

Microcensus 2026



Core programme and survey component relating to income and living conditions

Reference week:

Muster

Participation in this survey is voluntary.

For the legal basis and other legal information please refer to pages 118 to 119 of this questionnaire. When answering the questions, please observe the explanatory notes **1** to **16** on pages 115 to 117 of this questionnaire.

Thank you for your time.

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

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 181 on page 50).
- Please note the time before you begin filling out the questionnaire. At the end of the questionnaire you will be asked how long it took you to complete it.

We will guide you through the questionnaire.

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

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

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

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

Example | Hours per week

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

Example | Yes ☒
 No ☒

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 ☐

No, no other households 8 ☐

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 1 ☐

Female 2 ☐

Gender diverse 3 ☐

Not stated in the birth register 4 ☐

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

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 2026?

Yes 1 ☐

No 8 ☐

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"/>

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!

☐ → 11 The arrow and the numeral 9 mean that question 9 should be answered next.

8	Are you female and aged 15 up to and including 75 years?	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"/> → 11	<input type="checkbox"/> → 11	<input type="checkbox"/> → 11	<input type="checkbox"/> → 11	<input type="checkbox"/> → 11

9	Have you ever given birth to a child?	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"/> → 11	<input type="checkbox"/> → 11	<input type="checkbox"/> → 11	<input type="checkbox"/> → 11	<input type="checkbox"/> → 11

10	How many children have you given birth to?	Person 1	Person 2	Person 3	Person 4	Person 5
	i Please indicate the number of live-born children. This includes children who died after birth.					
	Number of children	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11	Do you occupy at least one more dwelling (including room, accommodation, residential establishment)?	Person 1	Person 2	Person 3	Person 4	Person 5
	<i>Please mark all relevant boxes.</i>					
	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"/> → 13	<input type="checkbox"/> → 13	<input type="checkbox"/> → 13	<input type="checkbox"/> → 13	<input type="checkbox"/> → 13

12	Is this dwelling your main residence?	Person 1	Person 2	Person 3	Person 4	Person 5
	i If you have more than one dwelling, your main residence is the one where you usually live (centre of social and personal life, family home).					
	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"/>

13 Are the people in the household present or temporarily absent?

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

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

14 Did you move into this household after the last interview?

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

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

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

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

		Person 1	Person 2	Person 3	Person 4	Person 5
Month		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Not applicable as I was living in the household before the last interview.		<input type="checkbox"/> → 17	<input type="checkbox"/> → 17	<input type="checkbox"/> → 17	<input type="checkbox"/> → 17	<input type="checkbox"/> → 17

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

		Person 1	Person 2	Person 3	Person 4	Person 5
In employment	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other life situation	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Yes, enter how many people moved out	<input type="text"/>
No	8 <input type="checkbox"/> → 19

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

First name of the person who moved out

Move-out month

Move-out year

Where did the person move to?

To another private household

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

Abroad

To an unknown place

1. moved out person	2. moved out person	3. moved out person
.....
<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>	<div> <div></div> <div></div> </div>
<div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> </div>
1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19 Have any household members died since the last interview?

Yes, enter how many people died

No 8 ☐ → 21

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

Name of the 1st person who died

1. deceased person	2. deceased person	3. deceased person
.....

People and household

21 Do you live in a one-person household?

Yes ☐ → 27

No ☐

22 Does your mother live in this household?

i This includes stepmothers, adoptive and foster mothers.

If you are a child of same-sex parents, please indicate the younger parent.

Yes, my mother is number (see flap)

No 8 ☐

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

23 Does your father live in this household?

i This includes stepfathers, adoptive and foster fathers.

If you are a child of same-sex parents, please indicate the older parent.

Yes, my father is number (see flap)

No 8 ☐

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

24 Does your spouse live in this household?

Yes, my spouse is number (see flap)

No

Person 1

☐ → 26☐

Person 2

☐ → 26☐

Person 3

☐ → 26☐

Person 4

☐ → 26☐

Person 5

☐ → 26☐**25 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

☐☐**26 What is your relationship to Person 1?**

I am Person 1.

I am (his/her) ...

wife, husband.

partner.

daughter, son (including stepchildren, adopted and foster children).

daughter-in-law, son-in-law.

granddaughter, grandson.

great-granddaughter, great-grandson.

mother, father (including stepparents, adoptive and foster parents).

mother-in-law, father-in-law.

grandmother, grandfather.

great-grandmother, great-grandfather.

sister, brother.

sister-in-law, brother-in-law.

another relative by birth/marriage.

not related by birth/marriage.

Person 1

☐

Person 2

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Person 3

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Person 4

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Person 5

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Housing circumstances

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

27 What kind of building do you live in?

- Purely residential building (no residential establishment) 1 ☐
- Building for residential and commercial use (no residential establishment) and ...
- at least half of the total useful floor space is used for residential purposes 2 ☐
- less than half of the total useful floor space is used for residential purposes 3 ☐ → 29
- Residential establishment 4 ☐ → 29
- Inhabited accommodation (e.g. caravan or construction site trailer installed permanently, summerhouse, portacabin) 5 ☐ → 29

28 In what type of residential building do you live?

i See also p. 115:
1 "Type of residential building".

- Single-family house ...
- detached 1 ☐
- semi-detached 2 ☐
- terraced 3 ☐
- Multi-family house ...
- detached 4 ☐
- terraced (shares wall on one or both sides) 5 ☐

29 How many dwellings are there in the building you live in, including vacant dwellings?

i If you live in a single-family house, terraced house or semi-detached house, please indicate "1 dwelling".

If your house has an additional (granny) flat, please indicate "2 dwellings".

See also p. 115: **2** "Dwelling".

- 1 dwelling 1 ☐
- 2 dwellings 2 ☐
- 3 or 4 dwellings 3 ☐
- 5 or 6 dwellings 4 ☐
- 7 to 9 dwellings 5 ☐
- 10 to 20 dwellings 6 ☐
- 21 dwellings or more 7 ☐

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

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

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

Before 1919	1	<input type="checkbox"/>
1919 to 1948	2	<input type="checkbox"/>
1949 to 1960	13	<input type="checkbox"/>
1961 to 1978	14	<input type="checkbox"/>
1979 to 1990	4	<input type="checkbox"/>
1991 to 2000	5	<input type="checkbox"/>
2001 to 2010	6	<input type="checkbox"/>
2011 to 2015	15	<input type="checkbox"/>
2016 to 2020	16	<input type="checkbox"/>
2021 or later	17	<input type="checkbox"/>

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

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

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

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

See also p. 115: **3** "Living floor space".

Floor space in full square metres

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

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

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

Number of rooms

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

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

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

Year of moving in

34 Which of the following characteristics apply to the building in which you live?

i The **access to the dwelling** represents the distance from the street to your front door.

It is considered to be **free of steps or thresholds** even if there are steps or thresholds that can be negotiated with the help of **lifts, ramps or the like**.

The clear width is sufficient if it permits easy passage for users of walking aids (e.g. rollator), wheelchairs or pushchairs or if the **clear width of doors is at least 90 cm and that of corridors is 120 cm**.

Please mark all relevant boxes.

