

**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

74 Name and address of the establishment you work in.

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

# 1

model questionnaire

For the legal basis and other legal information please refer to pages 51 to 53 of this questionnaire. When answering the questions, please observe the explanatory notes **1** to **11** on pages 49 and 50 of this questionnaire.

Thank you for your time.

Auswahlbezirks-Nr. Lfd. Nr. des Haushalts  
im Auswahlbezirk Folgebogen

## 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 74 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"/> → 9	<input type="checkbox"/> → 9	<input type="checkbox"/> → 9	<input type="checkbox"/> → 9	<input type="checkbox"/> → 9
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 9.  
Person 2 answers "No" and goes to the next question.

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

Example: Hours per week .....

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

Example: Yes ..... ☒  
No ..... ☐

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

## Household and dwelling

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

#### **i Other households in your dwelling**

consist of people with whom you do not live together or maintain a joint household.

People living in a shared dwelling should usually be treated as separate households.

Yes, number of other households .....

No, no other households ..... 8

#### **Note**

The reference week is given on the front cover.

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

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

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

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

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

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

The contact details are given on the front cover.

#### **Note**

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

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

Male ..... 1

Female ..... 2

Gender diverse ..... 3

Not stated in the birth register ..... 4

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

### 5 When were you born?

Month .....

Year .....

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

6 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

☐ → 9

The arrow and the numeral 9 mean that question 9 should be answered next.

### 7 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"/> → 9	<input type="checkbox"/> → 9	<input type="checkbox"/> → 9	<input type="checkbox"/> → 9	<input type="checkbox"/> → 9

### 8 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"/>

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

Yes .....	<input type="checkbox"/>
No .....	<input type="checkbox"/> → 13

### 10 Have any household members moved out since the last interview?

Yes, number of those who moved out .....	<input type="text"/>
No .....	8 <input type="checkbox"/>

### 11 Have any household members died since the last interview?

Yes, number of those who died .....	<input type="text"/>
No .....	8 <input type="checkbox"/>

**12 Did you move into this household after the last interview?**

**i** Please mark "Yes" for children born in the last 12 months.

Yes .....  
No .....

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"/>

**People and household**

**13 Do you live in a one-person household?**

Yes .....  
No .....

☐ → 19  
☐

**14 Does your mother live in this household?**

**i** This includes stepmothers, adoptive and foster mothers.

Yes, my mother is number (see flap) .....  
No .....

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"/>

**15 Does your father live in this household?**

**i** This includes stepfathers, adoptive and foster fathers.

Yes, my father is number (see flap) .....  
No .....

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"/>

**16 Does your spouse live in this household?**

Yes, my spouse is number (see flap) .....  
No .....

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/> → 18	<input type="checkbox"/> → 18	<input type="checkbox"/> → 18	<input type="checkbox"/> → 18	<input type="checkbox"/> → 18
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**17 Does your partner live in this household?**

**i** This includes registered life partnerships.

Yes, my partner is number (see flap) .....  
No .....

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"/>

18	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"/>	<input type="checkbox"/>
	partner. ....	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	daughter, son (including stepchildren, adopted and foster children). ....	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	daughter-in-law, son-in-law. ....	5 <input type="checkbox"/>	<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"/>	<input type="checkbox"/>
	great-granddaughter, great-grandson. ....	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	mother, father (including stepparents, adoptive and foster parents). ....	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	mother-in-law, father-in-law. ....	9 <input type="checkbox"/>	<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"/>	<input type="checkbox"/>
	great-grandmother, great-grandfather. ....	11 <input type="checkbox"/>	<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"/>	<input type="checkbox"/>
	sister-in-law, brother-in-law. ....	13 <input type="checkbox"/>	<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"/>	<input type="checkbox"/>
	not related by birth/marriage. ....	15 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Information and communication technologies in the household

### 19 Does your household have internet access?

**i** This refers to the possibility of accessing the internet **from home**.

This includes internet access through fixed devices (e.g. desktop computer) and mobile devices (e.g. smartphone).

Yes .....	1 <input type="checkbox"/>
No .....	8 <input type="checkbox"/>
I don't know. ....	7 <input type="checkbox"/>



## Children in day care

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

Yes ..... ☐

No ..... ☐ → 23

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

Please mark all relevant boxes.

