<input type="checkbox"/>				
4 years or more 8	<input type="checkbox"/>				

195 Which group did you belong to directly before you started to look for work?

	Person 1	Person 2	Person 3	Person 4	Person 5
Persons in employment (also apprentices) 1	<input type="checkbox"/>				
Persons in full-time education or advanced training (e.g. students, pupils) 2	<input type="checkbox"/>				
Housewives/househusbands 3	<input type="checkbox"/>				
Persons doing compulsory military service/Federal Volunteer Service/civilian service 4	<input type="checkbox"/>				
Other (e.g. retired persons) 5	<input type="checkbox"/>				

196 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"/> → 199				
No 8	<input type="checkbox"/>				

197 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"/>				
Own illness, consequences of an accident	<input type="checkbox"/>				
Permanently reduced earning capacity, permanent disability	<input type="checkbox"/>				
Have to look after children	<input type="checkbox"/>				
Have to look after people with disabilities	<input type="checkbox"/>				
Have to look after people in need of care	<input type="checkbox"/>				
Other family responsibilities	<input type="checkbox"/>				
Other personal responsibilities	<input type="checkbox"/>				
Retirement	<input type="checkbox"/>				
Other main reason	<input type="checkbox"/>				

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

Please mark all relevant boxes.

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

199 Were you registered with the employment agency or other employment authority in the reference week?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, registered as unemployed, received unemployment benefit I	<input type="checkbox"/>				
Yes, registered as unemployed, received unemployment benefit II (Hartz IV)	<input type="checkbox"/>				
Yes, registered only as looking for work (not receiving unemployment benefit)	<input type="checkbox"/>				
No	<input type="checkbox"/>				

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

i See also p. 71:
3 "Partial retirement" and
4 "Caregiver Leave Act/Family Caregiver Leave Act".

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

on parental leave 1

in partial retirement 2

fully or partly released from work under the Caregiver Leave Act 3

partly released from work under the Family Caregiver Leave Act 4

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

Self-employed person, freelancer

without employees 6

with employees 7

Unpaid family worker in a family business 8

In the Federal Volunteer Service (also social, ecological or cultural year), in voluntary military service 9

Pupil, student 10

Retired or in early retirement 11

Unemployed 12

Housewife/househusband, looking after children or people in need of care 13

Permanently unfit for work 14

Other 15

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>				
2	<input type="checkbox"/>				
3	<input type="checkbox"/>				
4	<input type="checkbox"/>				
5	<input type="checkbox"/>				
6	<input type="checkbox"/>				
7	<input type="checkbox"/>				
8	<input type="checkbox"/>				
9	<input type="checkbox"/>				
10	<input type="checkbox"/>				
11	<input type="checkbox"/>				
12	<input type="checkbox"/>				
13	<input type="checkbox"/>				
14	<input type="checkbox"/>				
15	<input type="checkbox"/>				

model questionnaire

201 Now please think of the situation 12 months before the reference week.

Which category best describes your situation at that time?

	Person 1	Person 2	Person 3	Person 4	Person 5
Employee, public official, apprentice	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-employed person, freelancer					
without employees	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with employees	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid family worker in a family business	4 <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	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pupil, student	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently unfit for work	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired or in early retirement	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	10 <input type="checkbox"/> → 203	<input type="checkbox"/> → 203			
Housewife/househusband, looking after children or people in need of care	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

202 What is the branch of activity of the establishment in which you worked 12 months ago?

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.

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. 71: **■** "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"/>

203 Which are your main sources of livelihood?

i See also p. 72:
12 "Main sources of livelihood".

	Person 1	Person 2	Person 3	Person 4	Person 5
Main sources of livelihood: Code from List 203	_ _	_ _	_ _	_ _	_ _

List 203	
Own employment	1
Unemployment benefit I	2
Unemployment benefit II (Hartz IV), social 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	5
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, allowances for foster children, sickness pay, loan in accordance with the Caregiver Leave Act or the Family Caregiver Leave Act	13

model questionnaire

204 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 or II (Hartz IV), social 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), 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. 72: **13** “Net income”.

Personal net income:

Code from List 204

I had no income.

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

List 204			
Less than 250 euros	1	2500 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

205 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 204 that corresponds to the amount of your monthly net household income.

Code from List 204

206 Are you 15 years or older?

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

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

207 What is your average monthly net salary/wage?

i Additional earnings
such as vacation bonuses, 13th month's salary or performance bonuses have to be considered pro rata (sum divided by 12).

People on parental leave
should refer to the period before they received parental allowance.

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

See also p. 72: **14** "Net salary, wage".

