

**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

77 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 77 on page 23).

### 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 .....

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

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

**Subtenants, visitors and domestic staff** are not household members.

Number of people in your household (including yourself) .....

### Note

The reference week is given on the front cover.

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

**i** If more than **5 people** live in the household, please contact the statistical office to request an extra questionnaire.

The contact details are given on the front cover.

### Note

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

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

Male .....

Female .....

Gender diverse .....

Not stated in the birth register .....

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

voluntary

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

Yes .....

No .....

|   | 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="checkbox"/> |
| 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="checkbox"/> |
| 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="checkbox"/> → 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="checkbox"/> |
| No ..... 8                                 | <input type="checkbox"/> |

model questionnaire

**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<br>(including stepchildren, adopted and<br>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<br>(including stepparents, adoptive and<br>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"/> |

### Information and communication technologies in the household

**20 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).

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

### Children in day care

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

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

**22 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) .....                                                    | <input type="checkbox"/>      |
| Professional child minder .....                                                                 | <input type="checkbox"/>      |
| Au-pair, babysitter .....                                                                       | <input type="checkbox"/>      |
| Preschool institution (pre-primary education) .....                                             | <input type="checkbox"/>      |
| Care services for pupils before and/or after school (offered by school or other facility) ..... | <input type="checkbox"/>      |
| Relatives, friends, neighbours .....                                                            | <input type="checkbox"/>      |
| None of the above categories applies. ....                                                      | <input type="checkbox"/> → 24 |

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

**Citizenship and duration of residence**

**24 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 ..... | <input type="checkbox"/>      |
| No .....  | <input type="checkbox"/> → 26 |

**25 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"/> → 29 | <input type="checkbox"/> → 29 |
| No .....  | 8 <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |

**26 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"/> |

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

**i** See also p. 59: **i** "Today's territory".

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

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

| 29 | 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"/> → 31 |
|    | 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"/>      |

| 30 | What language do you mainly speak at home? | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|----|--------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|    | Albanian ..... 1                           | <input type="checkbox"/> |
|    | Arabic ..... 2                             | <input type="checkbox"/> |
|    | Bosnian ..... 3                            | <input type="checkbox"/> |
|    | Bulgarian ..... 4                          | <input type="checkbox"/> |
|    | Chinese ..... 5                            | <input type="checkbox"/> |
|    | Danish ..... 6                             | <input type="checkbox"/> |
|    | German ..... 7                             | <input type="checkbox"/> |
|    | English ..... 8                            | <input type="checkbox"/> |
|    | French ..... 9                             | <input type="checkbox"/> |
|    | Greek ..... 10                             | <input type="checkbox"/> |
|    | Italian ..... 11                           | <input type="checkbox"/> |
|    | Croatian ..... 12                          | <input type="checkbox"/> |
|    | Kurdish ..... 13                           | <input type="checkbox"/> |
|    | Macedonian ..... 14                        | <input type="checkbox"/> |
|    | Dutch ..... 15                             | <input type="checkbox"/> |
|    | Pashto ..... 16                            | <input type="checkbox"/> |
|    | Persian ..... 17                           | <input type="checkbox"/> |
|    | Polish ..... 18                            | <input type="checkbox"/> |
|    | Portuguese ..... 19                        | <input type="checkbox"/> |
|    | Romanian ..... 20                          | <input type="checkbox"/> |
|    | Russian ..... 21                           | <input type="checkbox"/> |
|    | Serbian ..... 22                           | <input type="checkbox"/> |
|    | Spanish ..... 23                           | <input type="checkbox"/> |
|    | Turkish ..... 24                           | <input type="checkbox"/> |
|    | Hungarian ..... 25                         | <input type="checkbox"/> |
|    | Vietnamese ..... 26                        | <input type="checkbox"/> |
|    | Another European language ..... 27         | <input type="checkbox"/> |
|    | Another African language ..... 28          | <input type="checkbox"/> |
|    | Another Asian language ..... 29            | <input type="checkbox"/> |
|    | Another language ..... 30                  | <input type="checkbox"/> |

model questionnaire

**31 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"/> → 33 | <input type="checkbox"/> → 33 |

**32 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"/> |

**33 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?**

|                                                                                                                 | 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"/> → 35 | <input type="checkbox"/> → 35 |
| Not applicable as I was born in Germany and have never interrupted my stay in Germany for at least 1 year. .... | 9 <input type="checkbox"/> → 35 | <input type="checkbox"/> → 35 |