- The access to the dwelling is free of steps or thresholds. 1 ☐
- The clear width of the building entrance door is sufficient. 2 ☐
- The clear width of the corridors inside the building is sufficient. 3 ☐
- None of the above applies to the building. 8 ☐

35 Which of the following characteristics apply to your dwelling/single-family house?

i There is **sufficient clear width or circulation space** if the passageways or rooms can also be used with a walking aid (e.g. rollator) or wheelchair or if the **clear width of doors is at least 90 cm and that of corridors is 120 cm**. Your responses should refer to the dwelling/single-family house when empty.

Rooms in multi-storey dwellings/houses are considered to have step-free access if there is a stair lift, vertical lift or other type of lift.

Please mark all relevant boxes.

- There are no thresholds or bumps that are more than 2 cm high (not even in the access to the balcony, terrace or the like). 1 ☐
- All rooms are accessible step-free. 2 ☐
- The clear width of the dwelling's front door is sufficient. 3 ☐
- The clear width of all room doors is sufficient. 4 ☐
- All corridors are sufficiently wide. 5 ☐
- There is sufficient circulation space in front of the row of kitchen units. 6 ☐
- There is sufficient circulation space in the bathroom or sanitary facilities. ... 10 ☐
- The shower has level access. 12 ☐
- None of the above applies to my dwelling. 8 ☐

36 How are the rooms in the dwelling primarily heated?

- District heating (long-distance heating) 1 ☐
- Central heating 2 ☐
- i** Heating system supplying heat to the entire dwelling unit or the building containing several dwellings. Generally located in the basement, e.g. oil or gas central heating; also includes heat pumps.
- Single-storey heating (generally located inside the dwelling, e.g. gas furnace) 3 ☐
- Fixed single-room or multi-room stoves, electrical storage or night storage heating 4 ☐
- Non-fixed heaters (e.g. portable heaters and fan heaters) 5 ☐
- No heating at all 8 ☐ → 39

37 Are the rooms in the dwelling heated in any other way?

Please mark all relevant boxes.

- District heating (long-distance heating) 1 ☐
- Central heating 2 ☐
- i** Heating system supplying heat to the entire dwelling unit or the building containing several dwellings. Generally located in the basement, e.g. oil or gas central heating; also includes heat pumps.
- Single-storey heating (generally located inside the dwelling, e.g. gas furnace) 3 ☐
- Fixed single-room or multi-room stoves, electrical storage or night storage heating 4 ☐
- Non-fixed heaters (e.g. portable heaters and fan heaters) 5 ☐
- No other type of heating 8 ☐

38 What type of energy is used to heat the rooms in your dwelling?

i The primary type of energy refers to the type of energy used to heat the majority of the living space in the dwelling.

Type of energy primarily used: Code from List 39

Other types of energy used: Code from List 39

No other types of energy used.

☐

39 What type of energy is used for your hot water supply?

i The primary type of energy refers to the type of energy used to produce most of the hot water in the dwelling.

Type of energy primarily used: Code from List 39

Other types of energy used: Code from List 39

No other types of energy used.

☐

List 39

District heating (long-distance heating)	1	Briquettes, lignite	5
Gas (natural gas or propane)	2	Coke, hard coal	6
Geothermal energy or other ambient heat, waste heat (e.g. heat pump, heat exchanger)	14	Logs	15
Solar energy (solar collectors)	13	Wood pellets	11
Electricity (no heat pump)	3	Biomass (except wood)	12
Heating oil	4		

40 If you live in the dwelling/single-family house as ...?

i Owners of a multi-family house who live in one dwelling themselves and rent out the remaining dwellings please mark "(co-) owner" of the building.

Occupants of a cooperative dwelling please indicate "main tenant" or "subtenant".

If you have a right of residence, please mark "other (e.g. accommodation provided rent-free or the like)".

Accommodation provided rent-free applies where no payments have to be made to the owner, except for operating and incidental expenses (e.g. electricity, water, heating, waste collection).

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

(Co-) owner of the building

☐

(Co-) owner of the dwelling

☐

Main tenant

☐

→ 47

Subtenant

☐

→ 47

Other (e.g. accommodation provided rent-free or the like)

☐

→ 47

**41 Did your household pay back loans last month for the dwelling/
single-family house your household lives in?**

i This includes paying back mortgages and loans under savings and loan contracts regarding the dwelling your household lives in/the living floor space your household occupies in your house. This does not include loans for the maintenance of the real property.

Yes 1 ☐

No 8 ☐

42 How many loans did your household pay back last month for the dwelling/single-family house your household lives in?

Number of loans ☐

Not applicable ☐ → 44

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

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

Monthly amount of interest and repayment (full euros)

Monthly amount of interest (full euros)

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

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

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

Number of person (see flap)

45 What are the monthly operating and incidental expenses of the dwelling/single-family house your household lives in?

i Households belonging to a **commonhold association**:

Under operating and incidental expenses below, please only enter costs incurred **in addition** to your commonhold contribution.

Monthly commonhold contribution

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

	No	Yes	Monthly amount (full euros)
Commonhold contribution	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>

Monthly energy costs included in the commonhold contribution

i This comprises costs for heating, hot water and electricity. Owners not belonging to a commonhold association please mark "No".

	No	Yes	Monthly amount (full euros)
Monthly energy costs included in the commonhold contribution	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>

Monthly energy costs

Electricity	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Heating and hot water	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>

Annual incidental expenses

	No	Yes	Annual amount (full euros)
Annual real property tax	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Non-life or residential building insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Waste collection	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Water costs (water consumption, wastewater)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Chimney sweep	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Street cleaning	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>

Annual costs of maintenance and repairs

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

	No	Yes	Annual amount (full euros)
Maintenance and repairs	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>

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

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

	Monthly amount (full euros)
Expenses for interest on loans and for regular maintenance and repairs	<input type="text"/> → 55

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

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

Number of person (see flap)	<input type="text"/>
-----------------------------------	----------------------

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

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

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

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

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

The household lives in rented accommodation at market conditions. 3 ☐

49 Who is the owner of the dwelling/house you live in?

i For communities of heirs and commonhold associations please indicate **private individuals**.

Private sector companies include, for example, real estate companies, private sector housing companies and other companies (flats provided by the employer).

Please indicate "Municipality, Federation, Land, church or other public institutions" as owner if they hold over 50% of the dwelling/house or of the company indicated as owner in the tenancy agreement.

One or more private individuals 1 ☐

A private sector company 2 ☐

Municipality, Federation, Land, church or other public institutions 3 ☐

A housing cooperative 4 ☐

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

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

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

See also p. 115: **4** "Main tenant with subtenant"

full euros

Monthly total amount

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

i Operating and incidental expenses include apportionable costs for heating, (hot) water supply, waste collection, street cleaning, caretaker services, chimney sweep, gardening, lighting, building cleaning, lift, real property tax, building insurance.

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

Yes 1 ☐

Yes, but the operating and incidental expenses are not indicated. 7 ☐ → 54

No 8 ☐ → 54

52 How much are these monthly operating and incidental expenses? full euros
Monthly amount

53 Of this amount, how much are the monthly energy costs for heating, hot water and electricity? full euros
Monthly amount

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

i This comprises costs paid directly to utility providers for heating, hot water and electricity.

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

Yes, the average monthly amount is

No 8 ☐

55 Does your household currently receive public benefits for housing costs?

Please mark all relevant boxes.

