

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 YYto Sunday,DD MM YY

Establishment flap

76 Name and address of the establishment you work in.

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

7

model questionnaire

model questionnaire

Thank you for your time.

Auswahlbezirks-Nr.	Lfd. Nr. des Haushalts im Auswahlbezirk	Folge- bogen
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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 76 on page 23).
- Please note the time before you begin filling out the questionnaire. At the end of the questionnaire you will be asked how long it took you to complete it.

We will guide you through the questionnaire.

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

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

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

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

Example: Hours per week

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

Example: Yes ☒
No ☐

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

Household and dwelling

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

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

Yes, number of other households

No, no other households

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

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

Subtenants, visitors and domestic staff are not household members.

Number of people in your household (including yourself)

Note

The reference week is given on the front cover.

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

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

The contact details are given on the front cover.

Note

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

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

Male

Female

Gender diverse

Not stated in the birth register

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<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 Is your birthday before the last day of the reference week in 2021?**

Yes

No

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

voluntary

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

Note

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

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

Please mark all relevant boxes.

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

9 Is this dwelling your main residence?

i If you have **more than one dwelling**, your main residence is the one where you usually live (centre of 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	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Yes	<input type="checkbox"/>
No	<input type="checkbox"/> → 14

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

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

12 Have any household members died since the last interview?

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

13 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

14 Do you live in a one-person household?

Yes
No

☐ → 20
☐

15 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"/>

16 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"/>

17 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"/> → 19	<input type="checkbox"/> → 19	<input type="checkbox"/> → 19	<input type="checkbox"/> → 19	<input type="checkbox"/> → 19
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18 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"/>

19 What is your relationship to Person 1?

	Person 1	Person 2	Person 3	Person 4	Person 5
I am Person 1.	1 <input type="checkbox"/>				
I am (his/her) ...					
wife, husband.	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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

20 Does your household have internet access?

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

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

Yes	1 <input type="checkbox"/>	
No	8 <input type="checkbox"/>	} → 22
I don't know.	7 <input type="checkbox"/>	

21 What type of internet connection is used at home?

Please indicate more than one if appropriate.

Fixed connections:

DSL connection (via network cable or Wifi router, also by mobile phone/smartphone) 1 ☐

Cable connection (e. g. via TV cable, optical fibre, power cable) 2 ☐

Fixed wireless internet connection (e. g. satellite, WiMAX) 3 ☐

Analogue modem or ISDN modem/card 4 ☐

Mobile connections:

Mobile wireless internet connection via mobile phone/smartphone (at least 3G, e. g. UMTS, HSDPA, LTE) 5 ☐

Mobile wireless internet connection via USB stick or laptop card (at least 3G, e. g. UMTS, mobile WiMAX) 6 ☐

GPRS and other mobile narrowband connections (2G, 2G+) via mobile phone or laptop modem 7 ☐

I don't know. 9 ☐

Children in day care

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

Yes ☐

No ☐ → 25

23 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"/>	<input type="checkbox"/>
Professional child minder 2	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Preschool institution (pre-primary education) 4	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Relatives, friends, neighbours 6	<input type="checkbox"/>	<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"/> → 25	<input type="checkbox"/> → 25	<input type="checkbox"/> → 25	<input type="checkbox"/> → 25	<input type="checkbox"/> → 25	<input type="checkbox"/> → 25

24 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"/>

Citizenship and duration of residence

25 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"/> → 27	<input type="checkbox"/> → 27	<input type="checkbox"/> → 27	<input type="checkbox"/> → 27	<input type="checkbox"/> → 27

26 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"/> → 30	<input type="checkbox"/> → 30	<input type="checkbox"/> → 30	<input type="checkbox"/> → 30	<input type="checkbox"/> → 30
No	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

i See also p. 109: **i** "Today's territory".

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"/>

29 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.

Employment: job found before moving to Germany

Employment: no job found before moving to Germany

Academic studies or other education, advanced training

Moved to Germany with a family member or followed a family member (family reunification)

Marriage/partnership with a person living in Germany (family formation)

Flight, persecution, expulsion, asylum

Free movement within the EU: wished to settle in Germany

Retirement

Other main reason

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<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"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30 What language/languages do you speak at home?

I only speak German at home.

I speak German and at least one other language at home.

I do not speak German at home but another language/other languages.

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/> → 32	<input type="checkbox"/> → 32	<input type="checkbox"/> → 32	<input type="checkbox"/> → 32	<input type="checkbox"/> → 32
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"/>

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

model questionnaire

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

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"/> → 34	<input type="checkbox"/> → 34	<input type="checkbox"/> → 34	<input type="checkbox"/> → 34	<input type="checkbox"/> → 34

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

Year

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

34 Do you have German citizenship?

Yes, German citizenship only
Yes, German citizenship and citizenship of at least one foreign country
No

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/> → 39	<input type="checkbox"/> → 39	<input type="checkbox"/> → 39	<input type="checkbox"/> → 39	<input type="checkbox"/> → 39
2	<input type="checkbox"/> → 38	<input type="checkbox"/> → 38	<input type="checkbox"/> → 38	<input type="checkbox"/> → 38	<input type="checkbox"/> → 38
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35 Of which foreign country do you have citizenship?

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

Person 1
Person 2
Person 3
Person 4
Person 5

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

36 Do you have citizenship of another foreign country?

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"/> → 48	<input type="checkbox"/> → 48	<input type="checkbox"/> → 48	<input type="checkbox"/> → 48	<input type="checkbox"/> → 48

37 Of which second foreign country do you have citizenship?

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"/>

→ 48

38 Of which other country do you have citizenship?

Person 1

Person 2

Person 3

Person 4

Person 5

39 How did you obtain German citizenship?

i See also p. 109: **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"/> → 42	<input type="checkbox"/> → 42	<input type="checkbox"/> → 42	<input type="checkbox"/> → 42	<input type="checkbox"/> → 42
<input type="checkbox"/> → 48	<input type="checkbox"/> → 48	<input type="checkbox"/> → 48	<input type="checkbox"/> → 48	<input type="checkbox"/> → 48
<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"/> → 48	<input type="checkbox"/> → 48	<input type="checkbox"/> → 48	<input type="checkbox"/> → 48	<input type="checkbox"/> → 48

40 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"/>

41 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

} → 48

42 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"/> → 45	<input type="checkbox"/> → 45	<input type="checkbox"/> → 45	<input type="checkbox"/> → 45	<input type="checkbox"/> → 45
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

i See also p. 109: **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"/>

44 Is/was your mother a German citizen?

i See also p. 109: **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"/>

45 Does your father live in this household?

i This includes stepfathers, adoptive and foster fathers.

Yes ☐ → 48

No ☐

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

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

i See also p. 109: **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"/>

47 Is/was your father a German citizen?

i See also p. 109: ■ "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"/>

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

i See also p. 109: ■ "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 father born?

Person 1	
Person 2	
Person 3	
Person 4	
Person 5	

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

i See also p. 109: ■ "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 52	<input type="checkbox"/> → 52	<input type="checkbox"/> → 52	<input type="checkbox"/> → 52	<input type="checkbox"/> → 52
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"/> → 52	<input type="checkbox"/> → 52	<input type="checkbox"/> → 52	<input type="checkbox"/> → 52	<input type="checkbox"/> → 52

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

Person 1	
Person 2	
Person 3	
Person 4	
Person 5	

School or university attendance

52 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"/> → 58	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58

53 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"/>

54 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"/> → 58	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58
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.

question 54 Vocational schools offering a general school certificate

	Person 1	Person 2	Person 3	Person 4	Person 5
Vocational school offering an intermediate school certificate (e.g. full-time vocational school) 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational school offering an entrance qualification for higher education institutions:					
Specialised upper secondary school 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full-time vocational school 14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-year full-time vocational school 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational schools					
Pre-vocational training year 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic vocational training year 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational school (dual system) 18	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58
Full-time vocational school providing a vocational qualification 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training centre/school for health-care service occupations and social occupations					
one year (e.g. geriatric care assistant) 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant) 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
three years (e.g. physiotherapy, medical laboratory assistant, geriatric care) 22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training centre/school for educators 23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master craftsman training programme at trade and technical schools 24	<input type="checkbox"/> → 56	<input type="checkbox"/> → 56	<input type="checkbox"/> → 56	<input type="checkbox"/> → 56	<input type="checkbox"/> → 56
Trade and technical school e.g. for technicians, business economists 25	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58
Specialised academy (in Bayern only) 26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Higher education institutions					
Vocational academy 27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College of public administration 28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University of applied sciences, Cooperative State University (in Baden-Württemberg and Thüringen) ... 29	<input type="checkbox"/> → 57	<input type="checkbox"/> → 57	<input type="checkbox"/> → 57	<input type="checkbox"/> → 57	<input type="checkbox"/> → 57
University (also college of art and music, college of education, college of theology) 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctoral studies 31	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Grades 1 to 4 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grades 5 to 9/10 2	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58
Upper secondary grades in grammar school 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56 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
 Person 2
 Person 3
 Person 4
 Person 5

} → 58

57 What course of study did you take?

Bachelor's 1
 Master's 2
 Diplom degree or comparable course of study 3

	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"/>

58 Are you 15 years or older?

Yes
 No

	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"/> → 138	<input type="checkbox"/> → 138	<input type="checkbox"/> → 138	<input type="checkbox"/> → 138	<input type="checkbox"/> → 138

model questionnaire

Employment situation in the reference week

59 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"/> → 67	<input type="checkbox"/> → 67	<input type="checkbox"/> → 67	<input type="checkbox"/> → 67	<input type="checkbox"/> → 67
No	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

60 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"/> → 67	<input type="checkbox"/> → 67	<input type="checkbox"/> → 67	<input type="checkbox"/> → 67	<input type="checkbox"/> → 67
No	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

61 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"/> → 63	<input type="checkbox"/> → 63	<input type="checkbox"/> → 63	<input type="checkbox"/> → 63	<input type="checkbox"/> → 63
No	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

62 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"/> → 67	<input type="checkbox"/> → 67	<input type="checkbox"/> → 67	<input type="checkbox"/> → 67	<input type="checkbox"/> → 67
No	8	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113

63 Why did you not work in the reference week?

i See also p. 109:
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)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holidays, special leave	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compensation leave (within the framework of a working time account or an annualised hours contract)	3 <input type="checkbox"/> → 67	<input type="checkbox"/> → 67	<input type="checkbox"/> → 67	<input type="checkbox"/> → 67	<input type="checkbox"/> → 67
Maternity leave	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial retirement	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational and continuing training	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental leave	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Released from work under the Caregiver Leave Act ...	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-season	9 <input type="checkbox"/> → 66	<input type="checkbox"/> → 66	<input type="checkbox"/> → 66	<input type="checkbox"/> → 66	<input type="checkbox"/> → 66
Strike, lockout	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bad weather	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-time work for technical or economic reasons ...	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General and continuing education, school attendance	13 <input type="checkbox"/> → 65	<input type="checkbox"/> → 65	<input type="checkbox"/> → 65	<input type="checkbox"/> → 65	<input type="checkbox"/> → 65
Personal, family responsibilities	14 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons	15 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have already found a job but did not yet work in that job in the reference week.	16 <input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 67	<input type="checkbox"/> → 67	<input type="checkbox"/> → 67	<input type="checkbox"/> → 67	<input type="checkbox"/> → 67
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable because self-employed, freelancer	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

65 Indicate the total period of your absence from work.

	Person 1	Person 2	Person 3	Person 4	Person 5
3 months or less	1 <input type="checkbox"/> → 67	<input type="checkbox"/> → 67	<input type="checkbox"/> → 67	<input type="checkbox"/> → 67	<input type="checkbox"/> → 67
More than 3 months	8 <input type="checkbox"/> → 114	<input type="checkbox"/> → 114	<input type="checkbox"/> → 114	<input type="checkbox"/> → 114	<input type="checkbox"/> → 114

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 115	<input type="checkbox"/> → 115	<input type="checkbox"/> → 115	<input type="checkbox"/> → 115	<input type="checkbox"/> → 115

67 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. 109: **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"/> → 69	<input type="checkbox"/> → 69	<input type="checkbox"/> → 69	<input type="checkbox"/> → 69	<input type="checkbox"/> → 69
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"/> → 69	<input type="checkbox"/> → 69	<input type="checkbox"/> → 69	<input type="checkbox"/> → 69	<input type="checkbox"/> → 69
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"/>

68 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"/>

69 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. 109: **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"/>

70 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

71 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

72 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	

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

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

74 What activities does your current job usually consist of?

Please mark all relevant boxes.

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

75 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. 109: **7** "Establishment (location)".

Person 1

Person 2

Person 3

Person 4

Person 5

76 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.

77 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"/>

78 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"/> → 80	<input type="checkbox"/> → 80	<input type="checkbox"/> → 80	<input type="checkbox"/> → 80	<input type="checkbox"/> → 80
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"/>

79 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

80 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"/>

81 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

82 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"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85
Part-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

84 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"/>

85 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"/> → 87	<input type="checkbox"/> → 87	<input type="checkbox"/> → 87	<input type="checkbox"/> → 87	<input type="checkbox"/> → 87

86 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"/> <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"/>
	↳ 91	↳ 91	↳ 91	↳ 91	↳ 91

87 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"/>

88 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"/>

89 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"/>

90 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. 109: **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"/> <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"/>

91 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"/> → 93	<input type="checkbox"/> → 93	<input type="checkbox"/> → 93	<input type="checkbox"/> → 93	<input type="checkbox"/> → 93

92 In all, how many days off did you have in the reference week?
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"/> . <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 illness, injury or a temporary disability?