Net salary/wage:
Code from List 207

Not applicable as I am not in employment. 99

	Person 1	Person 2	Person 3	Person 4	Person 5
Net salary/wage: Code from List 207	<input type="text"/>				
Not applicable as I am not in employment. 99	<input type="checkbox"/>				

List 207			
Less than 250 euros	1	3 000 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

Educational and vocational attainment

208 Do you hold a general school certificate?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>				
No/Not yet	<input type="checkbox"/> → 212				

209 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"/>				
Secondary general school certificate (also former school type starting with grade 1)	<input type="checkbox"/>				
School of general education in the GDR					
school certificate obtained after grade 8 or 9	<input type="checkbox"/>				
school certificate obtained after grade 10	<input type="checkbox"/>				
Intermediate school certificate, intermediate school-leaving certificate or equivalent	<input type="checkbox"/>				
Entrance qualification for universities of applied sciences	<input type="checkbox"/>				
Higher education entrance qualification (general or subject-restricted)	<input type="checkbox"/>				
Certificate of special school	<input type="checkbox"/>				

210 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"/> → 212				
Abroad	<input type="checkbox"/>				

211 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"/>				

212 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"/> → 214				
No/Not yet	<input type="checkbox"/>				

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Year	<input type="text"/>				
Not applicable as I have no general school certificate (yet).	<input type="checkbox"/> → 220				

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

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

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

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

216 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	<input type="checkbox"/>				
Internship	<input type="checkbox"/> → 220				
Pre-vocational training year	<input type="checkbox"/>				
Apprenticeship, vocational training in the dual system	<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	<input type="checkbox"/>				
Preparatory training for the intermediate service in public administration	<input type="checkbox"/>				
Training centre/school for health-care service occupations and social occupations					
one year (e.g. geriatric care assistant)	<input type="checkbox"/>				
two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant)	<input type="checkbox"/> → 219				
three years (e.g. physiotherapy, medical laboratory assistant, geriatric care)	<input type="checkbox"/>				
Nursery teacher/educator	<input type="checkbox"/>				
Master craftsman/craftswoman	<input type="checkbox"/>				
Technician's qualification or equivalent trade and technical school certificate	<input type="checkbox"/>				
Specialised and engineering schools of the GDR	<input type="checkbox"/>				
Specialised academy (in Bayern only)	<input type="checkbox"/>				

Higher education institutions

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

Vocational academy	<input type="checkbox"/>				
College of public administration	<input type="checkbox"/>				
University of applied sciences (also college of engineering), cooperative state university (Baden-Württemberg and Thüringen)	<input type="checkbox"/>				
University (also college of art and music, college of education, college of theology)	<input type="checkbox"/>				
Doctor's degree	<input type="checkbox"/> → 218				

217 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"/>

218 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"/>

219 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).

Main field:

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

220 Did you work in an establishment or an organisation as part of your vocational training/studies?

i Please take into account also internships, irrespective of whether or not they were paid. However, activities that were not part of the vocational training/studies do not count.

Persons who have completed company-based vocational training please indicate "Yes".

	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"/>] → 223	<input type="checkbox"/>] → 223			
No response	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

voluntary

221 For how many months did you work in total?

i If you did different internships and the like, please add up the times.
In case of company-based vocational training, please indicate the length of company-based training here.

	Person 1	Person 2	Person 3	Person 4	Person 5
Less than 1 month	1 <input type="checkbox"/> → 223	<input type="checkbox"/> → 223			
1 month to 6 months	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 6 months	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response	9 <input type="checkbox"/> → 223	<input type="checkbox"/> → 223			

222 Did you receive pay or expense allowance?

Please mark "Yes" even if you received money only for part of that work.

	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"/>
No response	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which of the following statements applies to your highest qualification?

223 In the 12 months before the reference week, did you participate in continuing vocational training courses/seminars or in leisure, sports or hobby-related courses?

i **Forms of continuing training are**
e.g. courses, seminars, conferences, private tuition, study circles, e-learning activities.
Continuing vocational training includes
retraining, career advancement courses, courses preparing for new tasks in the job, advanced training (e.g. computers, management, rhetoric).

	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"/> → 231	<input type="checkbox"/> → 231			

224 What was the purpose of the courses or seminars?

	Person 1	Person 2	Person 3	Person 4	Person 5
Vocational	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both vocational and private	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

225 How many hours in total did you spend on courses/seminars in the 12 months before the reference week (excluding time for preparation and follow-up)?

i Hours lasting 60 minutes, not lessons
Round up or down to the nearest full hour.