		Person 1	Person 2	Person 3	Person 4	Person 5
Day care centre (kindergarten, crèche) .....	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional child minder .....	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Au-pair, babysitter .....	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschool institution (pre-primary education) .....	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care services for pupils before and/or after school (offered by school or other facility) .....	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relatives, friends, neighbours .....	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above categories applies. ....	7	<input type="checkbox"/> → 23	<input type="checkbox"/> → 23	<input type="checkbox"/> → 23	<input type="checkbox"/> → 23	<input type="checkbox"/> → 23

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

Please mark all relevant boxes.

		Person 1	Person 2	Person 3	Person 4	Person 5
Day care centre (kindergarten, crèche) .....	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional child minder .....	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Au-pair, babysitter .....	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschool institution (pre-primary education) .....	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care services for pupils before and/or after school (offered by school or other facility) .....	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relatives, friends, neighbours .....	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above categories applies. ....	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 23 Were you born in Germany?

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

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

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	8	<input type="checkbox"/> → 25	<input type="checkbox"/> → 25	<input type="checkbox"/> → 25	<input type="checkbox"/> → 25	<input type="checkbox"/> → 25

## 24 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"/> → 28	<input type="checkbox"/> → 28	<input type="checkbox"/> → 28	<input type="checkbox"/> → 28	<input type="checkbox"/> → 28
No .....	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

**i** See also p. 49: **1** "Today's territory".

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

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

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

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

**28 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"/> → 30	<input type="checkbox"/> → 30	<input type="checkbox"/> → 30	<input type="checkbox"/> → 30	<input type="checkbox"/> → 30
I speak German and at least one other language at home. ....	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not speak German at home but another language/other languages. ....	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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What language do you mainly speak at home?

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

**30 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"/> → 32	<input type="checkbox"/> → 32	<input type="checkbox"/> → 32	<input type="checkbox"/> → 32	<input type="checkbox"/> → 32

**31 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?**

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

**32 Do you have German citizenship?**

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, German citizenship only ..... 1	<input type="checkbox"/> → 37	<input type="checkbox"/> → 37	<input type="checkbox"/> → 37	<input type="checkbox"/> → 37	<input type="checkbox"/> → 37
Yes, German citizenship and citizenship of at least one foreign country ..... 2	<input type="checkbox"/> → 36	<input type="checkbox"/> → 36	<input type="checkbox"/> → 36	<input type="checkbox"/> → 36	<input type="checkbox"/> → 36
No ..... 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**33 Of which foreign country do you have citizenship?**

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

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes ..... 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No ..... 8	<input type="checkbox"/> → 46	<input type="checkbox"/> → 46	<input type="checkbox"/> → 46	<input type="checkbox"/> → 46	<input type="checkbox"/> → 46

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

Person 1 .....	<input type="text"/>	} → 46
Person 2 .....	<input type="text"/>	
Person 3 .....	<input type="text"/>	
Person 4 .....	<input type="text"/>	
Person 5 .....	<input type="text"/>	

**36 Of which other country do you have citizenship?**

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....


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

**i** See also p. 49: **2** "Citizenship".

By birth ..... 1

As a non-naturalised (ethnic) German repatriate ..... 2

As a naturalised (ethnic) German repatriate ..... 3

By naturalisation (no ethnic German repatriate) ..... 4

By adoption by German parent(s) ..... 5

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/> → 40	<input type="checkbox"/> → 40	<input type="checkbox"/> → 40	<input type="checkbox"/> → 40	<input type="checkbox"/> → 40
<input type="checkbox"/> → 46	<input type="checkbox"/> → 46	<input type="checkbox"/> → 46	<input type="checkbox"/> → 46	<input type="checkbox"/> → 46
<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"/> → 46	<input type="checkbox"/> → 46	<input type="checkbox"/> → 46	<input type="checkbox"/> → 46	<input type="checkbox"/> → 46

**38 When were you naturalised?**

Year .....

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

**39 Which citizenship did you have before your naturalisation?**

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

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

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....