Yes 1 ☐

No 8 ☐ → 95

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 because of illness?
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"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>

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

Yes 1 ☐

No 8 ☐ → 97

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"/> → 97	<input type="checkbox"/> → 97	<input type="checkbox"/> → 97	<input type="checkbox"/> → 97	<input type="checkbox"/> → 97

96 How many days in total did you not work in the reference week for other reasons?
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"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>

97 How many hours did you actually work in the reference week?
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"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>

Second or additional jobs

98 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"/> → 108	<input type="checkbox"/> → 108	<input type="checkbox"/> → 108	<input type="checkbox"/> → 108	<input type="checkbox"/> → 108

99 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. 109: **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"/>

100 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"/>

101 What is your status in your additional job?

i See also p. 109: **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"/>

102 Please provide some keywords to describe your additional job.

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

Person 1

Person 2

Person 3

Person 4

Person 5

103 What is the title of your additional job?

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

Person 1

Person 2

Person 3

Person 4

Person 5

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

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

105 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. 109: **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"/>

106 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"/>

107 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

108 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"/> → 112	<input type="checkbox"/> → 112	<input type="checkbox"/> → 112	<input type="checkbox"/> → 112	<input type="checkbox"/> → 112
Increase	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce	3	<input type="checkbox"/> → 111	<input type="checkbox"/> → 111	<input type="checkbox"/> → 111	<input type="checkbox"/> → 111	<input type="checkbox"/> → 111

109 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"/>

110 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"/>

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

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

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

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

112 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>}] → 137</div>	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div>}] → 137</div>	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div>}] → 137</div>	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div>}] → 137</div>	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div>}] → 137</div>
No	8					

model questionnaire

Last job or absence from work

113 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"/> → 123	<input type="checkbox"/> → 123	<input type="checkbox"/> → 123	<input type="checkbox"/> → 123	<input type="checkbox"/> → 123

114 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"/>
----------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

115 When did you leave your last paid job/since when have you been absent from it?

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

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

i See also p. 109: **■** "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"/> → 118	<input type="checkbox"/> → 118	<input type="checkbox"/> → 118	<input type="checkbox"/> → 118	<input type="checkbox"/> → 118
Salary earner (not including apprentices)	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wage earner (not including apprentices), homeworker	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprentice/trainee receiving remuneration	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate public official	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intern, trainee (including paid practical training or internship)	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary or professional soldier	10 <input type="checkbox"/> → 118	<input type="checkbox"/> → 118	<input type="checkbox"/> → 118	<input type="checkbox"/> → 118	<input type="checkbox"/> → 118
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"/>

117 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"/>

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

119 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

120 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)		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"/>
Yes, supervisory duties (guiding and supervising staff, distributing work and checking the outcome)						
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

121 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. 109: **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"/>

122 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

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

- 124 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"/> → 135	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135
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"/>

- 125 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"/> → 135	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135
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"/> → 127	<input type="checkbox"/> → 127	<input type="checkbox"/> → 127	<input type="checkbox"/> → 127	<input type="checkbox"/> → 127

126	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"/>
		→ 135	→ 135	→ 135	→ 135	→ 135

127	If you are not looking for a job, would you nevertheless like to work?	Person 1	Person 2	Person 3	Person 4	Person 5
<i>i</i> 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"/>
		→ 133	→ 133	→ 133	→ 133	→ 133

128	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"/>
		→ 130	→ 130	→ 130	→ 130	→ 130

129	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"/>

130 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"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

131 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"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
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"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
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"/>

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.	<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"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
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"/>

133 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"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
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"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
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"/>

134 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"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
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"/>

135 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"/>

136 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

137 Regarding your situation in the reference week: Which category best describes it?

i See also p. 109:

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

Pupil, student

Retired or in early retirement

Unemployed

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

Permanently unfit for work

Other

138 Which are your main sources of livelihood?

i See also p. 109:
9 "Main sources of livelihood".

Main sources of livelihood:

Code from List 138

Person 1

Person 2

Person 3

Person 4

Person 5

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List 138

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	
Public assistance, e.g. basic security in old age and		received from other private households	9
in cases of reduced earning capacity, assistance		Training assistance (BAföG), scholarship/grant	10
for nursing care, continuous subsistence payments	4	Benefits for asylum seekers	11
Pension	5	Benefits from own long-term care insurance	
Own property, savings, interest, renting, leasing,		(long-term care allowance)	12
life interest retained for older people, life		Other financial support, e.g. early retirement	
assurance, specific pensions fund		payments, allowances for foster children, sickness	
(Versorgungswerk)	6	pay, loan in accordance with the Caregiver	
Parental allowance	7	Leave Act or the Family Caregiver Leave Act	13

model questionnaire

139 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. 109: **10** "Net income".

Personal net income:

Code from List 139

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 139

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

140 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 139 that corresponds to the amount of your monthly net household income.

Code from List 139

141 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

142 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"/> → 146	<input type="checkbox"/> → 146	<input type="checkbox"/> → 146	<input type="checkbox"/> → 146	<input type="checkbox"/> → 146

143 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"/>

144 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"/> → 146	<input type="checkbox"/> → 146	<input type="checkbox"/> → 146	<input type="checkbox"/> → 146	<input type="checkbox"/> → 146
Abroad 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

145 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"/>

146 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.

Yes 1
No/Not yet 8

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

147 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"/>
↳ 154	↳ 154	↳ 154	↳ 154	↳ 154
<input type="checkbox"/> → 154	<input type="checkbox"/> → 154	<input type="checkbox"/> → 154	<input type="checkbox"/> → 154	<input type="checkbox"/> → 154

148 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"/>

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

Germany 1
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

150 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"/> → 154	<input type="checkbox"/> → 154	<input type="checkbox"/> → 154	<input type="checkbox"/> → 154	<input type="checkbox"/> → 154
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"/> → 153	<input type="checkbox"/> → 153	<input type="checkbox"/> → 153	<input type="checkbox"/> → 153	<input type="checkbox"/> → 153
three years (e.g. physiotherapy, medical laboratory assistant, geriatric care)	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursery teacher/educator	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master craftsman/craftswoman	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technician's qualification or equivalent trade and technical school certificate	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialised and engineering schools of the SDR	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"/> → 152	<input type="checkbox"/> → 152	<input type="checkbox"/> → 152	<input type="checkbox"/> → 152	<input type="checkbox"/> → 152

151 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"/>

152 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"/>

153 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

Continuing education and training

154 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

155 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"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

i See also p. 110:

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

157 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"/>

158 Is this dwelling your main residence?

i If you occupy 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 8	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End

159 Were you aged between 16 and 74 years on 31 December 2020?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/>	<input type="checkbox"/> → p. 61, 160	<input type="checkbox"/> → p. 73, 160	<input type="checkbox"/> → p. 85, 160	<input type="checkbox"/> → p. 97, 160
No 8	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End

i Many questions on the use of information and communication technologies include the time categories :

- “In the last 3 months”,
- “More than 3 months ago, but within the last 12 months” and
- “More than 12 months ago”.

Those past periods refer to the reference week (the reference week is specified on the flap).

Note

Please enter your name in the box at the side.

160 When did you last use the internet?

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

Please mark only one box.

- | | | | |
|---|---|--------------------------|---------|
| In the last 3 months | 1 | <input type="checkbox"/> | |
| More than 3 months ago, but within the last 12 months | 2 | <input type="checkbox"/> | → 182 |
| More than 12 months ago | 3 | <input type="checkbox"/> | } → 199 |
| Never | 8 | <input type="checkbox"/> | |

161 How often on average did you use the internet in the last 3 months?

Please mark only one box.

- | | | | |
|--|---|--------------------------|---------|
| Every day or almost every day | 1 | <input type="checkbox"/> | |
| At least once a week (but not every day) | 2 | <input type="checkbox"/> | } → 163 |
| Less than once a week | 3 | <input type="checkbox"/> | |

162 Did you use the internet several times during the day?

- | | | |
|-----------|---|--------------------------|
| Yes | 1 | <input type="checkbox"/> |
| No | 8 | <input type="checkbox"/> |

163 On which of the following devices did you use the internet in the last 3 months?

Please mark all relevant boxes.

- | | | |
|---|---|--------------------------|
| Desktop PC | 1 | <input type="checkbox"/> |
| Laptop | 2 | <input type="checkbox"/> |
| Tablet | 3 | <input type="checkbox"/> |
| Smartphone or internet-enabled mobile phone | 4 | <input type="checkbox"/> |
| Other devices (e.g. smart TV, smart speakers, game console, e-book reader, smart watch) | 5 | <input type="checkbox"/> |

164 For which private purposes did you use the internet in the last 3 months?

Please mark "Yes" or "No".

Communication

	Yes	No
Sending or receiving e-mails	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Making phone calls or video calls (phone calls using a webcam) via the internet (using apps, e.g. Skype, Facetime, WhatsApp, Viber; not including phone calls via IP-based phone connections)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Participating in social networks (e.g. creating a user profile, posting messages or other contributions to Facebook, Twitter, Instagram, Snapchat or other social networks)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Using instant messaging (i.e. exchanging messages e.g. via Skype, Messenger, WhatsApp, Viber)	1 <input type="checkbox"/>	8 <input type="checkbox"/>

Searching information

Reading online news sites, newspapers, magazines	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Searching health-related information (e.g. injuries, diseases, nutrition, improving health)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Searching information on goods or services	1 <input type="checkbox"/>	8 <input type="checkbox"/>

Civic and political participation

Expressing opinions on political or social issues on websites (e.g. in blogs or social networks)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Taking part in online consultations or voting on political, social or municipal issues (e.g. urban planning or signing a petition)	1 <input type="checkbox"/>	8 <input type="checkbox"/>

Job search

Looking for a job or sending a job application	1 <input type="checkbox"/>	8 <input type="checkbox"/>
--	----------------------------	----------------------------

Other online services

Selling of goods or services (e.g. through auctions)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Internet banking (including mobile banking)	1 <input type="checkbox"/>	8 <input type="checkbox"/>

165 Did you conduct either of the following learning activities via the internet for educational, professional or private purposes in the last 3 months?

Please mark "Yes" or "No".

	Yes	No
Doing an online course	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Using online learning material other than a complete online course (e.g. audio-visual material, online learning software, electronic textbooks, learning apps)	1 <input type="checkbox"/>	8 <input type="checkbox"/>

voluntary	166	<p>Did you carry out any of the following financial activities over the internet (via websites or apps) for private purposes in the last 3 months?</p> <p>i This does not include financial activities transmitted via e-mail or messaging (e.g. SMS, MMS).</p> <p>Please mark "Yes" or "No".</p>						
		Buying or extending existing insurance policies (including policies offered as a package together with other services, e.g. travel insurance offered together with an airline ticket)	1	<table border="0"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </table>	Yes	No	1 <input type="checkbox"/>	8 <input type="checkbox"/>
	Yes	No						
	1 <input type="checkbox"/>	8 <input type="checkbox"/>						
	Taking loans/credits from banks or other financial services providers	1	<table border="0"> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </table>	1 <input type="checkbox"/>	8 <input type="checkbox"/>			
1 <input type="checkbox"/>	8 <input type="checkbox"/>							
	Buying or selling shares, bonds, units in funds or other financial assets	1	<table border="0"> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </table>	1 <input type="checkbox"/>	8 <input type="checkbox"/>			
1 <input type="checkbox"/>	8 <input type="checkbox"/>							

E-Skills

i The questions in this section concern your online activities done for private, professional or educational purposes, via any device (e.g. desktop PC, laptop, tablet, smartphone).

voluntary	167	<p>Did you carry out any of the following activities in the last 3 months when using the computer or a mobile device?</p> <p>Please mark "Yes" or "No".</p>						
		Copying or moving files (e.g. documents, data, images, videos) between computers, devices or online storage (cloud)	1	<table border="0"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </table>	Yes	No	1 <input type="checkbox"/>	8 <input type="checkbox"/>
	Yes	No						
	1 <input type="checkbox"/>	8 <input type="checkbox"/>						
		Installing software or apps	1	<table border="0"> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </table>	1 <input type="checkbox"/>	8 <input type="checkbox"/>		
	1 <input type="checkbox"/>	8 <input type="checkbox"/>						
		Changing settings of software applications, including operating systems and security software	1	<table border="0"> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </table>	1 <input type="checkbox"/>	8 <input type="checkbox"/>		
	1 <input type="checkbox"/>	8 <input type="checkbox"/>						
	168	<p>Did you carry out any of the following software-related activities in the last 3 months?</p> <p>Please mark "Yes" or "No".</p>						
		Using word processing software	1	<table border="0"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </table>	Yes	No	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Yes	No							
1 <input type="checkbox"/>	8 <input type="checkbox"/>							
	Using spreadsheet software	1	<table border="0"> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </table>	1 <input type="checkbox"/>	8 <input type="checkbox"/>			
1 <input type="checkbox"/>	8 <input type="checkbox"/>							
			➔ 170					
169	<p>When using spreadsheet software, did you use features to organise or analyse data (e.g. sorting, filtering, applying formulas, creating diagrams)?</p>							
	Yes	1	<input type="checkbox"/>					
	No	8	<input type="checkbox"/>					
170	<p>Did you create (multimedia) files consisting of several different elements such as text, images, tables, diagrams, animations and/or sound elements (e.g. presentations, charts, videos)?</p>							
	Yes	1	<input type="checkbox"/>					
	No	8	<input type="checkbox"/>					

voluntary	171 Did you digitally edit photos, videos or audio files?	
	Yes	1 <input type="checkbox"/>
	No	8 <input type="checkbox"/>
	172 Did you write a program in a programming language?	
	Yes	1 <input type="checkbox"/>
	No	8 <input type="checkbox"/>
	173 Did you see information (e. g. text, videos, images) that you considered untrue or doubtful on internet news sites or social media platforms (e. g. Facebook, Instagram, YouTube, Twitter) in the last 3 months?	
	Yes	1 <input type="checkbox"/>
	No	8 <input type="checkbox"/> → 177
	174 Did you check the truthfulness of the doubtful information you found on internet news sites or social media platforms in the last 3 months?	
Yes	1 <input type="checkbox"/>	
No	8 <input type="checkbox"/> → 176	
175 How did you check the truthfulness of the doubtful information you found on internet news sites or social media platforms in the last 3 months?		
<i>Please mark all relevant boxes.</i>		
I checked the source/origin of the information or compared it with information from other sources on the internet (e. g. other news sites, online encyclopaedias such as Wikipedia).	1 <input type="checkbox"/>	
I followed or took part in the discussion on the internet regarding the information.	2 <input type="checkbox"/> → 177	
I discussed the information offline (i.e. not via the internet) with other people or researched the information in sources not on the internet.	3 <input type="checkbox"/>	
176 Why did you not check truthfulness of the doubtful information found on the internet?		
<i>Please mark all relevant boxes.</i>		
I already knew that the information/content was not correct and/or the source was not reliable.	1 <input type="checkbox"/>	
I lack sufficient internet skills or knowledge (e. g. did not know how to check the information or it was too complicated to do).	2 <input type="checkbox"/>	
Other reasons	3 <input type="checkbox"/>	

i The questions in this section concern the provision and protection of your personal data provided during activities carried out over the internet for any private or work-related purpose during the last 3 months, using websites or apps. Personal data are e.g. name, date of birth, contact and location data, identity card and credit card numbers.

177 Which of the following activities did you carry out to control access to your personal data on the internet in the last 3 months?

Please mark all relevant boxes.

I read the relevant privacy statement before providing my personal data on the internet. 1 ☐

I restricted access to my geographical location data. 2 ☐

I limited access to my profile or content on social network sites or shared online storage (cloud). 3 ☐

I refused allowing the use of my personal data for advertising purposes. 4 ☐

I checked the security status of the website where I had to provide my personal data (e.g. checked whether it is an https site, checked safety logo/certificate). 5 ☐

I asked for access to my personal data held and managed by websites or search engines to have them updated or deleted. 6 ☐

I did not carry out any of these activities to control access to my personal data on the internet. 8 ☐

178 Did you know that cookies can be used to trace movements of users on the internet and to make a profile of each user to service them tailored advertisements?