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

|                |                      |
|----------------|----------------------|
| 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

**35 Do you have German citizenship?**

Yes, German citizenship only ..... 1

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"/> → 40 |
| <input type="checkbox"/> → 39 |
| <input type="checkbox"/>      |

**36 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 .....

|  |
|--|
|  |
|  |
|  |
|  |
|  |

**37 Do you have citizenship of another foreign country?**

Yes ..... 1

No ..... 8

| Person 1                      | Person 2                      | Person 3                      | Person 4                      | Person 5                      |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/>      |
| <input type="checkbox"/> → 49 |

model questionnaire

**38 Of which second foreign country do you have citizenship?**

|                |                      |        |
|----------------|----------------------|--------|
| Person 1 ..... | <input type="text"/> | } → 49 |
| Person 2 ..... | <input type="text"/> |        |
| Person 3 ..... | <input type="text"/> |        |
| Person 4 ..... | <input type="text"/> |        |
| Person 5 ..... | <input type="text"/> |        |

**39 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"/> |

**40 How did you obtain German citizenship?**

**i** See also p. 59: **2** "Citizenship".

|                                                       | Person 1                        | Person 2                      | Person 3                      | Person 4                      | Person 5                      |
|-------------------------------------------------------|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| By birth .....                                        | 1 <input type="checkbox"/> → 43 | <input type="checkbox"/> → 43 |
| As a non-naturalised (ethnic) German repatriate ..... | 2 <input type="checkbox"/> → 49 | <input type="checkbox"/> → 49 |
| As a naturalised (ethnic) German repatriate .....     | 3 <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| By naturalisation (no ethnic German repatriate) ..... | 4 <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| By adoption by German parent(s) .....                 | 5 <input type="checkbox"/> → 49 | <input type="checkbox"/> → 49 |

**41 When were you naturalised?**

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

**42 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"/> | } → 49 |
| Person 2 ..... | <input type="text"/> |        |
| Person 3 ..... | <input type="text"/> |        |
| Person 4 ..... | <input type="text"/> |        |
| Person 5 ..... | <input type="text"/> |        |

**43 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"/> → 46 |
| No .....  | <input type="checkbox"/>      |

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

**i** See also p. 59: **1** "Today's territory".

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

**45 Is/was your mother a German citizen?**

**i** See also p. 59: **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   | <input type="checkbox"/> |
| Yes, as a naturalised (ethnic) German repatriate ..... | <input type="checkbox"/> |
| Yes, by naturalisation (no ethnic German repatriate)   | <input type="checkbox"/> |
| Yes, by adoption by German parent(s) .....             | <input type="checkbox"/> |
| Yes, but I do not know how it was obtained. ....       | <input type="checkbox"/> |
| No .....                                               | <input type="checkbox"/> |
| I don't know. ....                                     | <input type="checkbox"/> |

**46 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"/> → 49 |
| No .....  | <input type="checkbox"/>      |

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

**i** See also p. 59: **1** "Today's territory".

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

model questionnaire

**48 Is/was your father a German citizen?**

**i** See also p. 59: **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"/> |

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

**i** See also p. 59: **1** "Today's territory".

|                    | Person 1                        | Person 2                      | Person 3                      | Person 4                      | Person 5                      |
|--------------------|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Yes .....          | 1 <input type="checkbox"/> → 51 | <input type="checkbox"/> → 51 |
| 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"/> → 51 | <input type="checkbox"/> → 51 |

**50 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"/> |

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

**i** See also p. 59: **1** "Today's territory".

|                    | Person 1                        | Person 2                      | Person 3                      | Person 4                      | Person 5                      |
|--------------------|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Yes .....          | 1 <input type="checkbox"/> → 53 | <input type="checkbox"/> → 53 |
| 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"/> → 53 | <input type="checkbox"/> → 53 |

**52 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

### 53 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 ..... | <input type="checkbox"/>      |
| No .....  | <input type="checkbox"/> → 59 |

### 54 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 .....                                                                                                                                                                                                                                                                           | <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 ..... | <input type="checkbox"/> |
| No, for other reasons .....                                                                                                                                                                                                                                                         | <input type="checkbox"/> |