→ 46

**40 Does your mother live in this household?**

**i** This includes stepmothers, adoptive and foster mothers.

Yes ..... 1

No ..... 8

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/> → 43	<input type="checkbox"/> → 43	<input type="checkbox"/> → 43	<input type="checkbox"/> → 43	<input type="checkbox"/> → 43
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**i** See also p. 49: **1** "Today's territory".

Yes, in (year) .....

Yes, but I do not know the year of arrival. .... 2

No ..... 8

I don't know. .... 7

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

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

**i** See also p. 49: **2** "Citizenship".

Yes, by birth ..... 1

Yes, as a non-naturalised (ethnic) German repatriate ..... 2

Yes, as a naturalised (ethnic) German repatriate ..... 3

Yes, by naturalisation (no ethnic German repatriate) ..... 4

Yes, by adoption by German parent(s) ..... 5

Yes, but I do not know how it was obtained. .... 6

No ..... 8

I don't know. .... 7

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

**43 Does your father live in this household?**

**i** This includes stepfathers, adoptive and foster fathers.

Yes ..... ☐ → 46

No ..... ☐

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/> → 46	<input type="checkbox"/> → 46	<input type="checkbox"/> → 46	<input type="checkbox"/> → 46	<input type="checkbox"/> → 46
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**i** See also p. 49: **1** "Today's territory".

Yes, in (year) .....

Yes, but I do not know the year of arrival. .... 2

No ..... 8

I don't know. .... 7

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

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

**i** See also p. 49: **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"/>

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

**i** See also p. 49: **1** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	1 <input type="checkbox"/> → 48	<input type="checkbox"/> → 48	<input type="checkbox"/> → 48	<input type="checkbox"/> → 48	<input type="checkbox"/> → 48
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"/> → 48	<input type="checkbox"/> → 48	<input type="checkbox"/> → 48	<input type="checkbox"/> → 48	<input type="checkbox"/> → 48

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

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

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

**i** See also p. 49: **1** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	1 <input type="checkbox"/> → 50	<input type="checkbox"/> → 50	<input type="checkbox"/> → 50	<input type="checkbox"/> → 50	<input type="checkbox"/> → 50
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"/> → 50	<input type="checkbox"/> → 50	<input type="checkbox"/> → 50	<input type="checkbox"/> → 50	<input type="checkbox"/> → 50

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

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



## School or university attendance

### 50 Have you been a pupil, apprentice, student in the last 12 months before the reference week?

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

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	8	<input type="checkbox"/> → 56	<input type="checkbox"/> → 56	<input type="checkbox"/> → 56	<input type="checkbox"/> → 56	<input type="checkbox"/> → 56

### 51 Have you been a pupil, apprentice, student in the last 4 weeks before the reference week?

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

### 52 Which school/higher education institution did you last attend?

#### Schools of general education

		Person 1	Person 2	Person 3	Person 4	Person 5
Primary school .....	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orientation stage in grades 5/6 (e. g. at primary or secondary schools, diagnostic stage) .....	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special school, special needs school, special needs assistance .....	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School offering several courses of education .....	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary general school, evening secondary general school .....	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate school, evening intermediate school .....	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive school .....	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waldorf school .....	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grammar school .....	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational grammar school, also grammar school specialising in economics or technical subjects .....	10	<input type="checkbox"/> → 56	<input type="checkbox"/> → 56	<input type="checkbox"/> → 56	<input type="checkbox"/> → 56	<input type="checkbox"/> → 56
Evening grammar school, adult education college .....	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn the page for more schools.

Still :

**question 52 Vocational schools offering a general school certificate**

Vocational school offering an intermediate school certificate (e.g. full-time vocational school) ..... 12

Vocational school offering an entrance qualification for higher education institutions:

Specialised upper secondary school ..... 13

Full-time vocational school ..... 14

Two-year full-time vocational school ..... 15

**Vocational schools**

Pre-vocational training year ..... 16

Basic vocational training year ..... 17

Vocational school (dual system) ..... 18

Full-time vocational school providing a vocational qualification ..... 19

Training centre/school for health-care service occupations and social occupations

one year (e.g. geriatric care assistant) ..... 20

two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant) ..... 21

three years (e.g. physiotherapy, medical laboratory assistant, geriatric care) ..... 22