Yes 1 ☐

No 8 ☐

179 Have you ever changed the settings in your internet browser to prevent or limit cookies on the device you use for the internet?

Yes 1 ☐

No 8 ☐

voluntary

model questionnaire

180 How concerned are you with your online activities being recorded to provide you with tailored advertising?

Please mark only one box.

- I am very concerned. 1 ☐
- I am somehow concerned. 2 ☐
- I am not concerned. 3 ☐

181 Do you use anti-tracking software that limits the ability to track your activities on the internet?

i Anti-tracking software (e.g. Ghostery) informs users when they are surfing on the internet that there are hidden services running in the background and transmitting personal data to website operators; if requested it blocks such services.

- Yes 1 ☐
- No 8 ☐

Internet contact with authorities and public institutions (e-government)

i The questions in this section refer to the use of websites or apps of authorities and public institutions. Online contacts include, for example the electronic income tax return, requesting documents or applying for social benefits, registration or change of residence notification, contact with schools/universities, libraries.

182 Did you do any of the following for private purposes in the last 12 months?

Please mark "Yes" or "No".

Searching for information on websites/apps of authorities or public institutions

- Yes 1 ☐
- No 8 ☐

Downloading or printing official forms from websites/apps of authorities or public institutions

- Yes 1 ☐
- No 8 ☐

Completing official forms from websites/apps of authorities or public institutions online and submitting them via the internet

- Yes 1 ☐
- No, because I did not have to submit any official forms. 7 ☐
- No, for other reasons. 8 ☐

} → 184

183 What were the reasons for not submitting official forms to authorities or public institutions via the internet in the last 12 months?

Please mark all relevant boxes.

- Online transmission of forms was not offered. 1 ☐
- I lack sufficient internet skills or knowledge. 2 ☐
- I have concerns about protection and security of personal data. 3 ☐
- I did not have access to the payment method required or I was unwilling to pay the fees online (e. g. due to fear of credit card fraud). ... 4 ☐
- Another person submitted the forms on my behalf (e. g. consultant, family member). 5 ☐
- Other reasons 7 ☐

If "Other reasons", please specify in detail:

voluntary

Buying via the internet (e-commerce)

184 When did you last order or buy goods or services for private use via the internet?

i This concerns ordering/buying over the internet (via websites or apps), both from enterprises and from private individuals.

Young people aged 16 or 17 years should answer the questions only if their parents or their legal representative had given their consent and if the young people paid from their own funds.

Please mark only one box.

- Within the last 3 months 1 ☐
- More than 3 months ago, but within the last 12 months 2 ☐
- More than 12 months ago 3 ☐
- I have never ordered or bought goods or services for private use via the internet. 9 ☐

→ 198

voluntary

Did you buy any of the following goods via the internet or an app for private use in the last 3 months?

i This refers only to physical products (goods), including used goods (e.g. clothing).

This does not include online purchases of digital products (e.g. music streaming), of subscriptions (e.g. magazines, television, internet) and of household services, transport and other travel services.

Please mark "Yes" or "No".

	Yes	No
Clothing (including sport clothing), shoes or accessories (e.g. bags, jewellery)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Sports goods (excluding sport clothing)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Children's toys or childcare items (e.g. diapers, bottles, pushchairs)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Furniture, home accessories (e.g. carpets, curtains) or gardening products (e.g. tools, plants)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Music as CDs, vinyl records or other physical sound recording media	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Films or series as DVDs, Blu-rays or other physical film material	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Printed books, newspapers, magazines	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Computers, tablets, mobile phones or accessories	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Consumer electronics (e.g. television sets, stereo systems, cameras), electrical household appliances (e.g. washing machines)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Pharmaceuticals or dietary supplements such as vitamin products (not including online renewal of prescriptions)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Home delivery of food/beverages, e.g. from restaurants, fast-food chains, catering services	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Food (including animal food) or beverages from shops/stores/supermarkets or from meal-kits providers (e.g. hellofresh.de)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Cosmetics, beauty or wellness products	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Cleaning products or personal care products (e.g. toothbrushes, handkerchiefs, detergents, cleaning cloths)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Bicycles, motorcycles/mopeds, cars, or other vehicles (including spare parts)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Other goods (physical products), e.g. tobacco products, e-cigarettes, gift cards	1 <input type="checkbox"/>	8 <input type="checkbox"/>

If "Other goods", please specify in detail.

186 From which countries did you receive the physical products (goods) that you bought via the internet or an app for private use in the last 3 months?

Please mark all relevant boxes.

From Germany 1 ☐

From other European Union countries

i Other European Union countries are Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Sweden, Slovakia, Slovenia and Spain. 2 ☐

From countries not belonging to the European Union (e.g. Switzerland, USA, United Kingdom, China) 3 ☐

I do not know the seller's country. 8 ☐

187 Did you receive any of the goods you bought via the internet or an app for private use in the last 3 months from private individuals (e.g. through eBay Classified Ads, Facebook Marketplace)?

Yes 1 ☐

No 8 ☐

188 Did you buy or subscribe to any of the following digital products via a website or app for private use in the last 3 months?

Please mark "Yes" or "No".

	Yes	No
Music from streaming services or as downloads 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Films/series from streaming services or as downloads 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
E-books (including audiobooks), e-newspapers/e-magazines 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Computer/video games online or as downloads for smartphones, tablets, computers or consoles 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Computer or other software as downloads (including upgrades) 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Apps related to health/fitness (excluding free apps) 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Other apps, such as related to learning languages, travelling, weather (excluding free apps) 1 <input type="checkbox"/>	8 <input type="checkbox"/>	

189 Did you buy, or book online, any of the following products via a website or app for private use in the last 3 months?

Please mark "Yes" or "No".

	Yes	No
Tickets to sports events 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Tickets to cultural or other events (e.g. cinema, theatre, concerts, fairs) 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Subscriptions to internet or mobile phone connections 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Subscriptions to electricity, water or heating supply, waste disposal or similar services 1 <input type="checkbox"/>	8 <input type="checkbox"/>	

voluntary

- 190 Did you buy, or book online, any household services (e.g. cleaning, babysitting, repair work, gardening) via a website or app for private use in the last 3 months?**
- i** This includes household services bought from private individuals, e.g. via online marketplaces such as eBay or Facebook.
- Yes 1 ☐
- No 8 ☐ → 192
- 191 Did you receive any of the household services you bought via the internet or an app from a private individual (e.g. via eBay Classified Ads, Facebook Marketplace or other online marketplaces)?**
- Yes 1 ☐
- No 8 ☐
- 192 Did you buy any transport service via a website or app for private use in the last 3 months?**
- Please mark all relevant boxes.*
- Yes, from a transport enterprise (e.g. local bus/train ticket, airline ticket, taxi ride) 1 ☐
- Yes, from a private individual (e.g. via social networks or intermediary platforms such as blablacar.de, fahrgemeinschaft.de, mitfahren.de) 2 ☐
- No, I did not buy online any transport service in the last 3 months. 8 ☐
- 193 Did you book accommodation via a website or app for private use in the last 3 months?**
- Please mark all relevant boxes.*
- Yes, from an enterprise (e.g. hotel, travel agency) 1 ☐
- Yes, from a private individual (e.g. via social networks or intermediary platforms such as airbnb.de, fewo-direkt.de, wimdu.de, couchsurfing.com, 9flats.com) 2 ☐
- No, I did not book online any accommodation in the last 3 months. 8 ☐
- 194 Did you buy any other services (excluding financial and insurance services) than those mentioned in the previous questions via a website or app for private use in the last 3 months?**
- Yes 1 ☐
- If "Yes", please specify in detail.*
-
- No 8 ☐

195 How many times did you buy goods or services via the internet or an app for private use in the last 3 months?

Please mark only one box.

- | | | |
|--------------------------|---|--------------------------|
| 1 to 2 times | 1 | <input type="checkbox"/> |
| 3 to 5 times | 2 | <input type="checkbox"/> |
| 6 to 10 times | 3 | <input type="checkbox"/> |
| More than 10 times | 4 | <input type="checkbox"/> |

196 How much did you spend on your purchases of goods or services (not including shares or other financial services) via the internet or an app for private use in the last 3 months?

Please mark only one box.

- | | | |
|-----------------------------------|---|--------------------------|
| Less than 50 euros | 1 | <input type="checkbox"/> |
| 50 to less than 100 euros | 2 | <input type="checkbox"/> |
| 100 to less than 300 euros | 3 | <input type="checkbox"/> |
| 300 to less than 500 euros | 4 | <input type="checkbox"/> |
| 500 to less than 700 euros | 5 | <input type="checkbox"/> |
| 700 to less than 1000 euros | 6 | <input type="checkbox"/> |
| 1000 euros und or over | 7 | <input type="checkbox"/> |
| Don't know | 9 | <input type="checkbox"/> |

197 Did you encounter any of the following problems when ordering or buying goods or services via the internet for private use in the last 3 months?

Please mark all relevant boxes.

- | | | | |
|--|----|--------------------------|-------|
| Technical errors of the website during the order or payment process | 1 | <input type="checkbox"/> | } 199 |
| Difficulties in finding information on warranty or legal recourse | 2 | <input type="checkbox"/> | |
| Speed of delivery slower than indicated | 3 | <input type="checkbox"/> | |
| Final costs higher than indicated (e.g. higher shipping costs, unexpected transaction fees) | 4 | <input type="checkbox"/> | |
| Wrong or damaged goods/services delivered | 5 | <input type="checkbox"/> | |
| Problems with fraud encountered (e.g. no goods/services received at all, misuse of credit card details or other fraud) | 6 | <input type="checkbox"/> | |
| Problems with complaints encountered (e.g. difficult complaint procedure, no satisfactory response after complaint) | 7 | <input type="checkbox"/> | |
| Foreign retailer did not sell to Germany. | 9 | <input type="checkbox"/> | |
| Other problems | 10 | <input type="checkbox"/> | |
| No, I did not encounter any of the above problems. | 8 | <input type="checkbox"/> | |

198 What were the reasons for not ordering or buying any goods or services via the internet for private use in the last 3 months?

Please mark all relevant boxes.

voluntary

- Not applicable as I last used the internet more than 3 months ago. 8 ☐
- I prefer to shop in person, like to see the goods, because of loyalty to shops or force of habit. 1 ☐
- I lack sufficient internet skills or knowledge. 2 ☐
- Concerns about cost of delivery 3 ☐
- Concerns about delivery (e.g. speed of delivery, logistical problems) 4 ☐
- Concerns about security of payment process and data protection (e.g. providing credit card details and personal data via the internet) 5 ☐
- Concerns about receiving or returning goods and complaints 6 ☐
- Foreign retailer did not sell to Germany. 7 ☐
- There was no need to buy via the internet. 9 ☐
- Other reasons 10 ☐

Participation in the survey

199 Have you yourself answered the questions?

voluntary

- Yes 1 ☐ → 201
- No, another household member has answered the questions. 2 ☐
- No, someone not living in the household has answered the questions. 3 ☐ → 201

200 Which household member has answered the questions?

Please enter the number (see flap) of the person who has answered the questions.

201 How many minutes did it take you to complete the questionnaire?

Number of minutes

i Many questions on the use of information and communication technologies include the time categories :

- “In the last 3 months”,
- “More than 3 months ago, but within the last 12 months” and
- “More than 12 months ago”.

Those past periods refer to the reference week (the reference week is specified on the flap).

Note

Please enter your name in the box at the side.

Person 2:

160 When did you last use the internet?

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

Please mark only one box.

- | | | | |
|---|---|--------------------------|---------|
| In the last 3 months | 1 | <input type="checkbox"/> | |
| More than 3 months ago, but within the last 12 months | 2 | <input type="checkbox"/> | → 182 |
| More than 12 months ago | 3 | <input type="checkbox"/> | } → 199 |
| Never | 8 | <input type="checkbox"/> | |

161 How often on average did you use the internet in the last 3 months?

Please mark only one box.

- | | | | |
|--|---|--------------------------|---------|
| Every day or almost every day | 1 | <input type="checkbox"/> | |
| At least once a week (but not every day) | 2 | <input type="checkbox"/> | } → 163 |
| Less than once a week | 3 | <input type="checkbox"/> | |

162 Did you use the internet several times during the day?

- | | | |
|-----------|---|--------------------------|
| Yes | 1 | <input type="checkbox"/> |
| No | 8 | <input type="checkbox"/> |

163 On which of the following devices did you use the internet in the last 3 months?

Please mark all relevant boxes.

- | | | |
|---|---|--------------------------|
| Desktop PC | 1 | <input type="checkbox"/> |
| Laptop | 2 | <input type="checkbox"/> |
| Tablet | 3 | <input type="checkbox"/> |
| Smartphone or internet-enabled mobile phone | 4 | <input type="checkbox"/> |
| Other devices (e.g. smart TV, smart speakers, game console, e-book reader, smart watch) | 5 | <input type="checkbox"/> |

164 For which private purposes did you use the internet in the last 3 months?

Please mark "Yes" or "No".

Communication

	Yes	No
Sending or receiving e-mails	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Making phone calls or video calls (phone calls using a webcam) via the internet (using apps, e.g. Skype, Facetime, WhatsApp, Viber; not including phone calls via IP-based phone connections)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Participating in social networks (e.g. creating a user profile, posting messages or other contributions to Facebook, Twitter, Instagram, Snapchat or other social networks)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Using instant messaging (i.e. exchanging messages e.g. via Skype, Messenger, WhatsApp, Viber)	1 <input type="checkbox"/>	8 <input type="checkbox"/>

Searching information

Reading online news sites, newspapers, magazines	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Searching health-related information (e.g. injuries, diseases, nutrition, improving health)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Searching information on goods or services	1 <input type="checkbox"/>	8 <input type="checkbox"/>

Civic and political participation

Expressing opinions on political or social issues on websites (e.g. in blogs or social networks)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Taking part in online consultations or voting on political, social or municipal issues (e.g. urban planning or signing a petition)	1 <input type="checkbox"/>	8 <input type="checkbox"/>

Job search

Looking for a job or sending a job application	1 <input type="checkbox"/>	8 <input type="checkbox"/>
--	----------------------------	----------------------------

Other online services

Selling of goods or services (e.g. through auctions)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Internet banking (including mobile banking)	1 <input type="checkbox"/>	8 <input type="checkbox"/>

165 Did you conduct either of the following learning activities via the internet for educational, professional or private purposes in the last 3 months?

Please mark "Yes" or "No".