Yes, housing allowance in the form of rent support or mortgage and home upkeep support 1 ☐

Yes, accommodation costs as part of citizen's benefit 2 ☐

Yes, accommodation costs as part of basic security benefits in old age and in cases of reduced earning capacity 3 ☐

Yes, accommodation costs as part of cost-of-living assistance 4 ☐

No, my household currently does not receive public benefits for housing costs. 8 ☐

Assessing the household's financial situation.

56 Thinking of your household's total housing costs, which of the following statements applies?

The housing costs are a heavy burden. 1 ☐

The housing costs are somewhat a burden. 2 ☐

The housing costs are not a burden at all. 3 ☐

57 In the last 12 months, has your household been in arrears on the following expenses due to financial difficulties?

Please mark only one box per type of expense.

Rent for the dwelling/house your household lives in

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

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

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

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

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

Electricity, heating or water bills

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

58 In the last 12 months, has your household been in arrears on non-housing bills due to financial difficulties?

i These include bills for mobile phones and internet, clothing, education, health, holidays and other expenses not related to housing.

- Yes, once 1 ☐
- Yes, more than once 2 ☐
- No 8 ☐

59 Are the following things available in your household?

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

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

A car (not including company/official cars)

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

60 What can your household afford financially?

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

Yes 1 ☐

No 8 ☐

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

Yes 1 ☐

No 8 ☐

Making unexpected expenses of 1 400 euros or more from the household's own financial resources.

Yes 1 ☐

No 8 ☐

Keeping the dwelling adequately warm.

Yes 1 ☐

No 8 ☐

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

Yes 1 ☐

No, because the household cannot afford it. 2 ☐

No, for other reasons 3 ☐

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

i In other words, how easy or difficult is it for you to find it to pay the household's usual necessary expenses including housing costs. Include the income of all household members.

Please mark only one box.

With great difficulty 1 ☐

With difficulty 2 ☐

With some difficulty 3 ☐

Fairly easily 4 ☐

Easily 5 ☐

Very easily 6 ☐

63 What do you think is the lowest monthly net income that your household would have to have in order to make ends meet?

i When answering, please consider all the household's usual necessary expenses including housing costs.

Lowest monthly net income full euros

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

Yes 1 ☐
 No 8 ☐ → 66

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

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

66 Do you or any other household member currently have one or more loans taken out for the following purposes?

i This also includes hire purchase, "buy now - pay later" services, and loans from pawnbrokers, friends or relatives.

Loans to purchase a second home/holiday home, furniture, household appliances or to renovate/improve a property.

i Excluding loans and mortgages on the main dwelling the household lives in.

Yes 1 ☐
 No 8 ☐

Loans for car, motorcycle, caravan, van, bicycle or other means of transport

Yes 1 ☐
 No 8 ☐

Loans for healthcare (e.g. dental prostheses, hospital expenses, optical aids)

Yes 1 ☐
 No 8 ☐

Loans for education (e.g. training assistance loans (BAföG), KfW education loans)

Yes 1 ☐
 No 8 ☐

Loans to cover daily living expenses (e.g. food, clothing or footwear)

Yes 1 ☐
 No 8 ☐

Other loans (e.g. for holidays, repayment of overdraft, rescheduling of credit card debts)

i Excluding loans and mortgages for the purchase of the main dwelling the household lives in.

Yes 1 ☐
 No 8 ☐

67 How many of the aforementioned loans do all members of the household currently have?

i Excluding loans and mortgages for the purchase of the main dwelling the household lives in.

Number of loans

No such loans 8 ☐ → 70

68 From whom did you get these loans?

Bank, savings bank or other credit institution

Yes 1 ☐

No 8 ☐

Short-term loan without credit rating check commissioned by loan provider

Yes 1 ☐

No 8 ☐

Buy now-pay later or hire purchase through retailer/seller

i Examples of buy now-pay later services: Klarna, Paypal, Amazon Pay or Rivery

Yes 1 ☐

No 8 ☐

Loan from pawnbroker

Yes 1 ☐

No 8 ☐

Private sources (e.g. family, friends)

Yes 1 ☐

No 8 ☐

Other (e.g. employer)

Yes 1 ☐

No 8 ☐

69 What was the household's total expenses last month for loans including interest and repayment (not including mortgages and building loans for the main dwelling the household lives in)?

i Excluding loans and mortgages on the main dwelling the household lives in.

Monthly amount full euros

Expenses related to daily life

70 How much did all household members spend in a typical month on food and non-alcoholic drinks to be consumed at home?

Monthly amount (full euros)

Monthly amount spent on food and non-alcoholic drinks to be consumed at home

71 How much did all household members spend in an typical month on food and drinks (alcoholic and non-alcoholic) to be consumed outside of the home?

i This includes going to restaurants, canteens, cafés, bars and ice-cream parlours, meals from food delivery services and expenses for fast food and snacks, for example.

Monthly amount (full euros)

Monthly amount spent on food and drink consumed outside of the home

No food or drink consumed outside of the home

8 ☐

72 How much do all household members spend on public transport in a typical month?

i This includes tickets for buses and trains, and also for airplanes or ferries if these are regularly used in a typical month. If you use annual tickets, please enter the monthly proportion.

(full euros)

Monthly amount spent on public transport

Free use of public transport

2 ☐

No use of public transport

8 ☐

73 How much do all household members spend on private transport (e.g. car, motorcycle, e-bike) in a typical month?

i This also includes leased vehicles, rented cars, car sharing, rental bikes and company bikes. Please include company cars only if the costs of private journeys (e. g. motor fuel, maintenance) have to be borne by the household.

The costs include: expenses for motor fuel or battery recharging, taxes and insurance, maintenance and parking.

They do not include: Costs of acquisition or car lease and a garage parking space that belongs to the dwelling.

Please enter the monthly proportion.

(full euros)

Monthly amount spent on private transport

No money spent on private transport

8 ☐

74 Thinking of a typical month, which of the following statements on saving best applies to your household?

The household puts money aside.

1 ☐

The household needs to draw on savings.

2 ☐

The household needs to borrow money.

3 ☐

The household neither puts money aside, nor needs to draw on savings or borrow money.

4 ☐

Property

75 Assuming your household were to now sell the main dwelling it lives in, how much do you estimate you could get for it (including any land)?

(full euros)

Value of the main dwelling

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

9 ☐ → 77

76 What is the total amount left to repay regarding the mortgage or building loan on the main dwelling your household lives in?

i Only indicate the outstanding debt on loans that were taken out exclusively to purchase the main dwelling. Please enter the amount still to be repaid, not including interest payments or charges for unscheduled repayment.

(full euros)

Amount left to repay

No amount left to repay

8 ☐

77 Apart from the main dwelling your household lives in, do you or other household members own any (other) real property in Germany or abroad?

i This includes not only houses, flats or apartments but also garages, offices, commercially used real property, agricultural holdings or land.

Yes

1 ☐

No

8 ☐

78 Assuming your household would no longer have any income, how long could you maintain your current standard of living by drawing on savings?

i "Savings" refers to cash deposits in a bank/savings bank or money kept at home.

It does not include securities, shares or fund units.