### 55 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 .....                                                                                 | <input type="checkbox"/>      |
| Orientation stage in grades 5/6 (e.g. at primary or secondary schools, diagnostic stage) .....       | <input type="checkbox"/>      |
| Special school, special needs school, special needs assistance .....                                 | <input type="checkbox"/>      |
| School offering several courses of education .....                                                   | <input type="checkbox"/>      |
| Secondary general school, evening secondary general school .....                                     | <input type="checkbox"/>      |
| Intermediate school, evening intermediate school .....                                               | <input type="checkbox"/>      |
| Comprehensive school .....                                                                           | <input type="checkbox"/>      |
| Waldorf school .....                                                                                 | <input type="checkbox"/>      |
| Grammar school .....                                                                                 | <input type="checkbox"/>      |
| Vocational grammar school, also grammar school specialising in economics or technical subjects ..... | <input type="checkbox"/> → 59 |
| Evening grammar school, adult education college .....                                                | <input type="checkbox"/>      |

Please turn the page for more schools.

**Still question 55 Vocational schools offering a general school certificate**

|                                                                                                           | Person 1                      | Person 2                      | Person 3                      | Person 4                      | Person 5                      |
|-----------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Vocational school offering an intermediate school certificate (e.g. full-time vocational school) ..... 12 | <input type="checkbox"/>      |
| Vocational school offering an entrance qualification for higher education institutions:                   |                               |                               |                               |                               |                               |
| Specialised upper secondary school ..... 13                                                               | <input type="checkbox"/>      |
| Full-time vocational school ..... 14                                                                      | <input type="checkbox"/>      |
| Two-year full-time vocational school ..... 15                                                             | <input type="checkbox"/>      |
| <b>Vocational schools</b>                                                                                 |                               |                               |                               |                               |                               |
| Pre-vocational training year ..... 16                                                                     | <input type="checkbox"/>      |
| Basic vocational training year ..... 17                                                                   | <input type="checkbox"/>      |
| Vocational school (dual system) ..... 18                                                                  | <input type="checkbox"/> → 59 |
| Full-time vocational school providing a vocational qualification ..... 19                                 | <input type="checkbox"/>      |
| Training centre/school for health-care service occupations and social occupations                         |                               |                               |                               |                               |                               |
| one year (e.g. geriatric care assistant) ..... 20                                                         | <input type="checkbox"/>      |
| two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant) ..... 21                           | <input type="checkbox"/>      |
| three years (e.g. physiotherapy, medical laboratory assistant, geriatric care) ..... 22                   | <input type="checkbox"/>      |
| Training centre/school for educators ..... 23                                                             | <input type="checkbox"/>      |
| Master craftsman training programme at trade and technical schools ..... 24                               | <input type="checkbox"/> → 57 |
| Trade and technical school e.g. for technicians, business economists ..... 25                             | <input type="checkbox"/> → 59 |
| Specialised academy (in Bayern only) ..... 26                                                             | <input type="checkbox"/>      |
| <b>Higher education institutions</b>                                                                      |                               |                               |                               |                               |                               |
| Vocational academy ..... 27                                                                               | <input type="checkbox"/>      |
| College of public administration ..... 28                                                                 | <input type="checkbox"/>      |
| University of applied sciences, Cooperative State University (in Baden-Württemberg and Thüringen) ... 29  | <input type="checkbox"/> → 58 |
| University (also college of art and music, college of education, college of theology) ..... 30            | <input type="checkbox"/>      |
| Doctoral studies ..... 31                                                                                 | <input type="checkbox"/> → 59 |

model questionnaire

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

|                                                  | Person 1                      | Person 2                      | Person 3                      | Person 4                      | Person 5                      |
|--------------------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Grades 1 to 4 ..... 1                            | <input type="checkbox"/>      |
| Grades 5 to 9/10 ..... 2                         | <input type="checkbox"/> → 59 |
| Upper secondary grades in grammar school ..... 3 | <input type="checkbox"/>      |

**57 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 ..... | <input type="text"/> | } → 59 |
| Person 2 ..... | <input type="text"/> |        |
| Person 3 ..... | <input type="text"/> |        |
| Person 4 ..... | <input type="text"/> |        |
| Person 5 ..... | <input type="text"/> |        |