	Yes	No
Doing an online course	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Using online learning material other than a complete online course (e.g. audio-visual material, online learning software, electronic textbooks, learning apps)	1 <input type="checkbox"/>	8 <input type="checkbox"/>

voluntary	166	Did you carry out any of the following financial activities over the internet (via websites or apps) for private purposes in the last 3 months? <i>i</i> This does not include financial activities transmitted via e-mail or messaging (e.g. SMS, MMS). Please mark "Yes" or "No".		
		Buying or extending existing insurance policies (including policies offered as a package together with other services, e.g. travel insurance offered together with an airline ticket)	Yes 1 <input type="checkbox"/>	No 8 <input type="checkbox"/>
		Taking loans/credits from banks or other financial services providers	1 <input type="checkbox"/>	8 <input type="checkbox"/>
		Buying or selling shares, bonds, units in funds or other financial assets	1 <input type="checkbox"/>	8 <input type="checkbox"/>

E-Skills

i The questions in this section concern your online activities done for private, professional or educational purposes, via any device (e.g. desktop PC, laptop, tablet, smartphone).

voluntary	167	Did you carry out any of the following activities in the last 3 months when using the computer or a mobile device? Please mark "Yes" or "No".		
		Copying or moving files (e.g. documents, data, images, videos) between computers, devices or online storage (cloud)	Yes 1 <input type="checkbox"/>	No 8 <input type="checkbox"/>
		Installing software or apps	1 <input type="checkbox"/>	8 <input type="checkbox"/>
		Changing settings of software applications, including operating systems and security software	1 <input type="checkbox"/>	8 <input type="checkbox"/>
	168	Did you carry out any of the following software-related activities in the last 3 months? Please mark "Yes" or "No".	Yes	No
		Using word processing software	1 <input type="checkbox"/>	8 <input type="checkbox"/>
		Using spreadsheet software	1 <input type="checkbox"/>	8 <input type="checkbox"/>
	169	When using spreadsheet software, did you use features to organise or analyse data (e.g. sorting, filtering, applying formulas, creating diagrams)?		
		Yes	1 <input type="checkbox"/>	
		No	8 <input type="checkbox"/>	
170	Did you create (multimedia) files consisting of several different elements such as text, images, tables, diagrams, animations and/or sound elements (e.g. presentations, charts, videos)?			
	Yes	1 <input type="checkbox"/>		
	No	8 <input type="checkbox"/>		

➔ 170

voluntary	171 Did you digitally edit photos, videos or audio files?	
	Yes	1 <input type="checkbox"/>
	No	8 <input type="checkbox"/>
	172 Did you write a program in a programming language?	
	Yes	1 <input type="checkbox"/>
	No	8 <input type="checkbox"/>
	173 Did you see information (e. g. text, videos, images) that you considered untrue or doubtful on internet news sites or social media platforms (e. g. Facebook, Instagram, YouTube, Twitter) in the last 3 months?	
	Yes	1 <input type="checkbox"/>
	No	8 <input type="checkbox"/> → 177
	174 Did you check the truthfulness of the doubtful information you found on internet news sites or social media platforms in the last 3 months?	
	Yes	1 <input type="checkbox"/>
	No	8 <input type="checkbox"/> → 176
	175 How did you check the truthfulness of the doubtful information you found on internet news sites or social media platforms in the last 3 months?	
	<i>Please mark all relevant boxes.</i>	
	I checked the source/origin of the information or compared it with information from other sources on the internet (e.g. other news sites, online encyclopaedias such as Wikipedia).	1 <input type="checkbox"/>
I followed or took part in the discussion on the internet regarding the information.	2 <input type="checkbox"/> → 177	
I discussed the information offline (i.e. not via the internet) with other people or researched the information in sources not on the internet.	3 <input type="checkbox"/>	
176 Why did you not check truthfulness of the doubtful information found on the internet?		
<i>Please mark all relevant boxes.</i>		
I already knew that the information/content was not correct and/or the source was not reliable.	1 <input type="checkbox"/>	
I lack sufficient internet skills or knowledge (e.g. did not know how to check the information or it was too complicated to do).	2 <input type="checkbox"/>	
Other reasons	3 <input type="checkbox"/>	

i The questions in this section concern the provision and protection of your personal data provided during activities carried out over the internet for any private or work-related purpose during the last 3 months, using websites or apps. Personal data are e.g. name, date of birth, contact and location data, identity card and credit card numbers.

177 Which of the following activities did you carry out to control access to your personal data on the internet in the last 3 months?

Please mark all relevant boxes.

I read the relevant privacy statement before providing my personal data on the internet. 1 ☐

I restricted access to my geographical location data. 2 ☐

I limited access to my profile or content on social network sites or shared online storage (cloud). 3 ☐

I refused allowing the use of my personal data for advertising purposes. 4 ☐

I checked the security status of the website where I had to provide my personal data (e.g. checked whether it is an https site, checked safety logo/certificate). 5 ☐

I asked for access to my personal data held and managed by websites or search engines to have them updated or deleted. 6 ☐

I did not carry out any of these activities to control access to my personal data on the internet. 8 ☐

178 Did you know that cookies can be used to trace movements of users on the internet and to make a profile of each user to service them tailored advertisements?

Yes 1 ☐

No 8 ☐

179 Have you ever changed the settings in your internet browser to prevent or limit cookies on the device you use for the internet?

Yes 1 ☐

No 8 ☐

voluntary

model questionnaire

voluntary	180	How concerned are you with your online activities being recorded to provide you with tailored advertising? <i>Please mark only one box.</i>
	I am very concerned.	1 <input type="checkbox"/>
	I am somehow concerned.	2 <input type="checkbox"/>
	I am not concerned.	3 <input type="checkbox"/>
voluntary	181	Do you use anti-tracking software that limits the ability to track your activities on the internet? <i>i</i> Anti-tracking software (e.g. Ghostery) informs users when they are surfing on the internet that there are hidden services running in the background and transmitting personal data to website operators; if requested it blocks such services.
	Yes	1 <input type="checkbox"/>
	No	8 <input type="checkbox"/>

Internet contact with authorities and public institutions (e-government)

i The questions in this section refer to the use of websites or apps of authorities and public institutions. Online contacts include, for example the electronic income tax return, requesting documents or applying for social benefits, registration or change of residence notification, contact with schools/universities, libraries.

voluntary	182	Did you do any of the following for private purposes in the last 12 months? <i>Please mark "Yes" or "No".</i>
	Searching for information on websites/apps of authorities or public institutions	
	Yes	1 <input type="checkbox"/>
	No	8 <input type="checkbox"/>
	Downloading or printing official forms from websites/apps of authorities or public institutions	
	Yes	1 <input type="checkbox"/>
	No	8 <input type="checkbox"/>
	Completing official forms from websites/apps of authorities or public institutions online and submitting them via the internet	
	Yes	1 <input type="checkbox"/>
	No, because I did not have to submit any official forms.	7 <input type="checkbox"/>
No, for other reasons.	8 <input type="checkbox"/>	

} → 184

183 What were the reasons for not submitting official forms to authorities or public institutions via the internet in the last 12 months?

Please mark all relevant boxes.

- Online transmission of forms was not offered. 1 ☐
- I lack sufficient internet skills or knowledge. 2 ☐
- I have concerns about protection and security of personal data. 3 ☐
- I did not have access to the payment method required or I was unwilling to pay the fees online (e. g. due to fear of credit card fraud). ... 4 ☐
- Another person submitted the forms on my behalf (e. g. consultant, family member). 5 ☐
- Other reasons 7 ☐

If "Other reasons", please specify in detail:

voluntary

Buying via the internet (e-commerce)

184 When did you last order or buy goods or services for private use via the internet?

i This concerns ordering/buying over the internet (via websites or apps), both from enterprises and from private individuals.

Young people aged 16 or 17 years should answer the questions only if their parents or their legal representative had given their consent and if the young people paid from their own funds.

Please mark only one box.

- Within the last 3 months 1 ☐
- More than 3 months ago, but within the last 12 months 2 ☐
- More than 12 months ago 3 ☐
- I have never ordered or bought goods or services for private use via the internet. 9 ☐

→ 198

voluntary

Did you buy any of the following goods via the internet or an app for private use in the last 3 months?

i This refers only to physical products (goods), including used goods (e.g. clothing).

This does not include online purchases of digital products (e.g. music streaming), of subscriptions (e.g. magazines, television, internet) and of household services, transport and other travel services.

Please mark "Yes" or "No".

	Yes	No
Clothing (including sport clothing), shoes or accessories (e.g. bags, jewellery)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Sports goods (excluding sport clothing)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Children's toys or childcare items (e.g. diapers, bottles, pushchairs)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Furniture, home accessories (e.g. carpets, curtains) or gardening products (e.g. tools, plants)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Music as CDs, vinyl records or other physical sound recording media	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Films or series as DVDs, Blu-rays or other physical film material	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Printed books, newspapers, magazines	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Computers, tablets, mobile phones or accessories	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Consumer electronics (e.g. television sets, stereo systems, cameras), electrical household appliances (e.g. washing machines)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Pharmaceuticals or dietary supplements such as vitamin products (not including online renewal of prescriptions)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Home delivery of food/beverages, e.g. from restaurants, fast-food chains, catering services	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Food (including animal food) or beverages from shops/stores/supermarkets or from meal-kits providers (e.g. hellofresh.de)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Cosmetics, beauty or wellness products	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Cleaning products or personal care products (e.g. toothbrushes, handkerchiefs, detergents, cleaning cloths)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Bicycles, motorcycles/mopeds, cars, or other vehicles (including spare parts)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Other goods (physical products), e.g. tobacco products, e-cigarettes, gift cards	1 <input type="checkbox"/>	8 <input type="checkbox"/>

If "Other goods", please specify in detail.

voluntary	186	From which countries did you receive the physical products (goods) that you bought via the internet or an app for private use in the last 3 months?		
		<i>Please mark all relevant boxes.</i>		
		From Germany	1	<input type="checkbox"/>
		From other European Union countries		
		i Other European Union countries are Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Sweden, Slovakia, Slovenia and Spain.	2	<input type="checkbox"/>
		From countries not belonging to the European Union (e.g. Switzerland, USA, United Kingdom, China)	3	<input type="checkbox"/>
		I do not know the seller's country.	8	<input type="checkbox"/>
	187	Did you receive any of the goods you bought via the internet or an app for private use in the last 3 months from private individuals (e.g. through eBay Classified Ads, Facebook Marketplace)?		
		Yes	1	<input type="checkbox"/>
		No	8	<input type="checkbox"/>
voluntary	188	Did you buy or subscribe to any of the following digital products via a website or app for private use in the last 3 months?		
		<i>Please mark "Yes" or "No".</i>		
			Yes	No
		Music from streaming services or as downloads	1 <input type="checkbox"/>	8 <input type="checkbox"/>
		Films/series from streaming services or as downloads	1 <input type="checkbox"/>	8 <input type="checkbox"/>
		E-books (including audiobooks), e-newspapers/e-magazines	1 <input type="checkbox"/>	8 <input type="checkbox"/>
		Computer/video games online or as downloads for smartphones, tablets, computers or consoles	1 <input type="checkbox"/>	8 <input type="checkbox"/>
		Computer or other software as downloads (including upgrades)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
		Apps related to health/fitness (excluding free apps)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
		Other apps, such as related to learning languages, travelling, weather (excluding free apps)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
voluntary	189	Did you buy, or book online, any of the following products via a website or app for private use in the last 3 months?		
		<i>Please mark "Yes" or "No".</i>		
			Yes	No
		Tickets to sports events	1 <input type="checkbox"/>	8 <input type="checkbox"/>
		Tickets to cultural or other events (e.g. cinema, theatre, concerts, fairs)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
		Subscriptions to internet or mobile phone connections	1 <input type="checkbox"/>	8 <input type="checkbox"/>
	Subscriptions to electricity, water or heating supply, waste disposal or similar services	1 <input type="checkbox"/>	8 <input type="checkbox"/>	

- 190 Did you buy, or book online, any household services (e.g. cleaning, babysitting, repair work, gardening) via a website or app for private use in the last 3 months?**
- i** This includes household services bought from private individuals, e.g. via online marketplaces such as eBay or Facebook.
- Yes 1 ☐
- No 8 ☐ → 192
- 191 Did you receive any of the household services you bought via the internet or an app from a private individual (e.g. via eBay Classified Ads, Facebook Marketplace or other online marketplaces)?**
- Yes 1 ☐
- No 8 ☐
- 192 Did you buy any transport service via a website or app for private use in the last 3 months?**
- Please mark all relevant boxes.*
- Yes, from a transport enterprise (e.g. local bus/train ticket, airline ticket, taxi ride) 1 ☐
- Yes, from a private individual (e.g. via social networks or intermediary platforms such as blablacar.de, fahrgemeinschaft.de, mitfahren.de) 2 ☐
- No, I did not buy online any transport service in the last 3 months. 8 ☐
- 193 Did you book accommodation via a website or app for private use in the last 3 months?**
- Please mark all relevant boxes.*
- Yes, from an enterprise (e.g. hotel, travel agency) 1 ☐
- Yes, from a private individual (e.g. via social networks or intermediary platforms such as airbnb.de, fewo-direkt.de, wimdu.de, couchsurfing.com, 9flats.com) 2 ☐
- No, I did not book online any accommodation in the last 3 months. 8 ☐
- 194 Did you buy any other services (excluding financial and insurance services) than those mentioned in the previous questions via a website or app for private use in the last 3 months?**
- Yes 1 ☐
- If "Yes", please specify in detail.*
-
- No 8 ☐

195 How many times did you buy goods or services via the internet or an app for private use in the last 3 months?

Please mark only one box.

- 1 to 2 times 1 ☐
- 3 to 5 times 2 ☐
- 6 to 10 times 3 ☐
- More than 10 times 4 ☐

196 How much did you spend on your purchases of goods or services (not including shares or other financial services) via the internet or an app for private use in the last 3 months?

Please mark only one box.

- Less than 50 euros 1 ☐
- 50 to less than 100 euros 2 ☐
- 100 to less than 300 euros 3 ☐
- 300 to less than 500 euros 4 ☐
- 500 to less than 700 euros 5 ☐
- 700 to less than 1000 euros 6 ☐
- 1000 euros und or over 7 ☐
- Don't know 9 ☐

197 Did you encounter any of the following problems when ordering or buying goods or services via the internet for private use in the last 3 months?

Please mark all relevant boxes.

- Technical errors of the website during the order or payment process 1 ☐
- Difficulties in finding information on warranty or legal recourse 2 ☐
- Speed of delivery slower than indicated 3 ☐
- Final costs higher than indicated (e.g. higher shipping costs, unexpected transaction fees) 4 ☐
- Wrong or damaged goods/services delivered 5 ☐
- Problems with fraud encountered (e.g. no goods/services received at all, misuse of credit card details or other fraud) 6 ☐
- Problems with complaints encountered (e.g. difficult complaint procedure, no satisfactory response after complaint) 7 ☐
- Foreign retailer did not sell to Germany. 9 ☐
- Other problems 10 ☐
- No, I did not encounter any of the above problems. 8 ☐

→ 199

198 What were the reasons for not ordering or buying any goods or services via the internet for private use in the last 3 months?