Less than 3 months

1 ☐

3 up to and including 5 months

2 ☐

6 up to and including 12 months

3 ☐

More than 12 months

4 ☐

Overall satisfaction with the dwelling

79 Overall, how satisfied are you with your dwelling/single-family house?

Very dissatisfied

1 ☐

Dissatisfied

2 ☐

Satisfied

3 ☐

Very satisfied

4 ☐

80 What do you think applies to your dwelling/single-family house?

The roof is leaky.

Yes 1 ☐

No 8 ☐

There is damp on the walls, floor or foundation.

Yes 1 ☐

No 8 ☐

There is rot in window frames or floors.

Yes 1 ☐

No 8 ☐

The bedrooms, dining and living rooms are too dark or do not have enough natural light.

Yes 1 ☐

No 8 ☐

There is too much noise from neighbours or from outside (e.g. traffic, business, factory).

Yes 1 ☐

No 8 ☐

81 What do you think applies to the residential quarter or nearby area where your household lives?

There is pollution, grime or other environmental problems caused by factories, road traffic or air traffic.

Yes 1 ☐

No 8 ☐

There is crime, violence or vandalism on buildings.

Yes 1 ☐

No 8 ☐

Benefits received for children in 2025

82 Did your household receive children's allowance in 2025 for children living in the household?

- Yes 1 ☐
- No 8 ☐ → 84
- Not applicable as household members do not have children. 9 ☐ → 95

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

Number of children

84 Did your household receive children's allowance in 2025 for children not living in the household?

- Yes 1 ☐
- No 8 ☐ → 86

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

Number of children

86 Did your household receive supplementary children's allowance from the family benefits office of the employment agency in 2025 for children living in the household?

i Intended is only the supplementary children's allowance, not the children's allowance.

The amount of the supplementary children's allowance depends on the household's income and assets and is capped at 297 euros per month for each child.

- Yes 1 ☐
- No 8 ☐ → 88

87 For which of the children did your household receive supplementary children's allowance?

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

Number of months

Amount per month (full euros)

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

88 Did your household receive advance maintenance payments in 2025 for children living in the household?

Yes 1 ☐

No 8 ☐ → 90

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

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

Number of months

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"/>

90 Did your household receive foster child allowance in 2025 for foster children living in the household?

Yes 1 ☐

No 8 ☐ → 92

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

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

Number of months

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"/>

Amount per month (full euros)

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

92 Did your household receive long-term care allowance in 2025 for children in need of care (according to the statutory long-term care funding insurance) who live in the household?

Yes 1 ☐

No 8 ☐ → 94

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

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

Number of months

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"/>

Amount per month (full euros)

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

94 Did your household receive benefits for education and participation or financial support for school supplies and school day trips in 2025?

full euros

Yes, an annual amount of

No 8 ☐

Income from public benefits in 2025

95 Did your household receive the following public benefits in 2025?

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

Please indicate the applicable total amount for citizen's benefit/basic security benefits in old age and in cases of reduced earning capacity/cost-of-living assistance and accommodation and heating costs. Please also enter accommodation and heating costs here even if they are paid directly to the landlord/landlady.

	No	Yes	Number of months	Monthly amount (full euros)	Annual amount (full euros)
Citizen's benefit (basic security benefits for job-seekers), including accommodation and heating costs	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Basic security benefits in old age and in cases of reduced earning capacity, including accommodation and heating costs	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Cost-of-living assistance/benefit, including accommodation and heating costs according to the 5th to 9th chapter of the Social Security Code XII	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Housing allowance, housing allowance 'Plus' (not accommodation and heating costs under citizen's benefit)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

Other income of the household in 2025

96 Did your household receive income from renting or leasing (proceeds less expenses for maintenance or, perhaps, for interest on loan) in 2025?

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

97 Did your household receive income from savings or investments (capital assets) in 2025?

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

Yes	1 <input type="checkbox"/>
No	8 <input type="checkbox"/> → 99

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

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

Less than 250 euros	1	<input type="checkbox"/>
250 to less than 1 000 euros	2	<input type="checkbox"/>
1 000 to less than 2 500 euros	3	<input type="checkbox"/>
2 500 to less than 5 000 euros	4	<input type="checkbox"/>
5 000 to less than 7 500 euros	7	<input type="checkbox"/>
7 500 to less than 10 000 euros	8	<input type="checkbox"/>
10 000 to less than 15 000 euros	9	<input type="checkbox"/>
15 000 to less than 20 000 euros	12	<input type="checkbox"/>
20 000 euros or over	13	<input type="checkbox"/>

99 In your household, did any children aged 15 or under on 31 December 2025 receive income from own employment in 2025?

Yes	1	<input type="checkbox"/>
No	8	<input type="checkbox"/> → 101

100 Which child earned income from own employment?

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

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

101 Did any children aged 15 or under and living in your household on 31 December 2025 receive orphan's pension/benefit?

Yes	1	<input type="checkbox"/>
No	8	<input type="checkbox"/> → 103

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

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

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

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

103 Did your household produce food for its own use in its own garden or by keeping small animals in 2025?

Yes 1 ☐
No 8 ☐ → 105

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

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

Maintenance payments and other regular payments in 2025

105 Did your household, or a household member, receive or make alimony payments in 2025?

i With regard to payments made or received, please enter the number of months and the average monthly amount or the annual amount.
If more than one person in your household made payments to people outside your household, please add up all the amounts.

	No	Yes	Number of months	Monthly amount (full euros)	Annual amount (full euros)
Alimony payments from people not living in the household in 2025 8	<input type="checkbox"/>	1 <input type="checkbox"/> →	<div></div>	<div></div>	or <div></div>
Alimony payments to people not living in the household in 2025 8	<input type="checkbox"/>	1 <input type="checkbox"/> →	<div></div>	<div></div>	or <div></div>

106 Did your household, or a household member, receive or make other regular payments in 2025?

i With regard to payments made or received, please enter the number of months and the average monthly amount or the annual amount.

If more than one person in your household made payments to people outside your household, please add up all the amounts

	No	Yes	Number of months	Monthly amount (full euros)	Annual amount (full euros)
Other regular payments from people not living in the household in 2025	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Other regular payments to people not living in the household in 2025	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

Payments made in 2025

107 Did your household pay real property tax on owner-occupied dwellings, buildings or land in 2025?

i This refers to real property for private use.

Yes 1 ☐

No 8 ☐ → 110

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

Annual amount full euros

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

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

Annual amount full euros

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

110 Did your household pay back loans in 2025 (repayment of mortgages and loans under savings and loan contracts) for the dwelling/house your household lives in?

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

Yes 1 ☐

No 8 ☐ → 112

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

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

full euros

Monthly amount of interest and repayment

including: monthly amount of interest

Information and communication technology in the household

112 Does your household have internet access?

i Please indicate "Yes" if you or another household member has access to the internet at home, e.g. via a desktop computer, laptop/tablet or smartphone. The household then generally has a contract with an internet provider (e.g. Telekom, Vodafone, o2, 1&1, Deutsche Glasfaser), and equipment to connect to the internet is available in the household (e.g. router, Fritzbox, modem). Other methods of accessing the internet are also included (e.g. mobile broadband dongle/SIM card) if this allows the use of the internet at home.