**58 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"/> |

**59 Are you 15 years or older?**

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

model questionnaire

## Employment situation in the reference week

**60 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 ..... | 1 | <input type="checkbox"/> → 68 |
| No .....  | 8 | <input type="checkbox"/>      |

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

|           |   | Person 1                      | Person 2                      | Person 3                      | Person 4                      | Person 5                      |
|-----------|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Yes ..... | 1 | <input type="checkbox"/> → 68 |
| No .....  | 8 | <input type="checkbox"/>      |

**62 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 ..... | 1 | <input type="checkbox"/> → 64 |
| No .....  | 8 | <input type="checkbox"/>      |

**63 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, florist shops; or as courier
- babysitter
- carer of children or of people in need of care
- deliverer of advertising leaflets or free newspapers
- hostess/gentleman host
- 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
- translator
- 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 ..... | 1 | <input type="checkbox"/> → 68  |
| No .....  | 8 | <input type="checkbox"/> → 141 |

**64 Why did you not work in the reference week?**

**i** See also p. 59:  
**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"/> → 68  |
| 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"/> → 67  |
| 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"/> → 66  |
| 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"/> → 141 |

**65 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"/> → 68 |
| No .....                                               | <input type="checkbox"/>      |
| Not applicable because self-employed, freelancer ..... | <input type="checkbox"/>      |

**66 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"/> → 68  |
| More than 3 months ..... | <input type="checkbox"/> → 142 |

**67 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"/> → 143 |

## Job during the reference week

### 68 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. 59: **5** "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"/> → 70 |
| 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"/> → 70 |
| 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"/>      |

### 69 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"/> |

**70 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. 59: **6** "Marginal employment".

|                                                                                              | Person 1                   | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|----------------------------------------------------------------------------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes, a 450-euros job, mini-job<br>(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<br>(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,<br>(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"/> |

**71 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**

**72 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

**73 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 ..... |  |

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

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

**75 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

**76 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. 59: **7** "Establishment (location)".

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....

**77 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.

**78 Are you employed in the public service?**

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

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

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

Model questionnaire

**79 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"/> → 81 | <input type="checkbox"/> → 81 |
| 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"/>      |

**80 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**

**81 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"/> |

**82 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

### 83 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"/> → 95 |
| No .....  | <input type="checkbox"/>      |

### 84 Is your place of work located in Germany?

In ... (Land):

Code from List 84 .....

My place of work is not in Germany. ....

|                                          | Person 1                      | Person 2                      | Person 3                      | Person 4                      | Person 5                      |
|------------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Code from List 84 .....                  | <input type="text"/>          |
| My place of work is not in Germany. .... | <input type="checkbox"/> → 86 |

#### List 84

|                              |    |                           |    |
|------------------------------|----|---------------------------|----|
| 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 |

### 85 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"/> | } → 95 |
| <input type="text"/> |        |

86 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"/> → 87 | <input type="checkbox"/> → 87 |
| Denmark .....            | DK <input type="checkbox"/> → 88 | <input type="checkbox"/> → 88 |
| France .....             | FR <input type="checkbox"/> → 89 | <input type="checkbox"/> → 89 |
| Netherlands .....        | NL <input type="checkbox"/> → 90 | <input type="checkbox"/> → 90 |
| Austria .....            | AT <input type="checkbox"/> → 91 | <input type="checkbox"/> → 91 |
| Poland .....             | PL <input type="checkbox"/> → 92 | <input type="checkbox"/> → 92 |
| Switzerland .....        | CH <input type="checkbox"/> → 93 | <input type="checkbox"/> → 93 |
| Czech Republic .....     | CZ <input type="checkbox"/> → 94 | <input type="checkbox"/> → 94 |
| Luxembourg .....         | LU <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| Russian Federation ..... | RU <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| 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"/> | } → 95 |
| Person 2 ..... | <input type="text"/> |        |
| Person 3 ..... | <input type="text"/> |        |
| Person 4 ..... | <input type="text"/> |        |
| Person 5 ..... | <input type="text"/> |        |

87 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"/> → 95 | <input type="checkbox"/> → 95 |
| 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"/>      |

**88 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"/> → 95 | <input type="checkbox"/> → 95 |
| 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"/>      |

**89 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"/> → 95 | <input type="checkbox"/> → 95 |
| Franche-Comte .....     | 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"/>      |