Please mark all relevant boxes.

voluntary

- Not applicable as I last used the internet more than 3 months ago. 8 ☐
- I prefer to shop in person, like to see the goods, because of loyalty to shops or force of habit. 1 ☐
- I lack sufficient internet skills or knowledge. 2 ☐
- Concerns about cost of delivery 3 ☐
- Concerns about delivery (e.g. speed of delivery, logistical problems) 4 ☐
- Concerns about security of payment process and data protection (e.g. providing credit card details and personal data via the internet) 5 ☐
- Concerns about receiving or returning goods and complaints 6 ☐
- Foreign retailer did not sell to Germany. 7 ☐
- There was no need to buy via the internet. 9 ☐
- Other reasons 10 ☐

Participation in the survey

199 Have you yourself answered the questions?

- Yes 1 ☐ → 201
- No, another household member has answered the questions. 2 ☐
- No, someone not living in the household has answered the questions. 3 ☐ → 201

200 Which household member has answered the questions?

Please enter the number (see flap) of the person who has answered the questions.

201 How many minutes did it take you to complete the questionnaire?

Number of minutes

i Many questions on the use of information and communication technologies include the time categories :

- “In the last 3 months”,
- “More than 3 months ago, but within the last 12 months” and
- “More than 12 months ago”.

Those past periods refer to the reference week (the reference week is specified on the flap).

Note

Please enter your name in the box at the side.

160 When did you last use the internet?

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

Please mark only one box.

- | | | | |
|---|---|--------------------------|---------|
| In the last 3 months | 1 | <input type="checkbox"/> | |
| More than 3 months ago, but within the last 12 months | 2 | <input type="checkbox"/> | → 182 |
| More than 12 months ago | 3 | <input type="checkbox"/> | } → 199 |
| Never | 8 | <input type="checkbox"/> | |

161 How often on average did you use the internet in the last 3 months?

Please mark only one box.

- | | | | |
|--|---|--------------------------|---------|
| Every day or almost every day | 1 | <input type="checkbox"/> | |
| At least once a week (but not every day) | 2 | <input type="checkbox"/> | } → 163 |
| Less than once a week | 3 | <input type="checkbox"/> | |

162 Did you use the internet several times during the day?

- | | | |
|-----------|---|--------------------------|
| Yes | 1 | <input type="checkbox"/> |
| No | 8 | <input type="checkbox"/> |

163 On which of the following devices did you use the internet in the last 3 months?

Please mark all relevant boxes.

- | | | |
|---|---|--------------------------|
| Desktop PC | 1 | <input type="checkbox"/> |
| Laptop | 2 | <input type="checkbox"/> |
| Tablet | 3 | <input type="checkbox"/> |
| Smartphone or internet-enabled mobile phone | 4 | <input type="checkbox"/> |
| Other devices (e.g. smart TV, smart speakers, game console, e-book reader, smart watch) | 5 | <input type="checkbox"/> |

voluntary

model questionnaire

Person 3:

164 For which private purposes did you use the internet in the last 3 months?

Please mark "Yes" or "No".

Communication

	Yes	No
Sending or receiving e-mails	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Making phone calls or video calls (phone calls using a webcam) via the internet (using apps, e.g. Skype, Facetime, WhatsApp, Viber; not including phone calls via IP-based phone connections)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Participating in social networks (e.g. creating a user profile, posting messages or other contributions to Facebook, Twitter, Instagram, Snapchat or other social networks)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Using instant messaging (i.e. exchanging messages e.g. via Skype, Messenger, WhatsApp, Viber)	1 <input type="checkbox"/>	8 <input type="checkbox"/>

Searching information

Reading online news sites, newspapers, magazines	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Searching health-related information (e.g. injuries, diseases, nutrition, improving health)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Searching information on goods or services	1 <input type="checkbox"/>	8 <input type="checkbox"/>

Civic and political participation

Expressing opinions on political or social issues on websites (e.g. in blogs or social networks)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Taking part in online consultations or voting on political, social or municipal issues (e.g. urban planning or signing a petition)	1 <input type="checkbox"/>	8 <input type="checkbox"/>

Job search

Looking for a job or sending a job application	1 <input type="checkbox"/>	8 <input type="checkbox"/>
--	----------------------------	----------------------------

Other online services

Selling of goods or services (e.g. through auctions)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Internet banking (including mobile banking)	1 <input type="checkbox"/>	8 <input type="checkbox"/>

165 Did you conduct either of the following learning activities via the internet for educational, professional or private purposes in the last 3 months?

Please mark "Yes" or "No".

	Yes	No
Doing an online course	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Using online learning material other than a complete online course (e.g. audio-visual material, online learning software, electronic textbooks, learning apps)	1 <input type="checkbox"/>	8 <input type="checkbox"/>

voluntary	166	<p>Did you carry out any of the following financial activities over the internet (via websites or apps) for private purposes in the last 3 months?</p> <p>i This does not include financial activities transmitted via e-mail or messaging (e.g. SMS, MMS).</p> <p>Please mark "Yes" or "No".</p>						
		Buying or extending existing insurance policies (including policies offered as a package together with other services, e.g. travel insurance offered together with an airline ticket)	1	<table border="0"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </table>	Yes	No	1 <input type="checkbox"/>	8 <input type="checkbox"/>
	Yes	No						
	1 <input type="checkbox"/>	8 <input type="checkbox"/>						
	Taking loans/credits from banks or other financial services providers	1	<table border="0"> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </table>	1 <input type="checkbox"/>	8 <input type="checkbox"/>			
1 <input type="checkbox"/>	8 <input type="checkbox"/>							
	Buying or selling shares, bonds, units in funds or other financial assets	1	<table border="0"> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </table>	1 <input type="checkbox"/>	8 <input type="checkbox"/>			
1 <input type="checkbox"/>	8 <input type="checkbox"/>							

E-Skills

i The questions in this section concern your online activities done for private, professional or educational purposes, via any device (e.g. desktop PC, laptop, tablet, smartphone).

voluntary	167	<p>Did you carry out any of the following activities in the last 3 months when using the computer or a mobile device?</p> <p>Please mark "Yes" or "No".</p>						
		Copying or moving files (e.g. documents, data, images, videos) between computers, devices or online storage (cloud)	1	<table border="0"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </table>	Yes	No	1 <input type="checkbox"/>	8 <input type="checkbox"/>
	Yes	No						
	1 <input type="checkbox"/>	8 <input type="checkbox"/>						
		Installing software or apps	1	<table border="0"> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </table>	1 <input type="checkbox"/>	8 <input type="checkbox"/>		
	1 <input type="checkbox"/>	8 <input type="checkbox"/>						
		Changing settings of software applications, including operating systems and security software	1	<table border="0"> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </table>	1 <input type="checkbox"/>	8 <input type="checkbox"/>		
	1 <input type="checkbox"/>	8 <input type="checkbox"/>						
	168	<p>Did you carry out any of the following software-related activities in the last 3 months?</p> <p>Please mark "Yes" or "No".</p>						
		Using word processing software	1	<table border="0"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </table>	Yes	No	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Yes	No							
1 <input type="checkbox"/>	8 <input type="checkbox"/>							
	Using spreadsheet software	1	<table border="0"> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </table>	1 <input type="checkbox"/>	8 <input type="checkbox"/>			
1 <input type="checkbox"/>	8 <input type="checkbox"/>							
			↳ 170					
169	<p>When using spreadsheet software, did you use features to organise or analyse data (e.g. sorting, filtering, applying formulas, creating diagrams)?</p>							
	Yes	1	<input type="checkbox"/>					
	No	8	<input type="checkbox"/>					
170	<p>Did you create (multimedia) files consisting of several different elements such as text, images, tables, diagrams, animations and/or sound elements (e.g. presentations, charts, videos)?</p>							
	Yes	1	<input type="checkbox"/>					
	No	8	<input type="checkbox"/>					

voluntary	171 Did you digitally edit photos, videos or audio files?	
	Yes	1 <input type="checkbox"/>
	No	8 <input type="checkbox"/>
	172 Did you write a program in a programming language?	
	Yes	1 <input type="checkbox"/>
	No	8 <input type="checkbox"/>
	173 Did you see information (e.g. text, videos, images) that you considered untrue or doubtful on internet news sites or social media platforms (e.g. Facebook, Instagram, YouTube, Twitter) in the last 3 months?	
	Yes	1 <input type="checkbox"/>
	No	8 <input type="checkbox"/> → 177
	174 Did you check the truthfulness of the doubtful information you found on internet news sites or social media platforms in the last 3 months?	
Yes	1 <input type="checkbox"/>	
No	8 <input type="checkbox"/> → 176	
175 How did you check the truthfulness of the doubtful information you found on internet news sites or social media platforms in the last 3 months?		
<i>Please mark all relevant boxes.</i>		
I checked the source/origin of the information or compared it with information from other sources on the internet (e.g. other news sites, online encyclopaedias such as Wikipedia).	1 <input type="checkbox"/>	
I followed or took part in the discussion on the internet regarding the information.	2 <input type="checkbox"/> → 177	
I discussed the information offline (i.e. not via the internet) with other people or researched the information in sources not on the internet.	3 <input type="checkbox"/>	
176 Why did you not check truthfulness of the doubtful information found on the internet?		
<i>Please mark all relevant boxes.</i>		
I already knew that the information/content was not correct and/or the source was not reliable.	1 <input type="checkbox"/>	
I lack sufficient internet skills or knowledge (e.g. did not know how to check the information or it was too complicated to do).	2 <input type="checkbox"/>	
Other reasons	3 <input type="checkbox"/>	

i The questions in this section concern the provision and protection of your personal data provided during activities carried out over the internet for any private or work-related purpose during the last 3 months, using websites or apps. Personal data are e.g. name, date of birth, contact and location data, identity card and credit card numbers.

177 Which of the following activities did you carry out to control access to your personal data on the internet in the last 3 months?

Please mark all relevant boxes.

I read the relevant privacy statement before providing my personal data on the internet. 1 ☐

I restricted access to my geographical location data. 2 ☐

I limited access to my profile or content on social network sites or shared online storage (cloud). 3 ☐

I refused allowing the use of my personal data for advertising purposes. 4 ☐

I checked the security status of the website where I had to provide my personal data (e.g. checked whether it is an https site, checked safety logo/certificate). 5 ☐

I asked for access to my personal data held and managed by websites or search engines to have them updated or deleted. 6 ☐

I did not carry out any of these activities to control access to my personal data on the internet. 8 ☐

178 Did you know that cookies can be used to trace movements of users on the internet and to make a profile of each user to service them tailored advertisements?

Yes 1 ☐

No 8 ☐

179 Have you ever changed the settings in your internet browser to prevent or limit cookies on the device you use for the internet?

Yes 1 ☐

No 8 ☐

voluntary

model questionnaire

voluntary	180	How concerned are you with your online activities being recorded to provide you with tailored advertising? <i>Please mark only one box.</i>
	I am very concerned.	1 <input type="checkbox"/>
	I am somehow concerned.	2 <input type="checkbox"/>
	I am not concerned.	3 <input type="checkbox"/>
voluntary	181	Do you use anti-tracking software that limits the ability to track your activities on the internet? <i>i</i> Anti-tracking software (e.g. Ghostery) informs users when they are surfing on the internet that there are hidden services running in the background and transmitting personal data to website operators; if requested it blocks such services.
	Yes	1 <input type="checkbox"/>
	No	8 <input type="checkbox"/>

Internet contact with authorities and public institutions (e-government)

i The questions in this section refer to the use of websites or apps of authorities and public institutions. Online contacts include, for example the electronic income tax return, requesting documents or applying for social benefits, registration or change of residence notification, contact with schools/universities, libraries.

voluntary	182	Did you do any of the following for private purposes in the last 12 months? <i>Please mark "Yes" or "No".</i>
	Searching for information on websites/apps of authorities or public institutions	
	Yes	1 <input type="checkbox"/>
	No	8 <input type="checkbox"/>
	Downloading or printing official forms from websites/apps of authorities or public institutions	
	Yes	1 <input type="checkbox"/>
	No	8 <input type="checkbox"/>
	Completing official forms from websites/apps of authorities or public institutions online and submitting them via the internet	
	Yes	1 <input type="checkbox"/>
	No, because I did not have to submit any official forms.	7 <input type="checkbox"/>
No, for other reasons.	8 <input type="checkbox"/>	

} → 184

183 What were the reasons for not submitting official forms to authorities or public institutions via the internet in the last 12 months?

Please mark all relevant boxes.

- Online transmission of forms was not offered. 1 ☐
- I lack sufficient internet skills or knowledge. 2 ☐
- I have concerns about protection and security of personal data. 3 ☐
- I did not have access to the payment method required or I was unwilling to pay the fees online (e. g. due to fear of credit card fraud). ... 4 ☐
- Another person submitted the forms on my behalf (e. g. consultant, family member). 5 ☐
- Other reasons 7 ☐

If "Other reasons", please specify in detail:

voluntary

Buying via the internet (e-commerce)

184 When did you last order or buy goods or services for private use via the internet?

i This concerns ordering/buying over the internet (via websites or apps), both from enterprises and from private individuals.

Young people aged 16 or 17 years should answer the questions only if their parents or their legal representative had given their consent and if the young people paid from their own funds.

Please mark only one box.

- Within the last 3 months 1 ☐
- More than 3 months ago, but within the last 12 months 2 ☐
- More than 12 months ago 3 ☐
- I have never ordered or bought goods or services for private use via the internet. 9 ☐

→ 198

voluntary

Did you buy any of the following goods via the internet or an app for private use in the last 3 months?

i This refers only to physical products (goods), including used goods (e.g. clothing).

This does not include online purchases of digital products (e.g. music streaming), of subscriptions (e.g. magazines, television, internet) and of household services, transport and other travel services.

Please mark "Yes" or "No".

	Yes	No
Clothing (including sport clothing), shoes or accessories (e.g. bags, jewellery)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Sports goods (excluding sport clothing)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Children's toys or childcare items (e.g. diapers, bottles, pushchairs)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Furniture, home accessories (e.g. carpets, curtains) or gardening products (e.g. tools, plants)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Music as CDs, vinyl records or other physical sound recording media	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Films or series as DVDs, Blu-rays or other physical film material	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Printed books, newspapers, magazines	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Computers, tablets, mobile phones or accessories	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Consumer electronics (e.g. television sets, stereo systems, cameras), electrical household appliances (e.g. washing machines)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Pharmaceuticals or dietary supplements such as vitamin products (not including online renewal of prescriptions)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Home delivery of food/beverages, e.g. from restaurants, fast-food chains, catering services	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Food (including animal food) or beverages from shops/stores/supermarkets or from meal-kits providers (e.g. hellofresh.de)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Cosmetics, beauty or wellness products	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Cleaning products or personal care products (e.g. toothbrushes, handkerchiefs, detergents, cleaning cloths)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Bicycles, motorcycles/mopeds, cars, or other vehicles (including spare parts)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Other goods (physical products), e.g. tobacco products, e-cigarettes, gift cards	1 <input type="checkbox"/>	8 <input type="checkbox"/>

If "Other goods", please specify in detail.