Yes 1 ☐
 No 8 ☐ → 114
 I don't know. 7 ☐ → 114

113 What is the contractually agreed data transfer speed of your household's internet connection?

i If your household has more than one internet connection, please indicate the internet connection with the highest data transfer speed.

1 to 6 megabits per second (Mbps) 1 ☐
 Over 6 to 16 megabits per second (Mbps) 2 ☐
 Over 16 to 30 megabits per second (Mbps) 3 ☐
 Over 30 to 50 megabits per second (Mbps) 4 ☐
 Over 50 to 100 megabits per second (Mbps) 5 ☐
 Over 100 to 200 megabits per second (Mbps) 6 ☐
 Over 200 to 400 megabits per second (Mbps) 10 ☐
 Over 400 to 1000 megabits per second (Mbps) 11 ☐
 Over 1000 megabits per second (Mbps) 12 ☐

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

Yes ☐

No ☐ → 119

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

Please mark all relevant boxes.

	Person 1	Person 2	Person 3	Person 4	Person 5
Day care centre (kindergarten, crèche) 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional child minder 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Au-pair, babysitter 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschool institution (pre-primary education) 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care services for pupils before and/or after school (offered by school or other facility) 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relatives, friends, neighbours 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable as the child is cared for only by his/her parents. 7	<input type="checkbox"/> 117	<input type="checkbox"/> → 117	<input type="checkbox"/> → 117	<input type="checkbox"/> → 117	<input type="checkbox"/> → 117

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

Please mark all relevant boxes.

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

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

Yes ☐

No ☐ → 119

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

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

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

Survey participation

119 Have questions 1 to [REFERENZIERTE FRAGE (CA0520P) NICHT GEFUNDEN.] been answered by a household member?

Yes, person number (see flap)

No 8 ☐

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

Number of minutes

Citizenship and duration of residence

121 Were you born in Germany?

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/> → 123	<input type="checkbox"/> → 123	<input type="checkbox"/> → 123	<input type="checkbox"/> → 123	<input type="checkbox"/> → 123

122 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"/> → 126	<input type="checkbox"/> → 126	<input type="checkbox"/> → 126	<input type="checkbox"/> → 126	<input type="checkbox"/> → 126
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Person 1	
Person 2	
Person 3	
Person 4	
Person 5	

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

i See also p. 115: **6** "Today's territory".

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

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

i EU freedom of movement allows citizens of other EU/EFTA countries to settle in any EU country.

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

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

126 What language/languages do you speak at home?

	Person 1	Person 2	Person 3	Person 4	Person 5
I only speak German at home.	1 <input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128
I speak German and at least one other language at home.	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not speak German at home but another language/other languages.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Muster

127 What language do you mainly speak at home?

	Person 1	Person 2	Person 3	Person 4	Person 5
Albanian	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arabic	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bosnian	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulgarian	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Danish	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greek	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hindi	31 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italian	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Croatian	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kurdish	13 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Macedonian	14 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dutch	15 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pashto	16 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persian	17 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polish	18 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Romanian	20 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Russian	21 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serbian	22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	23 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turkish	24 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ukrainian	32 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hungarian	25 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urdu	33 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	26 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another European language	27 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another African language	28 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Asian language	29 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another language	30 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 130	<input type="checkbox"/> → 130	<input type="checkbox"/> → 130	<input type="checkbox"/> → 130	<input type="checkbox"/> → 130

129 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"/>

130 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
<input type="checkbox"/> → 135	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135
<input type="checkbox"/> → 134	<input type="checkbox"/> → 134	<input type="checkbox"/> → 134	<input type="checkbox"/> → 134	<input type="checkbox"/> → 134
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

131 Of which foreign country do you have citizenship?

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

Person 1

Person 2

Person 3

Person 4

Person 5

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

132 Do you have citizenship of another foreign country?

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"/> → 150	<input type="checkbox"/> → 150	<input type="checkbox"/> → 150	<input type="checkbox"/> → 150	<input type="checkbox"/> → 150

133 Of which second foreign country do you have citizenship?

Person 1

Person 2

Person 3

Person 4

Person 5

<input type="text"/>	→ 150
<input type="text"/>	→ 150
<input type="text"/>	→ 150
<input type="text"/>	→ 150
<input type="text"/>	→ 150

134 Of which other 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"/>

135 How did you obtain German citizenship?

i See also p. 116: **7** "Citizenship".

	Person 1	Person 2	Person 3	Person 4	Person 5
By birth	<input type="checkbox"/> → 138	<input type="checkbox"/> → 138	<input type="checkbox"/> → 138	<input type="checkbox"/> → 138	<input type="checkbox"/> → 138
As a non-naturalised (ethnic) German repatriate	<input type="checkbox"/> → 150	<input type="checkbox"/> → 150	<input type="checkbox"/> → 150	<input type="checkbox"/> → 150	<input type="checkbox"/> → 150
As a naturalised (ethnic) German repatriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By naturalisation (no ethnic German repatriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By adoption by German parent(s)	<input type="checkbox"/> → 150	<input type="checkbox"/> → 150	<input type="checkbox"/> → 150	<input type="checkbox"/> → 150	<input type="checkbox"/> → 150

136 When were you naturalised?

i This refers to the year in which you received notification of naturalisation, not the year in which you submitted your application.

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

137 Which citizenship did you have before your naturalisation?

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

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

Person 1	<input type="text"/>	→ 150
Person 2	<input type="text"/>	→ 150
Person 3	<input type="text"/>	→ 150
Person 4	<input type="text"/>	→ 150
Person 5	<input type="text"/>	→ 150

138 Does your mother live in this household?

i This includes stepmothers, adoptive and foster mothers.

If you are a child of same-sex parents, please indicate the younger parent.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/> → 144	<input type="checkbox"/> → 144	<input type="checkbox"/> → 144	<input type="checkbox"/> → 144	<input type="checkbox"/> → 144
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

i See also p. 115: **6** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, in (year)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	↳ 141	↳ 141	↳ 141	↳ 141	↳ 141
Yes, but I do not know the year of arrival.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141

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

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

141 Is/was your mother a German citizen?

i See also p. 116: **7** "Citizenship".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, by birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, as a non-naturalised (ethnic) German repatriate ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, as a naturalised (ethnic) German repatriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, by naturalisation (no ethnic German repatriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, by adoption by German parent(s)	<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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

i See also p. 115: **6** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/> → 144	<input type="checkbox"/> → 144	<input type="checkbox"/> → 144	<input type="checkbox"/> → 144	<input type="checkbox"/> → 144
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Person 1	
Person 2	
Person 3	
Person 4	
Person 5	

144 Does your father live in this household?

i This includes stepfathers, adoptive and foster fathers.

If you are a child of same-sex parents, please indicate the older parent.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

i See also p. 115: **6** "Today's territory".

Yes, in (year)

	Person 1	Person 2	Person 3	Person 4	Person 5
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	↳ 147	↳ 147	↳ 147	↳ 147	↳ 147
Yes, but I do not know the year of arrival.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → 147	<input type="checkbox"/> → 147	<input type="checkbox"/> → 147	<input type="checkbox"/> → 147	<input type="checkbox"/> → 147

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

Before 1950

1950 or later

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

147 Is/was your father a German citizen?

i See also p. 116: **7** "Citizenship".