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

226 What was the subject of your latest course or seminar?

i Subjects of continuing training are
 e.g. word processing, pottery, insolvency law, German as a foreign language, rhetoric, tax law, private music lessons, sailing certificate, financial investments.

Person 1
 Person 2
 Person 3
 Person 4
 Person 5

227 In the 4 weeks before the reference week, did you participate in continuing vocational training courses/seminars or in leisure, sports or hobby-related courses?

i Forms of continuing training are
 e.g. courses, seminars, conferences, private tuition, study circles, e-learning activities.

Continuing vocational training includes
 retraining, career advancement courses, courses preparing for new tasks in the job, advanced training (e.g. computers, management, rhetoric).

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>				
No	<input type="checkbox"/> → 231				

228 What was the purpose of the courses or seminars?

Mainly vocational 1
 Mainly private 2

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

229 How many hours in total did you spend on courses/seminars in the 4 weeks before the reference week (excluding time for preparation and follow-up)?

i Hours lasting 60 minutes, not lessons
 Round up or down to the nearest full hour.

Number of hours

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

model questionnaire

230 What was the subject of your latest course or seminar?

i **Subjects of continuing training are**
 e.g. word processing, pottery, insolvency law,
 German as a foreign language, rhetoric, tax law,
 private music lessons, sailing certificate, financial
 investments.

Person 1	
Person 2	
Person 3	
Person 4	
Person 5	

Pension insurance

231 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"/> → 233				
No 8	<input type="checkbox"/>				

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

i See also p. 72:
 "Statutory pension insurance".

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

Internet access and internet use

233 Did you use the internet in the last 3 months before the reference week?

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).

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

Health-related questions

234 Have you been ill in the last 4 weeks?

i If you were only **injured in an accident**, 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"/>
No response	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

235 How long were you ill/have you been ill?

i If you are still ill, please indicate the duration of your illness.

	Person 1	Person 2	Person 3	Person 4	Person 5
1 to 3 days	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 3 days up to 1 week	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 1 week up to 2 weeks	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 2 weeks up to 4 weeks	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 4 weeks up to 6 weeks	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 6 weeks up to 1 year	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 1 year	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

236 Were you treated by a doctor or in hospital in the last 4 weeks?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, out-patient treatment by a doctor	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, out-patient treatment in hospital	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, in-patient treatment in hospital	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"/>
No response	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

237 Have you been injured in an accident in the last 4 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"/>
No response	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

238 What kind of accident did you have?

	Person 1	Person 2	Person 3	Person 4	Person 5
Accident at work/on duty (excluding commuting accident)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic accident (including commuting accident)	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic accident	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure accident (sport, games, other leisure-time activities)	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other accident (including school accident)	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

voluntary

model questionnaire

239 How long did you suffer/have you suffered from that injury?

i If you are still injured, please indicate how long you have suffered from that injury.

	Person 1	Person 2	Person 3	Person 4	Person 5
1 to 3 days	<input type="checkbox"/>				
More than 3 days up to 1 week	<input type="checkbox"/>				
More than 1 week up to 2 weeks	<input type="checkbox"/>				
More than 2 weeks up to 4 weeks	<input type="checkbox"/>				
More than 4 weeks up to 6 weeks	<input type="checkbox"/>				
More than 6 weeks up to 1 year	<input type="checkbox"/>				
More than 1 year	<input type="checkbox"/>				
No response	<input type="checkbox"/>				

240 Were you treated for your injury by a doctor or in hospital in the last 4 weeks?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, out-patient treatment by a doctor	<input type="checkbox"/>				
Yes, out-patient treatment in hospital	<input type="checkbox"/>				
Yes, in-patient treatment in hospital	<input type="checkbox"/>				
No	<input type="checkbox"/>				
No response	<input type="checkbox"/>				

241 What is your height?

Please state your height (without shoes) in centimetres (cm).

	Person 1	Person 2	Person 3	Person 4	Person 5
Height in cm	<input type="text"/>				
No response	<input type="checkbox"/>				

242 What is your weight?

Please state your weight (without clothing and shoes) in kilograms (kg).

	Person 1	Person 2	Person 3	Person 4	Person 5
Weight in kg	<input type="text"/>				
No response	<input type="checkbox"/>				

model questionnaire

Questions related to smoking habits

voluntary

243 Do you currently smoke?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, regularly	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, occasionally	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"/>
No response	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

244 Have you ever smoked?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, regularly	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, occasionally	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"/>
No response	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

245 At what age did you start smoking?

Please state your age in years.