186 From which countries did you receive the physical products (goods) that you bought via the internet or an app for private use in the last 3 months?

Please mark all relevant boxes.

From Germany 1 ☐

From other European Union countries

i Other European Union countries are Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Sweden, Slovakia, Slovenia and Spain. 2 ☐

From countries not belonging to the European Union (e.g. Switzerland, USA, United Kingdom, China) 3 ☐

I do not know the seller's country. 8 ☐

187 Did you receive any of the goods you bought via the internet or an app for private use in the last 3 months from private individuals (e.g. through eBay Classified Ads, Facebook Marketplace)?

Yes 1 ☐

No 8 ☐

188 Did you buy or subscribe to any of the following digital products via a website or app for private use in the last 3 months?

Please mark "Yes" or "No".

	Yes	No
Music from streaming services or as downloads 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Films/series from streaming services or as downloads 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
E-books (including audiobooks), e-newspapers/e-magazines 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Computer/video games online or as downloads for smartphones, tablets, computers or consoles 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Computer or other software as downloads (including upgrades) 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Apps related to health/fitness (excluding free apps) 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Other apps, such as related to learning languages, travelling, weather (excluding free apps) 1 <input type="checkbox"/>	8 <input type="checkbox"/>	

189 Did you buy, or book online, any of the following products via a website or app for private use in the last 3 months?

Please mark "Yes" or "No".

	Yes	No
Tickets to sports events 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Tickets to cultural or other events (e.g. cinema, theatre, concerts, fairs) 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Subscriptions to internet or mobile phone connections 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Subscriptions to electricity, water or heating supply, waste disposal or similar services 1 <input type="checkbox"/>	8 <input type="checkbox"/>	

voluntary

- 190 Did you buy, or book online, any household services (e. g. cleaning, babysitting, repair work, gardening) via a website or app for private use in the last 3 months?**
- i** This includes household services bought from private individuals, e. g. via online marketplaces such as eBay or Facebook.
- Yes 1 ☐
- No 8 ☐ → 192
- 191 Did you receive any of the household services you bought via the internet or an app from a private individual (e. g. via eBay Classified Ads, Facebook Marketplace or other online marketplaces)?**
- Yes 1 ☐
- No 8 ☐
- 192 Did you buy any transport service via a website or app for private use in the last 3 months?**
- Please mark all relevant boxes.*
- Yes, from a transport enterprise (e. g. local bus/train ticket, airline ticket, taxi ride) 1 ☐
- Yes, from a private individual (e. g. via social networks or intermediary platforms such as blablacar.de, fahrgemeinschaft.de, mitfahren.de) 2 ☐
- No, I did not buy online any transport service in the last 3 months. 8 ☐
- 193 Did you book accommodation via a website or app for private use in the last 3 months?**
- Please mark all relevant boxes.*
- Yes, from an enterprise (e. g. hotel, travel agency) 1 ☐
- Yes, from a private individual (e. g. via social networks or intermediary platforms such as airbnb.de, fewo-direkt.de, wimdu.de, couchsurfing.com, 9flats.com) 2 ☐
- No, I did not book online any accommodation in the last 3 months. 8 ☐
- 194 Did you buy any other services (excluding financial and insurance services) than those mentioned in the previous questions via a website or app for private use in the last 3 months?**
- Yes 1 ☐
- If "Yes", please specify in detail.*
-
- No 8 ☐

195 How many times did you buy goods or services via the internet or an app for private use in the last 3 months?

Please mark only one box.

- 1 to 2 times 1 ☐
- 3 to 5 times 2 ☐
- 6 to 10 times 3 ☐
- More than 10 times 4 ☐

196 How much did you spend on your purchases of goods or services (not including shares or other financial services) via the internet or an app for private use in the last 3 months?

Please mark only one box.

- Less than 50 euros 1 ☐
- 50 to less than 100 euros 2 ☐
- 100 to less than 300 euros 3 ☐
- 300 to less than 500 euros 4 ☐
- 500 to less than 700 euros 5 ☐
- 700 to less than 1000 euros 6 ☐
- 1000 euros und or over 7 ☐
- Don't know 9 ☐

197 Did you encounter any of the following problems when ordering or buying goods or services via the internet for private use in the last 3 months?

Please mark all relevant boxes.

- Technical errors of the website during the order or payment process 1 ☐
- Difficulties in finding information on warranty or legal recourse 2 ☐
- Speed of delivery slower than indicated 3 ☐
- Final costs higher than indicated (e.g. higher shipping costs, unexpected transaction fees) 4 ☐
- Wrong or damaged goods/services delivered 5 ☐
- Problems with fraud encountered (e.g. no goods/services received at all, misuse of credit card details or other fraud) 6 ☐
- Problems with complaints encountered (e.g. difficult complaint procedure, no satisfactory response after complaint) 7 ☐
- Foreign retailer did not sell to Germany. 9 ☐
- Other problems 10 ☐
- No, I did not encounter any of the above problems. 8 ☐

→ 199

198 What were the reasons for not ordering or buying any goods or services via the internet for private use in the last 3 months?

Please mark all relevant boxes.

voluntary

- Not applicable as I last used the internet more than 3 months ago. 8 ☐
- I prefer to shop in person, like to see the goods, because of loyalty to shops or force of habit. 1 ☐
- I lack sufficient internet skills or knowledge. 2 ☐
- Concerns about cost of delivery 3 ☐
- Concerns about delivery (e.g. speed of delivery, logistical problems) 4 ☐
- Concerns about security of payment process and data protection (e.g. providing credit card details and personal data via the internet) 5 ☐
- Concerns about receiving or returning goods and complaints 6 ☐
- Foreign retailer did not sell to Germany. 7 ☐
- There was no need to buy via the internet. 9 ☐
- Other reasons 10 ☐

Participation in the survey

199 Have you yourself answered the questions?

- Yes 1 ☐ → 201
- No, another household member has answered the questions. 2 ☐
- No, someone not living in the household has answered the questions. 3 ☐ → 201

200 Which household member has answered the questions?

Please enter the number (see flap) of the person who has answered the questions.

201 How many minutes did it take you to complete the questionnaire?

Number of minutes

i Many questions on the use of information and communication technologies include the time categories :

- “In the last 3 months”,
- “More than 3 months ago, but within the last 12 months” and
- “More than 12 months ago”.

Those past periods refer to the reference week (the reference week is specified on the flap).

Note

Please enter your name in the box at the side.

160 When did you last use the internet?

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

Please mark only one box.

- | | | | |
|---|---|--------------------------|---------|
| In the last 3 months | 1 | <input type="checkbox"/> | |
| More than 3 months ago, but within the last 12 months | 2 | <input type="checkbox"/> | → 182 |
| More than 12 months ago | 3 | <input type="checkbox"/> | } → 199 |
| Never | 8 | <input type="checkbox"/> | |

161 How often on average did you use the internet in the last 3 months?

Please mark only one box.

- | | | | |
|--|---|--------------------------|---------|
| Every day or almost every day | 1 | <input type="checkbox"/> | |
| At least once a week (but not every day) | 2 | <input type="checkbox"/> | } → 163 |
| Less than once a week | 3 | <input type="checkbox"/> | |

162 Did you use the internet several times during the day?

- | | | |
|-----------|---|--------------------------|
| Yes | 1 | <input type="checkbox"/> |
| No | 8 | <input type="checkbox"/> |

163 On which of the following devices did you use the internet in the last 3 months?

Please mark all relevant boxes.

- | | | |
|---|---|--------------------------|
| Desktop PC | 1 | <input type="checkbox"/> |
| Laptop | 2 | <input type="checkbox"/> |
| Tablet | 3 | <input type="checkbox"/> |
| Smartphone or internet-enabled mobile phone | 4 | <input type="checkbox"/> |
| Other devices (e.g. smart TV, smart speakers, game console, e-book reader, smart watch) | 5 | <input type="checkbox"/> |

voluntary

model questionnaire

Person 4:

164 For which private purposes did you use the internet in the last 3 months?

Please mark "Yes" or "No".

Communication

	Yes	No
Sending or receiving e-mails	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Making phone calls or video calls (phone calls using a webcam) via the internet (using apps, e.g. Skype, Facetime, WhatsApp, Viber; not including phone calls via IP-based phone connections)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Participating in social networks (e.g. creating a user profile, posting messages or other contributions to Facebook, Twitter, Instagram, Snapchat or other social networks)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Using instant messaging (i.e. exchanging messages e.g. via Skype, Messenger, WhatsApp, Viber)	1 <input type="checkbox"/>	8 <input type="checkbox"/>

Searching information

Reading online news sites, newspapers, magazines	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Searching health-related information (e.g. injuries, diseases, nutrition, improving health)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Searching information on goods or services	1 <input type="checkbox"/>	8 <input type="checkbox"/>

Civic and political participation

Expressing opinions on political or social issues on websites (e.g. in blogs or social networks)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Taking part in online consultations or voting on political, social or municipal issues (e.g. urban planning or signing a petition)	1 <input type="checkbox"/>	8 <input type="checkbox"/>

Job search

Looking for a job or sending a job application	1 <input type="checkbox"/>	8 <input type="checkbox"/>
--	----------------------------	----------------------------

Other online services

Selling of goods or services (e.g. through auctions)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Internet banking (including mobile banking)	1 <input type="checkbox"/>	8 <input type="checkbox"/>

165 Did you conduct either of the following learning activities via the internet for educational, professional or private purposes in the last 3 months?

Please mark "Yes" or "No".

	Yes	No
Doing an online course	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Using online learning material other than a complete online course (e.g. audio-visual material, online learning software, electronic textbooks, learning apps)	1 <input type="checkbox"/>	8 <input type="checkbox"/>

voluntary	166	Did you carry out any of the following financial activities over the internet (via websites or apps) for private purposes in the last 3 months? <i>i</i> This does not include financial activities transmitted via e-mail or messaging (e.g. SMS, MMS). Please mark "Yes" or "No".		
		Buying or extending existing insurance policies (including policies offered as a package together with other services, e.g. travel insurance offered together with an airline ticket)	1	8
		Taking loans/credits from banks or other financial services providers	1	8
		Buying or selling shares, bonds, units in funds or other financial assets	1	8

E-Skills

i The questions in this section concern your online activities done for private, professional or educational purposes, via any device (e.g. desktop PC, laptop, tablet, smartphone).

voluntary	167	Did you carry out any of the following activities in the last 3 months when using the computer or a mobile device? Please mark "Yes" or "No".		
		Copying or moving files (e.g. documents, data, images, videos) between computers, devices or online storage (cloud)	1	8
		Installing software or apps	1	8
		Changing settings of software applications, including operating systems and security software	1	8
	168	Did you carry out any of the following software-related activities in the last 3 months? Please mark "Yes" or "No".		
		Using word processing software	1	8
		Using spreadsheet software	1	8
	169	When using spreadsheet software, did you use features to organise or analyse data (e.g. sorting, filtering, applying formulas, creating diagrams)?		
		Yes	1	
		No	8	
170	Did you create (multimedia) files consisting of several different elements such as text, images, tables, diagrams, animations and/or sound elements (e.g. presentations, charts, videos)?			
	Yes	1		
	No	8		

➔ 170

voluntary	171 Did you digitally edit photos, videos or audio files?	
	Yes	1 <input type="checkbox"/>
	No	8 <input type="checkbox"/>
	172 Did you write a program in a programming language?	
	Yes	1 <input type="checkbox"/>
	No	8 <input type="checkbox"/>
	173 Did you see information (e. g. text, videos, images) that you considered untrue or doubtful on internet news sites or social media platforms (e. g. Facebook, Instagram, YouTube, Twitter) in the last 3 months?	
	Yes	1 <input type="checkbox"/>
	No	8 <input type="checkbox"/> → 177
	174 Did you check the truthfulness of the doubtful information you found on internet news sites or social media platforms in the last 3 months?	
	Yes	1 <input type="checkbox"/>
	No	8 <input type="checkbox"/> → 176
	175 How did you check the truthfulness of the doubtful information you found on internet news sites or social media platforms in the last 3 months?	
	<i>Please mark all relevant boxes.</i>	
	I checked the source/origin of the information or compared it with information from other sources on the internet (e. g. other news sites, online encyclopaedias such as Wikipedia).	1 <input type="checkbox"/>
I followed or took part in the discussion on the internet regarding the information.	2 <input type="checkbox"/> → 177	
I discussed the information offline (i.e. not via the internet) with other people or researched the information in sources not on the internet.	3 <input type="checkbox"/>	
176 Why did you not check truthfulness of the doubtful information found on the internet?		
<i>Please mark all relevant boxes.</i>		
I already knew that the information/content was not correct and/or the source was not reliable.	1 <input type="checkbox"/>	
I lack sufficient internet skills or knowledge (e. g. did not know how to check the information or it was too complicated to do).	2 <input type="checkbox"/>	
Other reasons	3 <input type="checkbox"/>	

i The questions in this section concern the provision and protection of your personal data provided during activities carried out over the internet for any private or work-related purpose during the last 3 months, using websites or apps. Personal data are e.g. name, date of birth, contact and location data, identity card and credit card numbers.

177 Which of the following activities did you carry out to control access to your personal data on the internet in the last 3 months?

Please mark all relevant boxes.

I read the relevant privacy statement before providing my personal data on the internet. 1 ☐

I restricted access to my geographical location data. 2 ☐

I limited access to my profile or content on social network sites or shared online storage (cloud). 3 ☐

I refused allowing the use of my personal data for advertising purposes. 4 ☐

I checked the security status of the website where I had to provide my personal data (e.g. checked whether it is an https site, checked safety logo/certificate). 5 ☐

I asked for access to my personal data held and managed by websites or search engines to have them updated or deleted. 6 ☐

I did not carry out any of these activities to control access to my personal data on the internet. 8 ☐

178 Did you know that cookies can be used to trace movements of users on the internet and to make a profile of each user to service them tailored advertisements?

Yes 1 ☐

No 8 ☐

179 Have you ever changed the settings in your internet browser to prevent or limit cookies on the device you use for the internet?

Yes 1 ☐

No 8 ☐

voluntary

model questionnaire

180 How concerned are you with your online activities being recorded to provide you with tailored advertising?

Please mark only one box.

- I am very concerned. 1 ☐
- I am somehow concerned. 2 ☐
- I am not concerned. 3 ☐

181 Do you use anti-tracking software that limits the ability to track your activities on the internet?

i Anti-tracking software (e.g. Ghostery) informs users when they are surfing on the internet that there are hidden services running in the background and transmitting personal data to website operators; if requested it blocks such services.

- Yes 1 ☐
- No 8 ☐

Internet contact with authorities and public institutions (e-government)

i The questions in this section refer to the use of websites or apps of authorities and public institutions. Online contacts include, for example the electronic income tax return, requesting documents or applying for social benefits, registration or change of residence notification, contact with schools/universities, libraries.