Yes, by birth

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

Yes, as a naturalised (ethnic) German repatriate

Yes, by naturalisation (no ethnic German repatriate)

Yes, by adoption by German parent(s)

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

No

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, by birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, as a non-naturalised (ethnic) German repatriate ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, as a naturalised (ethnic) German repatriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, by naturalisation (no ethnic German repatriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, by adoption by German parent(s)	<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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

i See also p. 115: **6** "Today's territory".

Yes

No

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Person 1

Person 2

Person 3

Person 4

Person 5

<input type="text"/>	→ 156
<input type="text"/>	→ 156
<input type="text"/>	→ 156
<input type="text"/>	→ 156
<input type="text"/>	→ 156

150 Does your mother live in this household?

i This includes stepmothers, adoptive and foster mothers.

If you are a child of same-sex parents, please indicate the younger parent.

Yes
No

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/> → 153	<input type="checkbox"/> → 153	<input type="checkbox"/> → 153	<input type="checkbox"/> → 153	<input type="checkbox"/> → 153
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

i See also p. 115: **6** "Today's territory".

Yes 1
No 8

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/> → 153	<input type="checkbox"/> → 153	<input type="checkbox"/> → 153	<input type="checkbox"/> → 153	<input type="checkbox"/> → 153
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Person 1
Person 2
Person 3
Person 4
Person 5

153 Does your father live in this household?

i This includes stepfathers, adoptive and foster fathers.

If you are a child of same-sex parents, please indicate the older parent.

Yes
No

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/> → 156	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

i See also p. 115: **6** "Today's territory".

Yes 1
No 8

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/> → 156	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Person 1
Person 2
Person 3
Person 4
Person 5

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

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

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164

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

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, because I switched to another school, higher education institution or apprenticeship, because of university vacation, school holidays, practical training phase in an establishment, studies at a higher education institution or school abroad, illness, maternity leave	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, for other reasons	8	<input type="checkbox"/> → 160	<input type="checkbox"/> → 160	<input type="checkbox"/> → 160	<input type="checkbox"/> → 160	<input type="checkbox"/> → 160

158 Were you aged 16 years or over on 31 December 2025?

		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"/> → 160	<input type="checkbox"/> → 160	<input type="checkbox"/> → 160	<input type="checkbox"/> → 160	<input type="checkbox"/> → 160

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

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

Please state the other qualification you wish to obtain.

Person 1

Person 2

Person 3

Person 4

Person 5

160 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"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164
Evening grammar school, adult education college	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

still:

160 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"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164
Vocational school offering an entrance qualification for higher education institutions:					
Specialised upper secondary school 13	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164
Full-time vocational school 14	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164
Two-year full-time vocational school 15	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164
Vocational schools					
Pre-vocational training year 16	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164
Basic vocational training year 17	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164
Vocational school (dual system) 18	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164
Full-time vocational school providing a vocational qualification 19	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164
Training centre/school for health-care service occupations and social occupations:					
one year (e.g. geriatric care assistant) 20	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164
two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant) 21	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164
three years (e.g. physiotherapy, medical laboratory assistant, geriatric care) 22	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164
Training centre/school for educators 23	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164
Master craftsman/craftswoman training programme at trade and technical schools 24	<input type="checkbox"/> → 162	<input type="checkbox"/> → 162	<input type="checkbox"/> → 162	<input type="checkbox"/> → 162	<input type="checkbox"/> → 162
Trade and technical school e.g. for technicians, business economists 25	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164
Specialised academy (in Bayern only) 26	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164
Higher education institutions					
Vocational academy 27	<input type="checkbox"/> → 163	<input type="checkbox"/> → 163	<input type="checkbox"/> → 163	<input type="checkbox"/> → 163	<input type="checkbox"/> → 163
College of public administration 28	<input type="checkbox"/> → 163	<input type="checkbox"/> → 163	<input type="checkbox"/> → 163	<input type="checkbox"/> → 163	<input type="checkbox"/> → 163
University of applied sciences, Cooperative State University (in Baden-Württemberg, Schleswig-Holstein and Thüringen) 29	<input type="checkbox"/> → 163	<input type="checkbox"/> → 163	<input type="checkbox"/> → 163	<input type="checkbox"/> → 163	<input type="checkbox"/> → 163
University (also college of art and music, college of education, college of theology) 30	<input type="checkbox"/> → 163	<input type="checkbox"/> → 163	<input type="checkbox"/> → 163	<input type="checkbox"/> → 163	<input type="checkbox"/> → 163
Doctoral studies 31	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164

161 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"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164
Grades 5 to 9/10 2	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164
Upper secondary grades in grammar school 3	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164

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

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

Person 1		→ 164
Person 2		→ 164
Person 3		→ 164
Person 4		→ 164
Person 5		→ 164

163 What course of study did you take?

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

164 Are you 15 years or older?

	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"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263

Employment situation in the reference week

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

166 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"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173
No	8	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224

169 Why did you not work in the reference week?



See also p. 116:

8 "Partial retirement" and

9 "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"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173
Holidays, special leave 2	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173
Compensation leave (within the framework of a working time account or an annualised hours contract) 3	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173
Maternity leave 4	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173
Partial retirement 5	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173
Vocational and continuing training 6	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173
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"/> → 172	<input type="checkbox"/> → 172	<input type="checkbox"/> → 172	<input type="checkbox"/> → 172	<input type="checkbox"/> → 172
Strike, lockout 10	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171
Bad weather 11	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171
Short-time work for technical or economic reasons 12	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171
General and continuing education, school attendance 13	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171
Personal or family responsibilities 14	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171
Other reasons 15	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171
I have already found a job but did not yet work in that job in the reference week. 16	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224

170 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"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173
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"/>

171 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"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173	<input type="checkbox"/> → 173
More than 3 months 8	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225

172 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"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225

173 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. 116: **10** "Categorisation of job".

Self-employed person, freelancer

without employees 1 ☐ → 175 ☐ → 175 ☐ → 175 ☐ → 175 ☐ → 175

with employees 2 ☐ → 175 ☐ → 175 ☐ → 175 ☐ → 175 ☐ → 175

Unpaid family worker in a family business 3 ☐ → 175 ☐ → 175 ☐ → 175 ☐ → 175 ☐ → 175

Public official (not including candidates), judge 4 ☐ → 175 ☐ → 175 ☐ → 175 ☐ → 175 ☐ → 175

Salary earner, wage earner (not including apprentices) 5 ☐ → 175 ☐ → 175 ☐ → 175 ☐ → 175 ☐ → 175

Apprentice/trainee receiving remuneration 7 ☐ ☐ ☐ ☐ ☐

Candidate public official 8 ☐ → 175 ☐ → 175 ☐ → 175 ☐ → 175 ☐ → 175

Intern, trainee (including paid practical training or internship) 9 ☐ → 175 ☐ → 175 ☐ → 175 ☐ → 175 ☐ → 175

Temporary or professional soldier ☐ → 175 ☐ → 175 ☐ → 175 ☐ → 175 ☐ → 175

In voluntary military service ☐ → 175 ☐ → 175 ☐ → 175 ☐ → 175 ☐ → 175

In the Federal Volunteer Service (also social, ecological or cultural year) 12 ☐ → 175 ☐ → 175 ☐ → 175 ☐ → 175 ☐ → 175

Other employee with a small-scale job 13 ☐ → 175 ☐ → 175 ☐ → 175 ☐ → 175 ☐ → 175

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

i This refers to remunerated apprenticeships/traineeships.