**90 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"/> → 95 | <input type="checkbox"/> → 95 |
| 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"/>      |

model questionnaire

**91 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"/> → 95 | <input type="checkbox"/> → 95 |
| 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"/>      |

**92 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"/> → 95 | <input type="checkbox"/> → 95 |
| 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"/>      |

**93 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"/> → 95 | <input type="checkbox"/> → 95 |
| 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"/>      |

**94 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

### 95 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"/> → 98 |
| Part-time ..... | <input type="checkbox"/>      |

### 96 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"/> → 98 |
| 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"/> → 98 |
| I want to work part-time. ....                                        | <input type="checkbox"/>      |
| Other main reason .....                                               | <input type="checkbox"/>      |

### 97 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"/> |

**98 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"/> → 101 | <input type="checkbox"/> → 101 |

**99 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"/> |

**100 How many hours per week do you usually work?**

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

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

|                       | Person 1                                             | Person 2                                             | Person 3                                             | Person 4                                             | Person 5                                             |
|-----------------------|------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|
| Number of hours ..... | <input type="text"/> . <input type="text"/><br>↳ 111 |

**101 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"/> | <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"/> |

**102 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"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| No, open-ended contract .....  | 8 <input type="checkbox"/> → 105 | <input type="checkbox"/> → 105 |

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

**104 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 ..... | <input type="text"/> |

**105 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"/> |

**106 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"/> |
| No response ..... 9             | <input type="checkbox"/> |

**107 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"/>         |
| No response ..... 9 | <input type="checkbox"/> } → 110 |

**108 How many weekly working hours does the contract or verbal agreement specify?**

Please round to the nearest half hour (e.g. 30.5).

|                                 | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Contractual hours of work ..... | <input type="text"/>     |
| No response .....               | <input type="checkbox"/> |

**109 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"/> |

voluntary

Model questionnaire

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

**i** See also p. 59: **B** "Stand-by duty".

*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).*

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

**111 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"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| No .....  | 8 <input type="checkbox"/> → 113 | <input type="checkbox"/> → 113 |

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

**i** Please include half days and count them as 0.5.

|                      | Person 1             | Person 2             | Person 3             | Person 4             | Person 5             |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Number of days ..... | <input type="text"/> |

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

|           | 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"/> → 115 | <input type="checkbox"/> → 115 |

**114 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.

|                      | Person 1             | Person 2             | Person 3             | Person 4             | Person 5             |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Number of days ..... | <input type="text"/> |

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

|           | 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"/> → 117 | <input type="checkbox"/> → 117 |

**116 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.

|                      | Person 1             | Person 2             | Person 3             | Person 4             | Person 5             |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Number of days ..... | <input type="text"/> |

model questionnaire

**117 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".

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

**118 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).

|                       | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------------------|----------|----------|----------|----------|----------|
| Number of hours ..... | _ _ ._   | _ _ ._   | _ _ ._   | _ _ ._   | _ _ ._   |

**119 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 ...

hours compensated by flexible working time or time off (working time account) .....

hours remunerated in addition to your salary/wage (paid overtime) .....

hours not remunerated and not otherwise compensated (unpaid overtime) .....

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

**120 Which statement applies to most of the extra hours worked?**

Hours worked to accumulate credit hours or to reduce debit hours .....

Paid or unpaid overtime hours .....

Other hours .....

|                                | Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/>       |
| <input type="checkbox"/> → 124 |
| <input type="checkbox"/>       |

**121 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 ..... | <input type="checkbox"/>       |
| No .....  | <input type="checkbox"/> → 124 |

**122 Why did you work less or not at all?**

**i** See also p. 59:  
**4** "Caregiver Leave Act/Family Caregiver Leave Act".

|                          |                      |                      |                      |                      |                      |
|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Reason:                  | Person 1             | Person 2             | Person 3             | Person 4             | Person 5             |
| Code from List 122 ..... | <input type="text"/> |