182 Did you do any of the following for private purposes in the last 12 months?

Please mark "Yes" or "No".

Searching for information on websites/apps of authorities or public institutions

- Yes 1 ☐
- No 8 ☐

Downloading or printing official forms from websites/apps of authorities or public institutions

- Yes 1 ☐
- No 8 ☐

Completing official forms from websites/apps of authorities or public institutions online and submitting them via the internet

- Yes 1 ☐
- No, because I did not have to submit any official forms. 7 ☐
- No, for other reasons. 8 ☐

} → 184

183 What were the reasons for not submitting official forms to authorities or public institutions via the internet in the last 12 months?

Please mark all relevant boxes.

- Online transmission of forms was not offered. 1 ☐
- I lack sufficient internet skills or knowledge. 2 ☐
- I have concerns about protection and security of personal data. 3 ☐
- I did not have access to the payment method required or I was unwilling to pay the fees online (e. g. due to fear of credit card fraud). ... 4 ☐
- Another person submitted the forms on my behalf (e. g. consultant, family member). 5 ☐
- Other reasons 7 ☐

If "Other reasons", please specify in detail:

voluntary

Buying via the internet (e-commerce)

184 When did you last order or buy goods or services for private use via the internet?

i This concerns ordering/buying over the internet (via websites or apps), both from enterprises and from private individuals.

Young people aged 16 or 17 years should answer the questions only if their parents or their legal representative had given their consent and if the young people paid from their own funds.

Please mark only one box.

- Within the last 3 months 1 ☐
- More than 3 months ago, but within the last 12 months 2 ☐
- More than 12 months ago 3 ☐
- I have never ordered or bought goods or services for private use via the internet. 9 ☐

→ 198

voluntary

Did you buy any of the following goods via the internet or an app for private use in the last 3 months?

i This refers only to physical products (goods), including used goods (e.g. clothing).

This does not include online purchases of digital products (e.g. music streaming), of subscriptions (e.g. magazines, television, internet) and of household services, transport and other travel services.

Please mark "Yes" or "No".

	Yes	No
Clothing (including sport clothing), shoes or accessories (e.g. bags, jewellery)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Sports goods (excluding sport clothing)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Children's toys or childcare items (e.g. diapers, bottles, pushchairs)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Furniture, home accessories (e.g. carpets, curtains) or gardening products (e.g. tools, plants)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Music as CDs, vinyl records or other physical sound recording media	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Films or series as DVDs, Blu-rays or other physical film material	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Printed books, newspapers, magazines	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Computers, tablets, mobile phones or accessories	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Consumer electronics (e.g. television sets, stereo systems, cameras), electrical household appliances (e.g. washing machines)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Pharmaceuticals or dietary supplements such as vitamin products (not including online renewal of prescriptions)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Home delivery of food/beverages, e.g. from restaurants, fast-food chains, catering services	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Food (including animal food) or beverages from shops/stores/supermarkets or from meal-kits providers (e.g. hellofresh.de)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Cosmetics, beauty or wellness products	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Cleaning products or personal care products (e.g. toothbrushes, handkerchiefs, detergents, cleaning cloths)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Bicycles, motorcycles/mopeds, cars, or other vehicles (including spare parts)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Other goods (physical products), e.g. tobacco products, e-cigarettes, gift cards	1 <input type="checkbox"/>	8 <input type="checkbox"/>

If "Other goods", please specify in detail.

186 From which countries did you receive the physical products (goods) that you bought via the internet or an app for private use in the last 3 months?

Please mark all relevant boxes.

From Germany 1 ☐

From other European Union countries

i Other European Union countries are Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Sweden, Slovakia, Slovenia and Spain. 2 ☐

From countries not belonging to the European Union (e.g. Switzerland, USA, United Kingdom, China) 3 ☐

I do not know the seller's country. 8 ☐

187 Did you receive any of the goods you bought via the internet or an app for private use in the last 3 months from private individuals (e.g. through eBay Classified Ads, Facebook Marketplace)?

Yes 1 ☐

No 8 ☐

188 Did you buy or subscribe to any of the following digital products via a website or app for private use in the last 3 months?

Please mark "Yes" or "No".

	Yes	No
Music from streaming services or as downloads 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Films/series from streaming services or as downloads 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
E-books (including audiobooks), e-newspapers/e-magazines 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Computer/video games online or as downloads for smartphones, tablets, computers or consoles 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Computer or other software as downloads (including upgrades) 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Apps related to health/fitness (excluding free apps) 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Other apps, such as related to learning languages, travelling, weather (excluding free apps) 1 <input type="checkbox"/>	8 <input type="checkbox"/>	

189 Did you buy, or book online, any of the following products via a website or app for private use in the last 3 months?

Please mark "Yes" or "No".

	Yes	No
Tickets to sports events 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Tickets to cultural or other events (e.g. cinema, theatre, concerts, fairs) 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Subscriptions to internet or mobile phone connections 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Subscriptions to electricity, water or heating supply, waste disposal or similar services 1 <input type="checkbox"/>	8 <input type="checkbox"/>	

voluntary

190 Did you buy, or book online, any household services (e.g. cleaning, babysitting, repair work, gardening) via a website or app for private use in the last 3 months?

i This includes household services bought from private individuals, e.g. via online marketplaces such as eBay or Facebook.

Yes 1 ☐

No 8 ☐ → 192

191 Did you receive any of the household services you bought via the internet or an app from a private individual (e.g. via eBay Classified Ads, Facebook Marketplace or other online marketplaces)?

Yes 1 ☐

No 8 ☐

192 Did you buy any transport service via a website or app for private use in the last 3 months?

Please mark all relevant boxes.

Yes, from a transport enterprise (e.g. local bus/train ticket, airline ticket, taxi ride) 1 ☐

Yes, from a private individual (e.g. via social networks or intermediary platforms such as blablacar.de, fahrgemeinschaft.de, mitfahren.de) 2 ☐

No, I did not buy online any transport service in the last 3 months. 8 ☐

193 Did you book accommodation via a website or app for private use in the last 3 months?

Please mark all relevant boxes.

Yes, from an enterprise (e.g. hotel, travel agency) 1 ☐

Yes, from a private individual (e.g. via social networks or intermediary platforms such as airbnb.de, fewo-direkt.de, wimdu.de, couchsurfing.com, 9flats.com) 2 ☐

No, I did not book online any accommodation in the last 3 months. 8 ☐

194 Did you buy any other services (excluding financial and insurance services) than those mentioned in the previous questions via a website or app for private use in the last 3 months?

Yes 1 ☐

If "Yes", please specify in detail.

No 8 ☐

195 How many times did you buy goods or services via the internet or an app for private use in the last 3 months?

Please mark only one box.

- 1 to 2 times 1 ☐
- 3 to 5 times 2 ☐
- 6 to 10 times 3 ☐
- More than 10 times 4 ☐

196 How much did you spend on your purchases of goods or services (not including shares or other financial services) via the internet or an app for private use in the last 3 months?

Please mark only one box.

- Less than 50 euros 1 ☐
- 50 to less than 100 euros 2 ☐
- 100 to less than 300 euros 3 ☐
- 300 to less than 500 euros 4 ☐
- 500 to less than 700 euros 5 ☐
- 700 to less than 1000 euros 6 ☐
- 1000 euros und or over 7 ☐
- Don't know 9 ☐

197 Did you encounter any of the following problems when ordering or buying goods or services via the internet for private use in the last 3 months?

Please mark all relevant boxes.

- Technical errors of the website during the order or payment process 1 ☐
- Difficulties in finding information on warranty or legal recourse 2 ☐
- Speed of delivery slower than indicated 3 ☐
- Final costs higher than indicated (e.g. higher shipping costs, unexpected transaction fees) 4 ☐
- Wrong or damaged goods/services delivered 5 ☐
- Problems with fraud encountered (e.g. no goods/services received at all, misuse of credit card details or other fraud) 6 ☐
- Problems with complaints encountered (e.g. difficult complaint procedure, no satisfactory response after complaint) 7 ☐
- Foreign retailer did not sell to Germany. 9 ☐
- Other problems 10 ☐
- No, I did not encounter any of the above problems. 8 ☐

→ 199

198 What were the reasons for not ordering or buying any goods or services via the internet for private use in the last 3 months?

Please mark all relevant boxes.

voluntary

- Not applicable as I last used the internet more than 3 months ago. 8 ☐
- I prefer to shop in person, like to see the goods, because of loyalty to shops or force of habit. 1 ☐
- I lack sufficient internet skills or knowledge. 2 ☐
- Concerns about cost of delivery 3 ☐
- Concerns about delivery (e.g. speed of delivery, logistical problems) 4 ☐
- Concerns about security of payment process and data protection (e.g. providing credit card details and personal data via the internet) 5 ☐
- Concerns about receiving or returning goods and complaints 6 ☐
- Foreign retailer did not sell to Germany. 7 ☐
- There was no need to buy via the internet. 9 ☐
- Other reasons 10 ☐

Participation in the survey

199 Have you yourself answered the questions?

- Yes 1 ☐ → 201
- No, another household member has answered the questions. 2 ☐
- No, someone not living in the household has answered the questions. 3 ☐ → 201

200 Which household member has answered the questions?

Please enter the number (see flap) of the person who has answered the questions.

201 How many minutes did it take you to complete the questionnaire?

Number of minutes

i Many questions on the use of information and communication technologies include the time categories :

- “In the last 3 months”,
- “More than 3 months ago, but within the last 12 months” and
- “More than 12 months ago”.

Those past periods refer to the reference week (the reference week is specified on the flap).

Note

Please enter your name in the box at the side.

160 When did you last use the internet?

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

Please mark only one box.

- | | | | |
|---|---|--------------------------|---------|
| In the last 3 months | 1 | <input type="checkbox"/> | |
| More than 3 months ago, but within the last 12 months | 2 | <input type="checkbox"/> | → 182 |
| More than 12 months ago | 3 | <input type="checkbox"/> | } → 199 |
| Never | 8 | <input type="checkbox"/> | |

161 How often on average did you use the internet in the last 3 months?

Please mark only one box.

- | | | | |
|--|---|--------------------------|---------|
| Every day or almost every day | 1 | <input type="checkbox"/> | |
| At least once a week (but not every day) | 2 | <input type="checkbox"/> | } → 163 |
| Less than once a week | 3 | <input type="checkbox"/> | |

162 Did you use the internet several times during the day?

- | | | |
|-----------|---|--------------------------|
| Yes | 1 | <input type="checkbox"/> |
| No | 8 | <input type="checkbox"/> |

163 On which of the following devices did you use the internet in the last 3 months?

Please mark all relevant boxes.

- | | | |
|---|---|--------------------------|
| Desktop PC | 1 | <input type="checkbox"/> |
| Laptop | 2 | <input type="checkbox"/> |
| Tablet | 3 | <input type="checkbox"/> |
| Smartphone or internet-enabled mobile phone | 4 | <input type="checkbox"/> |
| Other devices (e.g. smart TV, smart speakers, game console, e-book reader, smart watch) | 5 | <input type="checkbox"/> |

voluntary

model questionnaire

164 For which private purposes did you use the internet in the last 3 months?

Please mark "Yes" or "No".

Communication

	Yes	No
Sending or receiving e-mails	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Making phone calls or video calls (phone calls using a webcam) via the internet (using apps, e.g. Skype, Facetime, WhatsApp, Viber; not including phone calls via IP-based phone connections)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Participating in social networks (e.g. creating a user profile, posting messages or other contributions to Facebook, Twitter, Instagram, Snapchat or other social networks)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Using instant messaging (i.e. exchanging messages e.g. via Skype, Messenger, WhatsApp, Viber)	1 <input type="checkbox"/>	8 <input type="checkbox"/>

Searching information

Reading online news sites, newspapers, magazines	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Searching health-related information (e.g. injuries, diseases, nutrition, improving health)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Searching information on goods or services	1 <input type="checkbox"/>	8 <input type="checkbox"/>

Civic and political participation

Expressing opinions on political or social issues on websites (e.g. in blogs or social networks)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Taking part in online consultations or voting on political, social or municipal issues (e.g. urban planning or signing a petition)	1 <input type="checkbox"/>	8 <input type="checkbox"/>

Job search

Looking for a job or sending a job application	1 <input type="checkbox"/>	8 <input type="checkbox"/>
--	----------------------------	----------------------------

Other online services

Selling of goods or services (e.g. through auctions)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Internet banking (including mobile banking)	1 <input type="checkbox"/>	8 <input type="checkbox"/>

165 Did you conduct either of the following learning activities via the internet for educational, professional or private purposes in the last 3 months?

Please mark "Yes" or "No".

	Yes	No
Doing an online course	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Using online learning material other than a complete online course (e.g. audio-visual material, online learning software, electronic textbooks, learning apps)	1 <input type="checkbox"/>	8 <input type="checkbox"/>

voluntary	166	<p>Did you carry out any of the following financial activities over the internet (via websites or apps) for private purposes in the last 3 months?</p> <p>i This does not include financial activities transmitted via e-mail or messaging (e.g. SMS, MMS).</p> <p>Please mark "Yes" or "No".</p>		
		Buying or extending existing insurance policies (including policies offered as a package together with other services, e.g. travel insurance offered together with an airline ticket)	Yes 1 <input type="checkbox"/>	No 8 <input type="checkbox"/>
		Taking loans/credits from banks or other financial services providers	1 <input type="checkbox"/>	8 <input type="checkbox"/>
		Buying or selling shares, bonds, units in funds or other financial assets	1 <input type="checkbox"/>	8 <input type="checkbox"/>

E-Skills

i The questions in this section concern your online activities done for private, professional or educational purposes, via any device (e.g. desktop PC, laptop, tablet, smartphone).

voluntary	167	<p>Did you carry out any of the following activities in the last 3 months when using the computer or a mobile device?</p> <p>Please mark "Yes" or "No".</p>		
		Copying or moving files (e.g. documents, data, images, videos) between computers, devices or online storage (cloud)	Yes 1 <input type="checkbox"/>	No 8 <input type="checkbox"/>
		Installing software or apps	1 <input type="checkbox"/>	8 <input type="checkbox"/>
		Changing settings of software applications, including operating systems and security software	1 <input type="checkbox"/>	8 <input type="checkbox"/>
	168	<p>Did you carry out any of the following software-related activities in the last 3 months?</p> <p>Please mark "Yes" or "No".</p>	Yes	No
		Using word processing software	1 <input type="checkbox"/>	8 <input type="checkbox"/>
		Using spreadsheet software	1 <input type="checkbox"/>	8 <input type="checkbox"/>
				↳ 170
	169	<p>When using spreadsheet software, did you use features to organise or analyse data (e.g. sorting, filtering, applying formulas, creating diagrams)?</p>		
		Yes	1 <input type="checkbox"/>	
	No	8 <input type="checkbox"/>		
170	<p>Did you create (multimedia) files consisting of several different elements such as text, images, tables, diagrams, animations and/or sound elements (e.g. presentations, charts, videos)?</p>			
	Yes	1 <input type="checkbox"/>		
	No	8 <input type="checkbox"/>		

voluntary	171 Did you digitally edit photos, videos or audio files?	
	Yes	1 <input type="checkbox"/>
	No	8 <input type="checkbox"/>
	172 Did you write a program in a programming language?	
	Yes	1 <input type="checkbox"/>
	No	8 <input type="checkbox"/>
	173 Did you see information (e.g. text, videos, images) that you considered untrue or doubtful on internet news sites or social media platforms (e.g. Facebook, Instagram, YouTube, Twitter) in the last 3 months?	
	Yes	1 <input type="checkbox"/>
	No	8 <input type="checkbox"/> → 177
	174 Did you check the truthfulness of the doubtful information you found on internet news sites or social media platforms in the last 3 months?	
Yes	1 <input type="checkbox"/>	
No	8 <input type="checkbox"/> → 176	
175 How did you check the truthfulness of the doubtful information you found on internet news sites or social media platforms in the last 3 months?		
<i>Please mark all relevant boxes.</i>		
I checked the source/origin of the information or compared it with information from other sources on the internet (e.g. other news sites, online encyclopaedias such as Wikipedia).	1 <input type="checkbox"/>	
I followed or took part in the discussion on the internet regarding the information.	2 <input type="checkbox"/>	
I discussed the information offline (i.e. not via the internet) with other people or researched the information in sources not on the internet.	3 <input type="checkbox"/>	
} → 177		
176 Why did you not check truthfulness of the doubtful information found on the internet?		
<i>Please mark all relevant boxes.</i>		
I already knew that the information/content was not correct and/or the source was not reliable.	1 <input type="checkbox"/>	
I lack sufficient internet skills or knowledge (e.g. did not know how to check the information or it was too complicated to do).	2 <input type="checkbox"/>	
Other reasons	3 <input type="checkbox"/>	

i The questions in this section concern the provision and protection of your personal data provided during activities carried out over the internet for any private or work-related purpose during the last 3 months, using websites or apps. Personal data are e.g. name, date of birth, contact and location data, identity card and credit card numbers.