With an establishment (company, shop, office, hospital, public authority) 1 ☐ ☐ ☐ ☐ ☐

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 ☐ ☐ ☐ ☐ ☐

175 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. 117: **11** “Marginal employment”.

Yes, a 603-euros job, mini-job
(average maximum earnings of 603 euros per month)

Yes, short-term employment
(a maximum of 3 months or 70 days worked per year)

Yes, a one-euro job
(job opportunity for people receiving citizen's benefit)

No

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

176 How often do you work in your job?

Regularly

Irregularly, occasionally

On a seasonal basis

	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"/>

177 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

178 What is the title of your current job?



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

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

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"/>
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"/>

Yes, supervisory duties

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

No

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



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

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

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

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

See also p. 117: **12** "Establishment (location)".

Person 1

Person 2

Person 3

Person 4

Person 5

181 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.

182 Are you employed in the public service?

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

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

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

183 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"/> → 185	<input type="checkbox"/> → 185	<input type="checkbox"/> → 185	<input type="checkbox"/> → 185	<input type="checkbox"/> → 185
20 to 49 people 3	<input type="checkbox"/> → 185	<input type="checkbox"/> → 185	<input type="checkbox"/> → 185	<input type="checkbox"/> → 185	<input type="checkbox"/> → 185
50 to 249 people 4	<input type="checkbox"/> → 185	<input type="checkbox"/> → 185	<input type="checkbox"/> → 185	<input type="checkbox"/> → 185	<input type="checkbox"/> → 185
250 to 499 people 5	<input type="checkbox"/> → 185	<input type="checkbox"/> → 185	<input type="checkbox"/> → 185	<input type="checkbox"/> → 185	<input type="checkbox"/> → 185
500 people or more 6	<input type="checkbox"/> → 185	<input type="checkbox"/> → 185	<input type="checkbox"/> → 185	<input type="checkbox"/> → 185	<input type="checkbox"/> → 185

184 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

185 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"/> → 187	<input type="checkbox"/> → 187	<input type="checkbox"/> → 187	<input type="checkbox"/> → 187	<input type="checkbox"/> → 187

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

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

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

187 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

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

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Full-time 1	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191
Part-time 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

189 Why do you work part-time?

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Could not find full-time work 1	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191
School education, studies, other education or advanced training 2	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191
Own illness, consequences of an accident 3	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191
Permanently reduced earning capacity, permanent disability 4	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191
Have to look after children 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people with disabilities 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people in need of care 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family reasons 9	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191
Other personal reasons 10	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191
I want to work part-time. 11	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191
Other main reason 12	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191

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

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

There is no adequate care available in the vicinity. 1

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

Adequate care is too expensive. 3

I want to do it myself. 4

Other essential reasons 9

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

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

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"/> → 193	<input type="checkbox"/> → 193	<input type="checkbox"/> → 193	<input type="checkbox"/> → 193	<input type="checkbox"/> → 193

192 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).

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"/>
↳ 19	↳ 199	↳ 199	↳ 199	↳ 199

193 Does your job involve temporary agency work?

Yes 1

No 3

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"/>

194 Do you have a fixed-term working contract?

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

Yes, fixed-term contract 1

No, open-ended contract 8

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"/>

195 Were you aged 16 years or over on 31 December 2025?

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"/> → 197	<input type="checkbox"/> → 197	<input type="checkbox"/> → 197	<input type="checkbox"/> → 197	<input type="checkbox"/> → 197

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

Written employment contract 1

Verbal employment agreement 2

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"/>

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

Yes 1

No 8

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"/>

198 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. 117: **B** "Stand-by duty".

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

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"/>

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

Yes 1

No 8

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"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201

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

i Please include half days and count them as 0.5.

Number of working 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"/>

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

Yes 1

No 8

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"/> → 203	<input type="checkbox"/> → 203	<input type="checkbox"/> → 203	<input type="checkbox"/> → 203	<input type="checkbox"/> → 203

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

i Please include half days and count them as 0.5.

Number of working 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"/>

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

Yes 1

No 8

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"/> → 205	<input type="checkbox"/> → 205	<input type="checkbox"/> → 205	<input type="checkbox"/> → 205	<input type="checkbox"/> → 205

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

i Please include half days and count them as 0.5.

Number of working 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"/>

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

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

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

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

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

Number of hours

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

Second or additional jobs

206 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.

Yes, I had 2 jobs.

Yes, I had more than 2 jobs.

No

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/> → 216	<input type="checkbox"/> → 216	<input type="checkbox"/> → 216	<input type="checkbox"/> → 216	<input type="checkbox"/> → 216

207 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. 117: **11** "Marginal employment".

Yes, a 603-euros job, mini-job (average maximum earnings of 603 euros per month)

Yes, short-term employment (a maximum of 3 months or 70 days worked per year)

Yes, a one-euro job (job opportunity for people receiving citizen's benefit)

No

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

208 How often do you work in your additional job?

Regularly

Irregularly, occasionally

On a seasonal basis

	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"/>

209 What is your status in your additional job?

i See also p. 116: 10 "Categorisation of job".

Self-employed person, freelancer

without employees 1 ☐ Person 1 ☐ Person 2 ☐ Person 3 ☐ Person 4 ☐ Person 5

with employees 2 ☐ ☐ ☐ ☐ ☐

Unpaid family worker in a family business 3 ☐ ☐ ☐ ☐ ☐

Public official, judge 4 ☐ ☐ ☐ ☐ ☐

Salary earner, wage earner (not including apprentices) 5 ☐ ☐ ☐ ☐ ☐

210 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

211 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

212 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)

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

No

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

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

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

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

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

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

See also p. 117: **12** "Establishment (location)".

Person 1

Person 2

Person 3

Person 4

Person 5

214 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"/>

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

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

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

Number of hours

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

216	Were you aged 16 years or over on 31 December 2025?		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"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219

217	Thinking of your main or additional jobs: What is the total hours you usually work per week?		Person 1	Person 2	Person 3	Person 4	Person 5
	Less than 30 hours per week	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	30 hours per week and more	2	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219

218	Why do you work less than 30 hours per week?		Person 1	Person 2	Person 3	Person 4	Person 5
	<i>If there are several reasons, please indicate the main one.</i>						
	School or vocational education, advanced training, studies	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Illness or health problem	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I would like to work more hours but cannot find a job with 30 or more hours.	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I do not want to work 30 hours or more.	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The hours I work in all jobs correspond to a full-time job.	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Housework, looking after children or other people	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other reason	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Desired number of working hours

219	Would you like to retain your normal weekly working hours or to change them, subject to corresponding adjustment in earnings?		Person 1	Person 2	Person 3	Person 4	Person 5
	i The weekly working hours include the hours worked in the main job as well as in second and additional jobs.						
	Retain	1	<input type="checkbox"/> → 223	<input type="checkbox"/> → 223	<input type="checkbox"/> → 223	<input type="checkbox"/> → 223	<input type="checkbox"/> → 223
	Increase	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reduce	3	<input type="checkbox"/> → 222	<input type="checkbox"/> → 222	<input type="checkbox"/> → 222	<input type="checkbox"/> → 222	<input type="checkbox"/> → 222

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

- 221 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"/>

- 222 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"/>

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

- 223 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 → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
No → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253

Last job or absence from work

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

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

Former unpaid family workers please mark "Yes".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236

- 225 Did you work for more than 3 months in that job?**

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

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

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

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

Reasons related to the labour market

	Person 1	Person 2	Person 3	Person 4	Person 5
Dismissal (including closure of establishment) 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 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

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

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

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

i See also p. 116: **10** "Categorisation of job".