| List 122                                                               |   |                                                                                     |    |
|------------------------------------------------------------------------|---|-------------------------------------------------------------------------------------|----|
| Illness, accident .....                                                | 1 | Bad weather .....                                                                   | 10 |
| Spa treatment, rehabilitation measures .....                           | 2 | Short-time work .....                                                               | 11 |
| Industrial safety provisions, including maternity leave .....          | 3 | Public holiday .....                                                                | 12 |
| Parental leave .....                                                   | 4 | Start of job during the reference week .....                                        | 13 |
| Fully or partly released from work under the Caregiver Leave Act ..... | 5 | End of job during the reference week .....                                          | 14 |
| Partly released from work under the Family Caregiver Leave Act .....   | 6 | Compensation for overtime hours (e.g. flexitime) .....                              | 15 |
| Holidays, special leave .....                                          | 7 | Attendance of school, training or advanced training outside the establishment ..... | 16 |
| Leave of absence (public service) .....                                | 8 | Personal or family responsibilities or other personal reasons .....                 | 17 |
| Strike, lockout .....                                                  | 9 | Absent from job due to partial retirement .....                                     | 18 |
|                                                                        |   | Other main reason .....                                                             | 19 |

**123 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             |
|                       | <input type="text"/> |

model questionnaire

## Second or additional jobs

### 124 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"/> → 134 |

### 125 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. 59: **6** "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 ..... 4                                                                                  | <input type="checkbox"/> |

### 126 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"/> |

### 127 What is your status in your additional job?

**i** See also p. 59: **5** "Categorisation of job".

|                                                            | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Self-employed person, freelancer without employees ..... 1 | <input type="checkbox"/> |
| Self-employed person, freelancer with employees ..... 2    | <input type="checkbox"/> |
| Unpaid family worker in a family business ..... 3          | <input type="checkbox"/> |
| Public official, judge ..... 4                             | <input type="checkbox"/> |
| Salary earner ..... 5                                      | <input type="checkbox"/> |
| Wage earner, homemaker ..... 6                             | <input type="checkbox"/> |

**128 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 .....

**129 What is the title of your additional job?**

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

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....

model questionnaire

**130 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<br>(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<br>(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"/> |

**131 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. 59: **7** "Establishment (location)".

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

|  |
|--|
|  |
|  |
|  |
|  |
|  |

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

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

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

Number of hours .....

| Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|----------|----------|----------|----------|----------|
| _ _ . _  | _ _ . _  | _ _ . _  | _ _ . _  | _ _ . _  |

**133 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).*

Number of hours .....

| Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|----------|----------|----------|----------|----------|
| _ _ . _  | _ _ . _  | _ _ . _  | _ _ . _  | _ _ . _  |

model questionnaire

## Number of desired working hours

**134 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"/> → 140 | <input type="checkbox"/> → 140 |
| Increase ..... | 2 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Reduce .....   | 3 <input type="checkbox"/> → 139 | <input type="checkbox"/> → 139 |

**135 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"/> |

**136 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"/> → 139 | <input type="checkbox"/> → 139 |
| No .....  | 8 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |

**137 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"/> → 139 | <input type="checkbox"/> → 139 |
| 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"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Other personal reasons .....                      | 8 <input type="checkbox"/> → 139 | <input type="checkbox"/> → 139 |
| Other main reason .....                           | 9 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |

**138 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"/> |

**139 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**

**140 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"/> } → 170 |

model questionnaire

## Last job or absence from work

### 141 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"/> → 151 |

### 142 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"/> |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

### 143 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"/> |

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

**i** See also p. 59: **5** "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"/> → 146 |
| Salary earner (not including apprentices) ..... 5                                       | <input type="checkbox"/>       |
| Wage earner (not including apprentices),<br>homeworker ..... 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<br>internship) ..... 9            | <input type="checkbox"/>       |
| Temporary or professional soldier ..... 10                                              | <input type="checkbox"/> → 146 |
| Person doing compulsory military/civilian service ..... 11                              | <input type="checkbox"/>       |
| In voluntary military service ..... 12                                                  | <input type="checkbox"/>       |
| In the Federal Volunteer Service (also social,<br>ecological or cultural year) ..... 13 | <input type="checkbox"/>       |

**145 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,<br>hospital, public authority) ..... 1                                                                                                                                      | <input type="checkbox"/> |
| With an inter-company or external institution as<br>vocational training provider, e.g. a vocational<br>training centre for disabled young people<br>(Berufsbildungswerk), educational centre<br>(Bildungszentrum) ..... 2 | <input type="checkbox"/> |

**146 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 .....

**147 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 .....

**148 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<br>(including the authority to take staff, budget and strategy decisions) .....        | <input type="checkbox"/> |
| Yes, supervisory duties<br>(guiding and supervising staff, distributing work and checking the outcome) ..... | <input type="checkbox"/> |
| No .....                                                                                                     | <input type="checkbox"/> |

**149 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 branch of activity of your last job/the job from which you are absent.