Training centre/school for educators ..... 23

Master craftsman training programme at trade and technical schools ..... 24

Trade and technical school e.g. for technicians, business economists ..... 25

Specialised academy (in Bayern only) ..... 26

**Higher education institutions**

Vocational academy ..... 27

College of public administration ..... 28

University of applied sciences, Cooperative State University (in Baden-Württemberg and Thüringen) ... 29

University (also college of art and music, college of education, college of theology) ..... 30

Doctoral studies ..... 31

Person 1

Person 2

Person 3

Person 4

Person 5

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

Grades 1 to 4 ..... 1

Grades 5 to 9/10 ..... 2

Upper secondary grades in grammar school ..... 3

Person 1

Person 2

Person 3

Person 4

Person 5

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**54 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 .....		} 56
Person 2 .....		
Person 3 .....		
Person 4 .....		
Person 5 .....		

**55 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"/>

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	<input type="checkbox"/> → 136	<input type="checkbox"/> → 136	<input type="checkbox"/> → 136	<input type="checkbox"/> → 136	<input type="checkbox"/> → 136

model questionnaire

## Employment situation in the reference week

**57 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"/> → 65	<input type="checkbox"/> → 65	<input type="checkbox"/> → 65	<input type="checkbox"/> → 65	<input type="checkbox"/> → 65
No .....	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**58 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"/> → 65	<input type="checkbox"/> → 65	<input type="checkbox"/> → 65	<input type="checkbox"/> → 65	<input type="checkbox"/> → 65
No .....	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**59 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"/> → 61	<input type="checkbox"/> → 61	<input type="checkbox"/> → 61	<input type="checkbox"/> → 61	<input type="checkbox"/> → 61
No .....	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	1	<input type="checkbox"/> → 65	<input type="checkbox"/> → 65	<input type="checkbox"/> → 65	<input type="checkbox"/> → 65	<input type="checkbox"/> → 65
No .....	8	<input type="checkbox"/> → 111	<input type="checkbox"/> → 111	<input type="checkbox"/> → 111	<input type="checkbox"/> → 111	<input type="checkbox"/> → 111

## 61 Why did you not work in the reference week?

**i** See also p. 49:  
**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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holidays, special leave .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compensation leave (within the framework of a working time account or an annualised hours contract) .....	<input type="checkbox"/> → 65	<input type="checkbox"/> → 65	<input type="checkbox"/> → 65	<input type="checkbox"/> → 65	<input type="checkbox"/> → 65
Maternity leave .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial retirement .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational and continuing training .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental leave .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Released from work under the Caregiver Leave Act ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-season .....	<input type="checkbox"/> → 64	<input type="checkbox"/> → 64	<input type="checkbox"/> → 64	<input type="checkbox"/> → 64	<input type="checkbox"/> → 64
Strike, lockout .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bad weather .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-time work for technical or economic reasons ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General and continuing education, school attendance .....	<input type="checkbox"/>	<input type="checkbox"/> → 63	<input type="checkbox"/> → 63	<input type="checkbox"/> → 63	<input type="checkbox"/> → 63
Personal, family responsibilities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have already found a job but did not yet work in that job in the reference week. ....	<input type="checkbox"/> → 111	<input type="checkbox"/> → 111	<input type="checkbox"/> → 111	<input type="checkbox"/> → 111	<input type="checkbox"/> → 111

## 62 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"/> → 65	<input type="checkbox"/> → 65	<input type="checkbox"/> → 65	<input type="checkbox"/> → 65	<input type="checkbox"/> → 65
No .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable because self-employed, freelancer .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 63 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"/> → 65	<input type="checkbox"/> → 65	<input type="checkbox"/> → 65	<input type="checkbox"/> → 65	<input type="checkbox"/> → 65
More than 3 months .....	<input type="checkbox"/> → 112	<input type="checkbox"/> → 112	<input type="checkbox"/> → 112	<input type="checkbox"/> → 112	<input type="checkbox"/> → 112

## 64 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113

## Job during the reference week

### 65 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. 49: **5** "Categorisation of job".

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

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

**i** This refers to remunerated apprenticeships/traineeships.

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

## 67 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. 49: **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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, short-term employment (a maximum of 3 months or 70 days worked per year) .....	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, a one-euro job, (job opportunity for people receiving unemployment benefit II) .....	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 68 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

### 69 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 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....


**70 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 .....


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

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

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

No .....