177 Which of the following activities did you carry out to control access to your personal data on the internet in the last 3 months?

Please mark all relevant boxes.

I read the relevant privacy statement before providing my personal data on the internet. 1 ☐

I restricted access to my geographical location data. 2 ☐

I limited access to my profile or content on social network sites or shared online storage (cloud). 3 ☐

I refused allowing the use of my personal data for advertising purposes. 4 ☐

I checked the security status of the website where I had to provide my personal data (e.g. checked whether it is an https site, checked safety logo/certificate). 5 ☐

I asked for access to my personal data held and managed by websites or search engines to have them updated or deleted. 6 ☐

I did not carry out any of these activities to control access to my personal data on the internet. 8 ☐

178 Did you know that cookies can be used to trace movements of users on the internet and to make a profile of each user to service them tailored advertisements?

Yes 1 ☐

No 8 ☐

179 Have you ever changed the settings in your internet browser to prevent or limit cookies on the device you use for the internet?

Yes 1 ☐

No 8 ☐

voluntary

model questionnaire

voluntary	180	How concerned are you with your online activities being recorded to provide you with tailored advertising? <i>Please mark only one box.</i>
	I am very concerned.	1 <input type="checkbox"/>
	I am somehow concerned.	2 <input type="checkbox"/>
	I am not concerned.	3 <input type="checkbox"/>
	181	Do you use anti-tracking software that limits the ability to track your activities on the internet? <i>i</i> Anti-tracking software (e.g. Ghostery) informs users when they are surfing on the internet that there are hidden services running in the background and transmitting personal data to website operators; if requested it blocks such services.
Yes	1 <input type="checkbox"/>	
No	8 <input type="checkbox"/>	

Internet contact with authorities and public institutions (e-government)

i The questions in this section refer to the use of websites or apps of authorities and public institutions. Online contacts include, for example the electronic income tax return, requesting documents or applying for social benefits, registration or change of residence notification, contact with schools/universities, libraries.

voluntary	182	Did you do any of the following for private purposes in the last 12 months? <i>Please mark "Yes" or "No".</i>
	Searching for information on websites/apps of authorities or public institutions	
	Yes	1 <input type="checkbox"/>
	No	8 <input type="checkbox"/>
	Downloading or printing official forms from websites/apps of authorities or public institutions	
	Yes	1 <input type="checkbox"/>
	No	8 <input type="checkbox"/>
	Completing official forms from websites/apps of authorities or public institutions online and submitting them via the internet	
	Yes	1 <input type="checkbox"/>
	No, because I did not have to submit any official forms.	7 <input type="checkbox"/>
No, for other reasons.	8 <input type="checkbox"/>	

} → 184

183 What were the reasons for not submitting official forms to authorities or public institutions via the internet in the last 12 months?

Please mark all relevant boxes.

- Online transmission of forms was not offered. 1 ☐
- I lack sufficient internet skills or knowledge. 2 ☐
- I have concerns about protection and security of personal data. 3 ☐
- I did not have access to the payment method required or I was unwilling to pay the fees online (e. g. due to fear of credit card fraud). ... 4 ☐
- Another person submitted the forms on my behalf (e. g. consultant, family member). 5 ☐
- Other reasons 7 ☐

If "Other reasons", please specify in detail:

Buying via the internet (e-commerce)

184 When did you last order or buy goods or services for private use via the internet?

i This concerns ordering/buying over the internet (via websites or apps), both from enterprises and from private individuals.

Young people aged 16 or 17 years should answer the questions only if their parents or their legal representative had given their consent and if the young people paid from their own funds.

Please mark only one box.

- Within the last 3 months 1 ☐
- More than 3 months ago, but within the last 12 months 2 ☐
- More than 12 months ago 3 ☐
- I have never ordered or bought goods or services for private use via the internet. 9 ☐

→ 198

Did you buy any of the following goods via the internet or an app for private use in the last 3 months?

i This refers only to physical products (goods), including used goods (e.g. clothing).

This does not include online purchases of digital products (e.g. music streaming), of subscriptions (e.g. magazines, television, internet) and of household services, transport and other travel services.

Please mark "Yes" or "No".

	Yes	No
Clothing (including sport clothing), shoes or accessories (e.g. bags, jewellery)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Sports goods (excluding sport clothing)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Children's toys or childcare items (e.g. diapers, bottles, pushchairs)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Furniture, home accessories (e.g. carpets, curtains) or gardening products (e.g. tools, plants)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Music as CDs, vinyl records or other physical sound recording media	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Films or series as DVDs, Blu-rays or other physical film material	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Printed books, newspapers, magazines	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Computers, tablets, mobile phones or accessories	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Consumer electronics (e.g. television sets, stereo systems, cameras), electrical household appliances (e.g. washing machines)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Pharmaceuticals or dietary supplements such as vitamin products (not including online renewal of prescriptions)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Home delivery of food/beverages, e.g. from restaurants, fast-food chains, catering services	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Food (including animal food) or beverages from shops/stores/supermarkets or from meal-kits providers (e.g. hellofresh.de)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Cosmetics, beauty or wellness products	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Cleaning products or personal care products (e.g. toothbrushes, handkerchiefs, detergents, cleaning cloths)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Bicycles, motorcycles/mopeds, cars, or other vehicles (including spare parts)	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Other goods (physical products), e.g. tobacco products, e-cigarettes, gift cards	1 <input type="checkbox"/>	8 <input type="checkbox"/>

If "Other goods", please specify in detail.

186 From which countries did you receive the physical products (goods) that you bought via the internet or an app for private use in the last 3 months?

Please mark all relevant boxes.

From Germany 1 ☐

From other European Union countries

i Other European Union countries are Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Sweden, Slovakia, Slovenia and Spain. 2 ☐

From countries not belonging to the European Union (e.g. Switzerland, USA, United Kingdom, China) 3 ☐

I do not know the seller's country. 8 ☐

187 Did you receive any of the goods you bought via the internet or an app for private use in the last 3 months from private individuals (e.g. through eBay Classified Ads, Facebook Marketplace)?

Yes 1 ☐

No 8 ☐

188 Did you buy or subscribe to any of the following digital products via a website or app for private use in the last 3 months?

Please mark "Yes" or "No".

	Yes	No
Music from streaming services or as downloads 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Films/series from streaming services or as downloads 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
E-books (including audiobooks), e-newspapers/e-magazines 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Computer/video games online or as downloads for smartphones, tablets, computers or consoles 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Computer or other software as downloads (including upgrades) 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Apps related to health/fitness (excluding free apps) 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Other apps, such as related to learning languages, travelling, weather (excluding free apps) 1 <input type="checkbox"/>	8 <input type="checkbox"/>	

189 Did you buy, or book online, any of the following products via a website or app for private use in the last 3 months?

Please mark "Yes" or "No".

	Yes	No
Tickets to sports events 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Tickets to cultural or other events (e.g. cinema, theatre, concerts, fairs) 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Subscriptions to internet or mobile phone connections 1 <input type="checkbox"/>	8 <input type="checkbox"/>	
Subscriptions to electricity, water or heating supply, waste disposal or similar services 1 <input type="checkbox"/>	8 <input type="checkbox"/>	

voluntary

- 190 Did you buy, or book online, any household services (e.g. cleaning, babysitting, repair work, gardening) via a website or app for private use in the last 3 months?**
- i** This includes household services bought from private individuals, e.g. via online marketplaces such as eBay or Facebook.
- Yes 1 ☐
- No 8 ☐ → 192
- 191 Did you receive any of the household services you bought via the internet or an app from a private individual (e.g. via eBay Classified Ads, Facebook Marketplace or other online marketplaces)?**
- Yes 1 ☐
- No 8 ☐
- 192 Did you buy any transport service via a website or app for private use in the last 3 months?**
- Please mark all relevant boxes.*
- Yes, from a transport enterprise (e.g. local bus/train ticket, airline ticket, taxi ride) 1 ☐
- Yes, from a private individual (e.g. via social networks or intermediary platforms such as blablacar.de, fahrgemeinschaft.de, mitfahren.de) 2 ☐
- No, I did not buy online any transport service in the last 3 months. 8 ☐
- 193 Did you book accommodation via a website or app for private use in the last 3 months?**
- Please mark all relevant boxes.*
- Yes, from an enterprise (e.g. hotel, travel agency) 1 ☐
- Yes, from a private individual (e.g. via social networks or intermediary platforms such as airbnb.de, fewo-direkt.de, wimdu.de, couchsurfing.com, 9flats.com) 2 ☐
- No, I did not book online any accommodation in the last 3 months. 8 ☐
- 194 Did you buy any other services (excluding financial and insurance services) than those mentioned in the previous questions via a website or app for private use in the last 3 months?**
- Yes 1 ☐
- If "Yes", please specify in detail.*
-
- No 8 ☐

195 How many times did you buy goods or services via the internet or an app for private use in the last 3 months?

Please mark only one box.

- 1 to 2 times 1 ☐
- 3 to 5 times 2 ☐
- 6 to 10 times 3 ☐
- More than 10 times 4 ☐

196 How much did you spend on your purchases of goods or services (not including shares or other financial services) via the internet or an app for private use in the last 3 months?

Please mark only one box.

- Less than 50 euros 1 ☐
- 50 to less than 100 euros 2 ☐
- 100 to less than 300 euros 3 ☐
- 300 to less than 500 euros 4 ☐
- 500 to less than 700 euros 5 ☐
- 700 to less than 1000 euros 6 ☐
- 1000 euros und or over 7 ☐
- Don't know 9 ☐

197 Did you encounter any of the following problems when ordering or buying goods or services via the internet for private use in the last 3 months?

Please mark all relevant boxes.

- Technical errors of the website during the order or payment process 1 ☐
- Difficulties in finding information on warranty or legal recourse 2 ☐
- Speed of delivery slower than indicated 3 ☐
- Final costs higher than indicated (e.g. higher shipping costs, unexpected transaction fees) 4 ☐
- Wrong or damaged goods/services delivered 5 ☐
- Problems with fraud encountered (e.g. no goods/services received at all, misuse of credit card details or other fraud) 6 ☐
- Problems with complaints encountered (e.g. difficult complaint procedure, no satisfactory response after complaint) 7 ☐
- Foreign retailer did not sell to Germany. 9 ☐
- Other problems 10 ☐
- No, I did not encounter any of the above problems. 8 ☐

→ 199

198 What were the reasons for not ordering or buying any goods or services via the internet for private use in the last 3 months?

Please mark all relevant boxes.

voluntary

- Not applicable as I last used the internet more than 3 months ago. 8 ☐
- I prefer to shop in person, like to see the goods, because of loyalty to shops or force of habit. 1 ☐
- I lack sufficient internet skills or knowledge. 2 ☐
- Concerns about cost of delivery 3 ☐
- Concerns about delivery (e.g. speed of delivery, logistical problems) 4 ☐
- Concerns about security of payment process and data protection (e.g. providing credit card details and personal data via the internet) 5 ☐
- Concerns about receiving or returning goods and complaints 6 ☐
- Foreign retailer did not sell to Germany. 7 ☐
- There was no need to buy via the internet. 9 ☐
- Other reasons 10 ☐

Participation in the survey

199 Have you yourself answered the questions?

- Yes 1 ☐ → 201
- No, another household member has answered the questions. 2 ☐
- No, someone not living in the household has answered the questions. 3 ☐ → 201

200 Which household member has answered the questions?

Please enter the number (see flap) of the person who has answered the questions.

201 How many minutes did it take you to complete the questionnaire?

Number of minutes

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. Data for the additional survey component concerning information and communication technologies will be collected from a maximum of 3.5 percent of the microcensus respondents.

Legal basis, obligation to provide information

The legal basis is provided by the Microcensus Act (MZG), Regulation (EU) No 2019/1700, Regulations (EU) No 2019/2180, (EU) No 2019/2181 and (EU) No 2020/1013 implementing Regulation (EU) No 2019/1700 and Delegated Regulation (EU) No 2020/256³ in conjunction with the Federal Statistics Act (BStatG).

Data are collected in accordance with Section 6 (1) nos. 1 to 4, no. 5 letters a and b, nos. 6 to 10 and Section 9 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.

¹ The up-to-date wording of the relevant national legal provisions can be found at <https://www.gesetze-im-internet.de/> (search terms "Bundesstatistikgesetz" (BStatG) or "Mikrozensusgesetz" (MZG)).

² The EU legal acts in their up-to-date versions and in the German language are available on the website of the Publications Office of the European Union at <http://eur-lex.europa.eu/>.

³ The additionally relevant Commission Delegated Regulation (EU) supplementing Regulation (EU) 2019/1700 of the European Parliament and of the Council by specifying the number and titles of the variables for the use of information and communication technologies statistics domain for reference year 2021 had not been published yet in the Official Journal of the European Union at the time of print.

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.

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 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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