	Person 1	Person 2	Person 3	Person 4	Person 5
Age in years	<input type="text"/>				
No response	<input type="checkbox"/>				

246 What do or did you mainly smoke?

	Person 1	Person 2	Person 3	Person 4	Person 5
Cigarettes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cigars, cigarillos	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe tobacco	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shisha (water pipe)	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

247 How many cigarettes do or did you smoke per day?

	Person 1	Person 2	Person 3	Person 4	Person 5
Fewer than 5 cigarettes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 to fewer than 21 cigarettes	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 to fewer than 41 cigarettes	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 cigarettes and over	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

Participation in the survey

voluntary

248 Have you yourself answered the questions?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → End				
No, another household member has answered the questions. 2	<input type="checkbox"/>				
No, someone not living in the household has answered the questions. 3	<input type="checkbox"/> → End				

249 Which household member has answered the questions?

	Person 1	Person 2	Person 3	Person 4	Person 5
Please enter the number (see flap) of the person who has answered the questions.	<input type="text"/>				

model questionnaire

1 Today's territory

"Today's territory" refers to the national borders of the Federal Republic of Germany as of 3 October 1990.

2 Citizenship

Please also mark "By birth" if the person concerned acquired German citizenship by birth but later was temporarily deprived of it.

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, 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".

3 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.

4 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.

There has been a legal entitlement to family caregiver leave since 2015. This means that employees may reduce their weekly working time if they look after a close relative in need of care at home.

5 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, you are either a wage earner or salary 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.

The category of wage earners comprises skilled workers as well as semi-skilled 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".

6 Marginal employment

In the case of marginal employment, that is, a 450-euros job (also referred to as mini-job; with a pay of up to 450 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 unemployment benefit II plus an additional expenses allowance of usually 1 to 2 euros per hour worked.

7 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.

8 Income earned in the last 12 months

The question refers to the proportion of the total income rather than to the number of orders.

Examples:

- For client 1, 8 orders were completed for a total of 1.000 €. This is 25 % of the income earned and 80 % of the work performed.
- For client 2, 1 order was completed for 2.000 €. This is 50 % of the income earned and 10 % of the work performed.
- For client 3, 1 order was completed for 1.000 €. This is 25 % of the income earned and 10 % of the work performed.

Although, in the first example, client 1 accounts for 80 % of the work performed, the question has to be answered by "No" because less than 75 % of the total income was received for client 1.

9 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.

10 Hours worked at night

Please enter the hours you normally work between 23:00 and 6:00 hrs (e.g. if you work from between 17:00 to 2:00 hrs, you do 3 hours of night work).

If you do not work the same number of hours every night, please enter the average number of hours work at night. If, for instance, someone work the early shift from 4:00 to 12:00 hrs, the late shift from 12:00 to 20:00 hrs and the night shift from 20:00 to 4:00 hrs the weekly cycle, the early shift accounts for 2 hours and the night shift for 5 hrs of the nightwork. Hence, an average of 4 hours (rounded) should be entered.

11 Working at home

“Work at home” is done, for example, by self-employed persons in artistic or professional activities who work wholly or partly in a part of their living accommodation that has been set aside for the purpose (e.g. an artist’s studio).

Employees work at home if they carry out all or some of their work at home such as

- employees who work at home using a computer (PC) provided by their employer,
- home workers,
- travelling salespersons who prepare for appointments with clients, and
- teachers who prepare lessons or correct exams at home as part of their job.

However, it is not considered “work at home” if – for personal reasons or due to time constraints – employees work at home during their leisure time without compensation.

Doctors or tax consultants do not work at home if their practice or office is adjacent to their living accommodation but contains a separate entrance. The same applies to farmers who work in their fields, stables or in other buildings that are not part of their living accommodation.

12 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.

13 Net income

Please also include:

- benefits paid to encourage capital formation,
- advances,
- rent for company-owned housing,
- interest received, dividends, other property income,
- 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.

14 Net salary, wage

Enter the average (net) amount paid to you each month for your work (if you have several jobs, for the main job with the longest working hours), minus wage tax, church tax, social security contributions, basic amounts payable to private health insurance, and the like. Please include additional pay for overtime, shift work, business trips, employer’s meal subsidies, and the like.

Annual payments (e.g. vacation bonus, 13th month’s salary, performance bonuses, bonus payments, share in profits) have to be added to the monthly income pro rata. People with one-euro jobs enter the amount they are paid in addition to unemployment benefit. If you started a new job or reduced/increased your working hours last year, please consider the net earnings paid to you last month.

15 Statutory pension insurance

You have statutory pension insurance if you are insured with the German Federal Pension Insurance (Deutsche Rentenversicherung Bund, formerly BfA, LVA) and 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 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).