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

**72 What activities does your current job usually consist of?**

*Please mark all relevant boxes.*

Giving guidance to staff .....

Supervising staff .....

Distributing work .....

Checking the work performed .....

None of the above .....

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



**73 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. 49: **7** "Establishment (location)".

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....






**74 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.

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

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

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

Yes .....

No .....

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

**76 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"/> → 78	<input type="checkbox"/> → 78	<input type="checkbox"/> → 78	<input type="checkbox"/> → 78	<input type="checkbox"/> → 78
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"/>

**77 Please enter the exact number of people working in the establishment:**

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

**Change of job or occupation**

**78 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"/>

**79 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"/>

## Scope and scale of current job

### 80 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"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83
Part-time .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 81 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School education, studies, other education or advanced training .....	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83
Own illness, consequences of an accident .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently reduced earning capacity, permanent disability .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after children .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people with disabilities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people in need of care .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family reasons .....	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83
Other personal reasons .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to work part-time. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other main reason .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 82 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no adequate care available at the relevant times of the day. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate care is too expensive. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to do it myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other essential reasons .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**83 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"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85

**84 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 ..... 1	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
	↳ 89	↳ 89	↳ 89	↳ 89	↳ 89

**85 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"/>

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

**87 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"/>	<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"/>

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

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

See also p. 49: **8** "Stand-by duty".

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

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

**89 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"/> → 91	<input type="checkbox"/> → 91	<input type="checkbox"/> → 91	<input type="checkbox"/> → 91	<input type="checkbox"/> → 91

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

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

Number of days .....

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

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

Yes .....

No .....

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

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

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

Number of days .....

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

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

Yes .....

No .....

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> → 95	<input type="checkbox"/> → 95	<input type="checkbox"/> → 95	<input type="checkbox"/> → 95	<input type="checkbox"/> → 95

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

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

Number of days .....

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

**95 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Second or additional jobs

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

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

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes, I had 2 jobs. ....	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I had more than 2 jobs. ....	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	8	<input type="checkbox"/> → 106	<input type="checkbox"/> → 106	<input type="checkbox"/> → 106	<input type="checkbox"/> → 106	<input type="checkbox"/> → 106

### 97 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. 49: **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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, short-term employment (a maximum of 3 months or 70 days worked per year) .....	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, a one-euro job, (job opportunity for people receiving unemployment benefit II) .....	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 98 How often do you work in your additional job?

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

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

**i** See also p. 49: **5** "Categorisation of job".

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

 For example

 For example

- Person 1 .....

\_\_\_\_\_

Person 2 .....

\_\_\_\_\_

Person 3 .....

\_\_\_\_\_

Person 4 .....

Person 5 \_\_\_\_\_

 For example

 For example

- Person 1 .....

--

Person 2 .....

--

Person 3 .....

--

Person 4 .....

--

Person 5 .....

--

Yes, executive duties

(including the authority to take staff, budget and strategy decisions) .....

Yes, supervisory duties

(guiding and supervising staff, distributing work and checking the outcome) .....

No .....

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

103 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. 49: **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"/>

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

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

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

Number of hours .....

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

105 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



## Number of desired working hours

- 106 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"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Increase .....	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce .....	3	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109

- 107 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"/>

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

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

- 109 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. 3.5).

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

110 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	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div>}] → 135</div>	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div>}] → 135</div>	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div>}] → 135</div>	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div>}] → 135</div>	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div>}] → 135</div>
No .....	8	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div>}] → 135</div>	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div>}] → 135</div>	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div>}] → 135</div>	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div>}] → 135</div>	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div>}] → 135</div>

model questionnaire

## Last job or absence from work

### 111 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, for a total of less than three months .....	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	8	<input type="checkbox"/> → 121	<input type="checkbox"/> → 121	<input type="checkbox"/> → 121	<input type="checkbox"/> → 121	<input type="checkbox"/> → 121

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

#### Family reasons

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"/>

#### Personal reasons

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

#### Other reasons

Other main reason .....	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### 113 When did you leave your last paid job/since when have you been absent from it?