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

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

See also p. 59: **7** "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"/> |

**150 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 ..... | <input type="checkbox"/> |
| No .....  | <input type="checkbox"/> |

model questionnaire

## Search for work

**151 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"/> → 153 | <input type="checkbox"/> → 153 |

**152 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"/> → 163 | <input type="checkbox"/> → 163 |
| 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"/>       |

**153 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"/> → 166 | <input type="checkbox"/> → 166 |
| 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"/> → 155 | <input type="checkbox"/> → 155 |

**154 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"/> |

**155 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"/> → 161 |

**156 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"/> |
| <input type="checkbox"/> |

model questionnaire

**157 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"/> |

**158 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"/> → 170 | <input type="checkbox"/> → 170 |
| No .....  | 8 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |

**159 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"/> → 170 | <input type="checkbox"/> → 170 |
| 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"/> → 170 | <input type="checkbox"/> → 170 |
| 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"/>       |

**160 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"/> → 170 | <input type="checkbox"/> → 170 |
| 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"/>       |

**161 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"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |

**162 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adequate care is too expensive. ....                                       | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I want to do it myself. ....                                               | 4 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other essential reasons .....                                              | 9 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**163 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"/> |

**164 What employment status are you looking for?**

| I am mainly looking for employment as... |                                            | Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|------------------------------------------|--------------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1                                        | a self-employed person or freelancer ..... | <input type="checkbox"/> → 166 |
| 2                                        | an employee, public official .....         | <input type="checkbox"/>       |

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

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

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

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

**167 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                       |
|---|-----------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 | Yes ..... | <input type="checkbox"/> → 170 |
| 8 | No .....  | <input type="checkbox"/>       |

model questionnaire

**168 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"/> |

**169 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"/> |

**170 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"/> |

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

**i** See also p. 59:  
**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

## Current income situation

### 172 Which are your main sources of livelihood?

**i** See also p. 59:  
**g** "Main sources of livelihood".

Main sources of livelihood:

Code from List 172 .....

Person 1

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Person 2

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Person 3

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Person 4

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Person 5

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

#### List 172

|                                                                                                                                                            |   |                                                                                                                                                                                                 |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Own employment .....                                                                                                                                       | 1 | Income of the parents .....                                                                                                                                                                     | 8  |
| Unemployment benefit I .....                                                                                                                               | 2 | Income of the partner, spouse or other relatives .....                                                                                                                                          | 14 |
| Unemployment benefit II (Hartz IV), social benefit                                                                                                         | 3 | Maintenance payments or other regular payments received from other private households .....                                                                                                     | 9  |
| Public assistance, e. g. basic security in old age and in cases of reduced earning capacity, assistance for nursing care, continuous subsistence payments  | 4 | Training assistance (BAföG), scholarship/grant .....                                                                                                                                            | 10 |
| Pension .....                                                                                                                                              | 5 | Benefits for asylum seekers .....                                                                                                                                                               | 11 |
| Own property, savings, interest, renting, leasing, life interest retained for older people, life assurance, specific pensions fund (Versorgungswerk) ..... | 6 | Benefits from own long-term care insurance (long-term care allowance) .....                                                                                                                     | 12 |
| Parental allowance .....                                                                                                                                   | 7 | 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

**173 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. 59: **10** “Net income”.

Personal net income:

Code from List 173 .....

I had no income. .... <sup>90</sup>

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

| List 173                             |    |                                        |    |
|--------------------------------------|----|----------------------------------------|----|
| 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 |

**174 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 173 that corresponds to the amount of your monthly net household income.*

Code from List 173 .....

**175 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!**

**Educational and vocational attainment**

**176 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"/> → 180 |

**177 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"/> |

**178 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"/> → 180 |
| Abroad .....  | <input type="checkbox"/>       |

**179 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"/> |

**180 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 .....        | 1 <input type="checkbox"/> → 182 | <input type="checkbox"/> → 182 |
| No/Not yet ..... | 8 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |

**181 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"/> → 188 |

**182 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"/> |

**183 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 ..... | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Abroad .....  | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

model questionnaire

**184 Which is your highest qualification?**

Please convert qualifications gained abroad to German equivalents.