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 labour market participation will be collected from a maximum of 45 percent of the microcensus respondents.

Legal basis, obligation to provide information

The legal basis is provided by the Microcensus Act (MZG), Regulation (EU) No 2019/1700, Regulations (EU) No 2019/2240, (EU) No 2019/2180, (EU) No 2019/2181 and (EU) No 2019/2241 implementing Regulation (EU) No 2019/1700, Delegated Regulations (EU) No 2020/256 and (EU) No 2020/257 in conjunction with the Federal Statistics Act (BStatG).

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 7 (1), (2) and (5) of the Microcensus Act.

The obligation to provide information is laid down in Section 13 of the Microcensus Act in conjunction with Section 15 of the Federal Statistics Act.

In accordance with those provisions, all adults and all minors living in households of their own are obliged to provide information, and in each case also on minor household members.

Any household member who is obliged to provide information is also obliged to provide information for adult household members who cannot do so themselves. If there is no other household member who is obliged to provide information and if a custodian has been appointed for the person not able to provide the information himself/herself, the custodian is obliged to provide the information to the extent that the custodian's duties include such provision of information. If a person not able to provide the information himself/herself nominates a trusted person to provide the required information on his/her behalf, the adult household members or the custodian will no longer be obliged to provide the relevant information.

Unless there are indications to the contrary, it is presumed, in accordance with Section 13 (8) of the Microcensus Act, that all people in the household who are obliged to provide information are also authorised to do so on behalf of the other people living in the household. This applies accordingly to confirmation of the data collected in the previous year. The legal presumption of authorisation can be objected to at any time.

The obligation to provide information on the auxiliary variable „first name and surname of the main tenant/owner-occupier“ applies to the main tenant/owner-occupier or, alternatively, to the persons mentioned above.

If respondents provide no information or provide information which is incomplete, incorrect or late, they can be encouraged to provide the information through imposition of a coercive penalty in accordance with the Administrative Enforcement Acts of the Länder.

Pursuant to Section 23 of the Federal Statistics Act, a regulatory offence is committed by anyone who

- contrary to Section 15 (1), second sentence, (2) and (5), first sentence, of the Federal Statistics Act, wilfully or negligently provides no information, or provides information which is late, incomplete or untrue,
- or
- contrary to Section 15 (3) of the Federal Statistics Act does not give a reply in the prescribed format.

The regulatory offence is punishable by a fine not exceeding five thousand euros.

Pursuant to Section 15 (7) of the Federal Statistics Act, objections and rescissory actions against the summons to provide information will have no suspensive effect.

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/>.

Questions where the provision of information is voluntary are specially marked in the questionnaire.

Where the provision of information is voluntary, consent to the processing of such voluntary data can be revoked at any time. The revocation will only apply in the future. Any processing of information prior to the revocation will not be affected by it.

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 always 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 (e.g. Federal Information Technology Centre (ITZBund), computer centres of the Länder).

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 persons concerned 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 (EC) No 2019/1700 provides for transmission of collected individual data to the Commission (Eurostat). Pursuant to Article 15 of the Regulation as regards access to confidential data for scientific purposes, Eurostat may - within its own access facilities or within other access facilities accredited by Eurostat and in accordance with the conditions stipulated in Article 7 of Regulation (EU) No 557/2013 - provide access to individual data not including name and address for scientific purposes and pass on sets of individual data from the data sets regarding the domains specified in Article 3 of Regulation (EU) No 2019/1700 provided that those sets of individual data have been modified so as to reduce the risk of identifying the statistical unit to an appropriate level.

Persons receiving individual data are also obliged to maintain confidentiality.

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

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 sampling district number, the building number, the dwelling number, the household number and the person number are used as reference numbers. They are used to establish the household, dwelling and building relationships; they do not comprise any data which extend beyond the survey and auxiliary variables. These numbers will be replaced by new reference numbers which do not comprise any data on personal or material circumstances extending beyond these statistical relationships.

Rights and duties of the interviewers, ways of providing information

Volunteer interviewers are employed to reduce the burden for the respondents, but the survey may also be conducted in writing. 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.

The interviewers should help the respondents to answer the questions.

The answers to the questions in the questionnaire may be provided orally to the interviewers or by electronic means or in writing.

For the written survey, the respondents receive the questionnaires, including information on how to complete them, direct 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 or may, in due time, 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 the respondents, 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. 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 commissioners of the statistical offices of the Federation and the Länder or to the competent data protection supervisory authorities. Their contact details are available at: <https://www.statistikportal.de/de/datenschutz>.

model questionnaire