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

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

**i** See also p. 49: **5** "Categorisation of job".

	Person 1	Person 2	Person 3	Person 4	Person 5
Self-employed person, freelancer					
without employees .....	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with employees .....	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid family worker in a family business .....	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public official (not including candidates), judge .....	4 <input type="checkbox"/> → 116	<input type="checkbox"/> → 116	<input type="checkbox"/> → 116	<input type="checkbox"/> → 116	<input type="checkbox"/> → 116
Salary earner (not including apprentices) .....	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wage earner (not including apprentices), homemaker .....	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprentice/trainee receiving remuneration .....	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate public official .....	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intern, trainee (including paid practical training or internship) .....	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary or professional soldier .....	10 <input type="checkbox"/> → 116	<input type="checkbox"/> → 116	<input type="checkbox"/> → 116	<input type="checkbox"/> → 116	<input type="checkbox"/> → 116
Person doing compulsory military/civilian service .....	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In voluntary military service .....	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the Federal Volunteer Service (also social, ecological or cultural year) .....	13 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**i** This refers to remunerated apprenticeships/traineeships.

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

116

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

Person 1

Person 2

Person 3

Person 4

Person 5

117

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

i

For example

– fashion shop assistant

– primary school teacher

– travel agent

– construction engineer

– electronic equipment mechanic

– unskilled construction labourer

– nurse

Person 1

Person 2

Person 3

Person 4

Person 5

Person 1

Person 2

Person 3

Person 4

Person 5

118

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

Yes, executive duties

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

1

Yes, supervisory duties

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

2

No

8

Person 1

Person 2

Person 3

Person 4

Person 5

Microcensus

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119 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. 49: **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"/>

120 In your last job/the job from which you are absent:

**Were you employed in the public service?**

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

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

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

## Search for work

- 121 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"/> → 123	<input type="checkbox"/> → 123	<input type="checkbox"/> → 123	<input type="checkbox"/> → 123	<input type="checkbox"/> → 123

- 122 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"/> → 133	<input type="checkbox"/> → 133	<input type="checkbox"/> → 133	<input type="checkbox"/> → 133	<input type="checkbox"/> → 133
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"/>

- 123 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"/> → 133	<input type="checkbox"/> → 133	<input type="checkbox"/> → 133	<input type="checkbox"/> → 133	<input type="checkbox"/> → 133
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"/> → 125	<input type="checkbox"/> → 125	<input type="checkbox"/> → 125	<input type="checkbox"/> → 125	<input type="checkbox"/> → 125

124	When will you start your new job?	Person 1	Person 2	Person 3	Person 4	Person 5
Within the next 3 months after the reference week ...	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Later, that is, after more than 3 months after the reference week .....	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		→ 133	→ 133	→ 133	→ 133	→ 133

125	If you are not looking for a job, would you nevertheless like to work?	Person 1	Person 2	Person 3	Person 4	Person 5
<b>i</b> This also refers to jobs with only a few hours.						
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"/>
		→ 131	→ 131	→ 131	→ 131	→ 131

126	Why did you not look for a job in the reference week and the preceding 3 weeks?	Person 1	Person 2	Person 3	Person 4	Person 5
<i>If there are several reasons, please mark the main one.</i>						
No suitable job available .....	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am awaiting re-employment (following temporary lay-off). .....	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own illness, consequences of an accident .....	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently reduced earning capacity, permanent disability .....	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after children .....	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people with disabilities .....	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people in need of care .....	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family responsibilities .....	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other personal responsibilities .....	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School or vocational education, studies .....	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement .....	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other main reason .....	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		→ 128	→ 128	→ 128	→ 128	→ 128

127	Why do you yourself look after children, people with disabilities or people in need of care?	Person 1	Person 2	Person 3	Person 4	Person 5
<i>Please mark all relevant boxes.</i>						
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"/>



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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135
No .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
School or vocational education, studies .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own illness, consequences of an accident .....	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135
Permanently reduced earning capacity, permanent disability .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after children .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people with disabilities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people in need of care .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family responsibilities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other personal responsibilities .....	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135
Retirement .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other main reason .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**130 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no adequate care available at the relevant times of the day. ....	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135
Adequate care is too expensive. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to do it myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other essential reasons .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**131 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"/>