**Vocational qualification attained**

|                                                                                                                                                                                                  | Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| On-the-job training ..... 1                                                                                                                                                                      | <input type="checkbox"/>       |
| Internship ..... 2                                                                                                                                                                               | <input type="checkbox"/> → 188 |
| Pre-vocational training year ..... 3                                                                                                                                                             | <input type="checkbox"/>       |
| Apprenticeship, vocational training in the dual system ..... 4                                                                                                                                   | <input type="checkbox"/>       |
| Certificate qualifying for an occupation obtained from a full-time vocational school or from a secondary school offering general as well as vocational education to pupils aged 16 to 19 ..... 5 | <input type="checkbox"/>       |
| Preparatory training for the intermediate service in public administration ..... 6                                                                                                               | <input type="checkbox"/>       |
| Training centre/school for health-care service occupations and social occupations                                                                                                                |                                |                                |                                |                                |                                |
| one year (e.g. geriatric care assistant) ..... 7                                                                                                                                                 | <input type="checkbox"/>       |
| two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant) ..... 8                                                                                                                   | <input type="checkbox"/> → 187 |
| three years (e.g. physiotherapy, medical laboratory assistant, geriatric care) ..... 9                                                                                                           | <input type="checkbox"/>       |
| Nursery teacher/educator ..... 10                                                                                                                                                                | <input type="checkbox"/>       |
| Master craftsman/craftswoman ..... 11                                                                                                                                                            | <input type="checkbox"/>       |
| Technician's qualification or equivalent trade and technical school certificate ..... 12                                                                                                         | <input type="checkbox"/>       |
| Specialised and engineering schools of the GDR ..... 13                                                                                                                                          | <input type="checkbox"/>       |
| Specialised academy (in Bayern only) ..... 14                                                                                                                                                    | <input type="checkbox"/>       |

**Higher education institutions**

|                                                                                                                                       |                                |                                |                                |                                |                                |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Diplom degree, Bachelor's, Master's, state examination e.g. for the teaching profession                                               |                                |                                |                                |                                |                                |
| Vocational academy ..... 15                                                                                                           | <input type="checkbox"/>       |
| College of public administration ..... 16                                                                                             | <input type="checkbox"/>       |
| University of applied sciences (also college of engineering), cooperative state university (Baden-Württemberg and Thüringen) ..... 17 | <input type="checkbox"/>       |
| University (also college of art and music, college of education, college of theology) ..... 18                                        | <input type="checkbox"/>       |
| Doctor's degree ..... 19                                                                                                              | <input type="checkbox"/> → 186 |

**185 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"/> |

**186 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"/> |

**187 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 ..... |  |
| Person 2 ..... |  |
| Person 3 ..... |  |
| Person 4 ..... |  |
| Person 5 ..... |  |

model questionnaire

## Continuing education and training

**188 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"/> → 192 |

**189 What was the purpose of the courses or seminars?**

|                         | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Mainly vocational ..... | <input type="checkbox"/> |
| Mainly private .....    | <input type="checkbox"/> |

**190 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.

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

**191 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 ..... | <input type="text"/> |
| Person 2 ..... | <input type="text"/> |
| Person 3 ..... | <input type="text"/> |
| Person 4 ..... | <input type="text"/> |
| Person 5 ..... | <input type="text"/> |

## Pension insurance

### 192 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"/> → 194 | <input type="checkbox"/> → 194 |
| No .....  | 8 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |

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

**i** See also p. 60:

**ii** "Statutory pension insurance".

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

## Internet access and internet use

### 194 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"/> | <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"/> |

## Participation in the survey

### 195 Have you yourself answered the questions?

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

### 196 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"/> |

voluntary

### 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-euro 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 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.

### 9 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.

### 10 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.

### 11 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).

model questionnaire

### **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) 2019/1700, Regulations (EU) 2019/2240, (EU) 2019/2180, (EU) 2019/2181 and (EU) 2019/2241 implementing Regulation (EU) 2019/1700, Delegated Regulations (EU) 2020/256 and (EU) 2020/257 in conjunction with the Federal Statistic 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) no. 1 letter a, double letters aa to ff, no. 2 letters a to d, no. 3 letter a 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.

<sup>1</sup> 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)).

<sup>2</sup> 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