**132 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"/>

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

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

**134 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"/>	<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"/>

**Self-assessment of life situation in the reference week**

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

**i** See also p. 49:

**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

		Person 1	Person 2	Person 3	Person 4	Person 5
on parental leave .....	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in partial retirement .....	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fully or partly released from work under the Caregiver Leave Act .....	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
partly released from work under the Family Caregiver Leave Act .....	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Salary earner, wage earner, public official (including temporary or professional soldiers, apprentices) **not** on parental leave or in partial retirement and **not** released from work .....

Self-employed person, freelancer

without employees .....	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with employees .....	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Unpaid family worker in a family business .....	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

In the Federal Volunteer Service (also social, ecological or cultural year), in voluntary military service .....	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Pupil, student .....	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
----------------------	----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Retired or in early retirement .....	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------------------	----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Unemployed .....	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
------------------	----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Housewife/househusband, looking after children or people in need of care .....	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Permanently unfit for work .....	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
----------------------------------	----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Other .....	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------	----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

136 Which are your main sources of livelihood?

 See also p. 49:  
 "Main sources of livelihood".

Main sources of livelihood:	Person 1	Person 2	Person 3	Person 4	Person 5
Code from List 136 .....	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>

List 136

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

**137 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. 49: **10** "Net income".

Personal net income:

Code from List 137 .....

I had no income. .... 90

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

**List 137**

Less than 250 euros .....	1	5 000 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

**138 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 137 that corresponds to the amount of your monthly net household income.*

Code from List 137 .....

139 Are you 15 years or older?	Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End

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

## Educational and vocational attainment

140 Do you hold a general school certificate?	Person 1	Person 2	Person 3	Person 4	Person 5
Yes ..... 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No/No yet ..... 8	<input type="checkbox"/> → 144	<input type="checkbox"/> → 144	<input type="checkbox"/> → 144	<input type="checkbox"/> → 144	<input type="checkbox"/> → 144

## 141 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 ..... 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary general school certificate (also former school type starting with grade 1) ..... 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School of general education in the GDR					
school certificate obtained after grade 8 or 9 ..... 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
school certificate obtained after grade 10 ..... 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate school certificate, intermediate school-leaving certificate or equivalent ..... 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrance qualification for universities of applied sciences ..... 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Higher education entrance qualification (general or subject-restricted) ..... 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of special school ..... 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Germany ..... 1	<input type="checkbox"/> → 144	<input type="checkbox"/> → 144	<input type="checkbox"/> → 144	<input type="checkbox"/> → 144	<input type="checkbox"/> → 144
Abroad ..... 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 143 How long did you attend school?

*Please round to the nearest year.*

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

**144 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"/> → 146	<input type="checkbox"/> → 146	<input type="checkbox"/> → 146	<input type="checkbox"/> → 146	<input type="checkbox"/> → 146
No/Not yet .....	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Year .....

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

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
↳ 152	↳ 152	↳ 152	↳ 152	↳ 152
<input type="checkbox"/> → 152	<input type="checkbox"/> → 152	<input type="checkbox"/> → 152	<input type="checkbox"/> → 152	<input type="checkbox"/> → 152

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

Year .....

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

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

Germany .....

Abroad .....

Person 1	Person 2	Person 3	Person 4	Person 5
<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

## 148 Which is your highest qualification?

Please convert qualifications gained abroad to German equivalents.

### Vocational qualification attained

	Person 1	Person 2	Person 3	Person 4	Person 5
On-the-job training .....	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internship .....	2 <input type="checkbox"/> → 152	<input type="checkbox"/> → 152	<input type="checkbox"/> → 152	<input type="checkbox"/> → 152	<input type="checkbox"/> → 152
Pre-vocational training year .....	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprenticeship, vocational training in the dual system .....	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate qualifying for an occupation obtained from a full-time vocational school or from a secondary school offering general as well as vocational education to pupils aged 16 to 19 .....	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparatory training for the intermediate service in public administration .....	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training centre/school for health-care service occupations and social occupations					
one year (e.g. geriatric care assistant) .....	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant) .....	8 <input type="checkbox"/> → 151	<input type="checkbox"/> → 151	<input type="checkbox"/> → 151	<input type="checkbox"/> → 151	<input type="checkbox"/> → 151
three years (e.g. physiotherapy, medical laboratory assistant, geriatric care) .....	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursery teacher/educator .....	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master craftsman/craftswoman .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technician's qualification or equivalent trade and technical school certificate .....	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialised and engineering schools of the GDR .....	13 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialised academy (in Bayern only) .....	14 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Higher education institutions

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

Vocational academy .....	15 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College of public administration .....	16 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University of applied sciences (also college of engineering), cooperative state university (in Baden-Württemberg and Thüringen) .....	17 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University (also college of art and music, college of education, college of theology) .....	18 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor's degree .....	19 <input type="checkbox"/> → 150	<input type="checkbox"/> → 150	<input type="checkbox"/> → 150	<input type="checkbox"/> → 150	<input type="checkbox"/> → 150



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

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

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

**150 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.

Yes .....  
 No .....

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

**151 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

**152 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).

Yes .....  
 No .....

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

## Pension insurance

### 153 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"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155
No .....	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**i** See also p. 50:

**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

### 155 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"/>

model questionnaire

### 1 Today's territory

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

### 2 Citizenship

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

People who came to Germany as ethnic German repatriates between 1993 and 2000 received an official certificate of naturalisation (not a certificate in accordance with Section 7 of the Nationality Act). In this case, please mark "As a naturalised (ethnic) German repatriate".

For people who have been granted German citizenship on the grounds of their eligibility for naturalisation, please mark "As a naturalised (ethnic) German repatriate".

For people with a certificate in accordance with Section 7 of the Nationality Act, please mark "As a non-naturalised (ethnic) German repatriate".

### 3 Partial retirement

The Act on Facilitating a Smooth Transition to Retirement provides the framework conditions for partial retirement agreements between employers and employees. The employment agency promotes part-time work arrangements for employees who reduce their working hours to half of the regular working time when they are 55 years old or older.

### 4 Caregiver Leave Act/Family Caregiver Leave Act

Employees have the right to be temporarily released from work to look after close relatives at home. They may choose between two different release options: Under the Caregiver Leave Act, employees may be released from work on a full-time or part-time basis for a maximum of six months to look after a close relative in need of care.

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

### 5 Categorisation of job

If you are self-employed and only employ unpaid family workers (no wage or salary), please mark the category "self-employed without employees". Those who work freelance or on a contract basis are considered as self-employed, including people who provide tuition, give private lessons or babysit. If you work without pay in a business owned by a family member or relative, you are an unpaid family worker. If you receive pay for your work, you are either a wage earner or salary earner.

Public officials include officials employed by the Protestant Church and the Roman Catholic Church. "Insurance officers" and "bank officers" should classify themselves as salary earners.

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

If you are an intern, a (paid) trainee or a volunteer in the Federal Volunteer Service in your additional job, please indicate "salary earner".

### 6 Marginal employment

In the case of marginal employment, that is, a 450-euros job (also referred to as mini-job; with a pay of up to 450 euros per month on a yearly average basis), the employer pays flat-rate contributions to pension and health insurance and a lump-sum tax rate.

A job is also considered to be marginal employment if it is limited to a maximum of three months or 70 days worked per year.

People in a one-euro job continue to receive unemployment benefit II plus an additional expenses allowance of usually 1 to 2 euros per hour worked.

### 7 Establishment (location)

An establishment is the location where you work (e.g. a shop, freelancer's office, agricultural holding, location of an enterprise, body governed by public law, etc.).

A location (e.g. a specific establishment of an enterprise) may comprise several separate work places (such as a production site, a warehouse and an administrative building all on the business premises). The people working at those work places belong to one and the same establishment.

The people working in an establishment include part-time workers, apprentices, working proprietors and unpaid family workers.

### 8 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.

### **Legal basis, obligation to provide information**

The legal basis is provided by the Microcensus Act (MZG) in conjunction with the Federal Statistics Act (BStatG).

Data are collected in accordance with Section 6 (1) nos. 1 to 4, no. 5 letters a and b, nos. 6 to 10 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



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