Self-employed person, freelancer

	Person 1	Person 2	Person 3	Person 4	Person 5
without employees 1	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
with employees 2	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Unpaid family worker in a family business 3	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Public official (not including candidates), judge 4	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Salary earner, wage earner (not including apprentices) 5	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
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"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Intern, trainee (including paid practical training or internship) 9	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Temporary or professional soldier 10	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Person doing compulsory military/civilian service 11	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
In voluntary military service 12	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
In the Federal Volunteer Service (also social, ecological or cultural year) 13	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230

229 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"/>

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



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

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



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

232 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"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes, supervisory duties

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

No

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

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

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

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

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

See also p. 117: **12** "Establishment (location)".

Person 1	
Person 2	
Person 3	
Person 4	
Person 5	

234 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"/>

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

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

236 Are you 90 years or older?

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
No	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

237 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"/> → 239	<input type="checkbox"/> → 239	<input type="checkbox"/> → 239	<input type="checkbox"/> → 239	<input type="checkbox"/> → 239

238 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"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249
Contacted private employment organisations	2	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249
Placed job wanted advertisements	3	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249
Responded to job offers	4	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249
Sent off unsolicited applications	5	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249
Asked friends, relatives, acquaintances	6	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249
Looked through job offers	7	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249
Took tests, interviews, exams	8	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249
Placed or updated online CVs	9	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249
Searched for premises, offices, equipment for self-employment or a freelance job	10	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249
Applied for licences, concessions or financial resources for self-employment or a freelance job	10	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249
Took other action for self-employment or a freelance job	11	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249
Took other action	12	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249

239 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"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249
Yes, I found a job in the reference week but have not started it yet.	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I did not look for or find a job in the reference week.	8	<input type="checkbox"/> → 241	<input type="checkbox"/> → 241	<input type="checkbox"/> → 241	<input type="checkbox"/> → 241	<input type="checkbox"/> → 241

240 When will you start your new job?

		Person 1	Person 2	Person 3	Person 4	Person 5
Within the 3 months after the reference week	1	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249
Later, that is, more than 3 months after the reference week	8	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249

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

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

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8	<input type="checkbox"/> → 247	<input type="checkbox"/> → 247	<input type="checkbox"/> → 247	<input type="checkbox"/> → 247	<input type="checkbox"/> → 247

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

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

		Person 1	Person 2	Person 3	Person 4	Person 5
No suitable job available	1	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244
I am awaiting re-employment (following temporary lay-off).	2	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244
Own illness, consequences of an accident	3	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244
Permanently reduced earning capacity, permanent disability	4	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244
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"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244
Other personal responsibilities	9	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244
School or vocational education, studies	10	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244
Retirement	11	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244
Other main reason	12	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244

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

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

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

244 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"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
No	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
School or vocational education, studies 1	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
Own illness, consequences of an accident 2	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
Permanently reduced earning capacity, permanent disability 3	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
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"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
Other personal responsibilities 8	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
Retirement 9	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
Other main reason 10	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
There is no adequate care available in the vicinity. 1	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
There is no adequate care available at the relevant times of the day. 2	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
Adequate care is too expensive. 3	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
I want to do it myself. 4	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
Other essential reasons 5	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253

247 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"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
Own illness, consequences of an accident 2	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
Permanently reduced earning capacity, permanent disability 3	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
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"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
Other personal responsibilities 8	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
Retirement 9	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
Other main reason 10	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
There is no adequate care available in the vicinity. 1	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
There is no adequate care available at the relevant times of the day. 2	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
Adequate care is too expensive. 3	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
I want to do it myself. 4	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
Other essential reasons 9	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253

249 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"/>

250 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"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
School or vocational education, studies 1	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
Own illness, consequences of an accident 2	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
Permanently reduced earning capacity, permanent disability 3	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
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"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
Other personal responsibilities 8	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
Retirement 9	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
Other main reason 10	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253

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

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

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

Self-assessment of life situation in the reference week and other information on employment

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

i See also p. 116:

8 "Partial retirement" and

9 "Caregiver Leave Act/Family Caregiver Leave Act".

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

on parental leave 1 ☐ ☐ ☐ ☐ ☐

in partial retirement 2 ☐ ☐ ☐ ☐ ☐

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

partly released from work under the Family Caregiver Leave Act 4 ☐ ☐ ☐ ☐ ☐

Salary earner, wage earner, public official (including temporary or professional soldiers, apprentices) **not** on parental leave/in partial retirement/released from work 5 ☐ ☐ ☐ ☐ ☐

Self-employed person, freelancer:

without employees 6 ☐ ☐ ☐ ☐ ☐

with employees 7 ☐ ☐ ☐ ☐ ☐

Unpaid family worker in a family business 8 ☐ ☐ ☐ ☐ ☐

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

Pupil, student 10 ☐ ☐ ☐ ☐ ☐

Retired or in early retirement 11 ☐ ☐ ☐ ☐ ☐

Unemployed 12 ☐ ☐ ☐ ☐ ☐

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

Permanently unfit for work 14 ☐ ☐ ☐ ☐ ☐

Other 15 ☐ ☐ ☐ ☐ ☐

254 Were you aged 16 years or over on 31 December 2025?

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"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263

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

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

Year of entering employment

Not applicable9999

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"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263

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

i Only count the years in which you were actually in employment.

This also includes apprenticeships/company-based vocational training and training at a vocational academy/cooperative state university.

Please round up to full years.

Number of years

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"/>

257 Do you do at least 1 hour of paid work (second job) in a usual week, although you are mainly not in employment (see question 253, answers 10-15)?

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"/> → 262	<input type="checkbox"/> → 262	<input type="checkbox"/> → 262	<input type="checkbox"/> → 262	<input type="checkbox"/> → 262

258 What was your status in your last main job?

i See also p. 116: **10** "Categorisation of job".

Self-employed person

	Person 1	Person 2	Person 3	Person 4	Person 5
freelancer without employees 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 (not including candidates), judge 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary earner, wage earner (not including apprentices) 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprentice/trainee receiving remuneration 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate public official 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intern, trainee (including paid practical training or internship) 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary or professional soldier 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person doing compulsory military/civilian service 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In voluntary military service 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the Federal Volunteer Service (also social, ecological or cultural year) 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable 99	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263

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

i For example:

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

Person 1	
Person 2	
Person 3	
Person 4	
Person 5	

260 What was the title of your last main job?

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

Person 1	
Person 2	
Person 3	
Person 4	
Person 5	

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

- i** If the establishment has **several locations**, please enter the main activity of the location, not of the whole enterprise.
- If you were **a temporary employee**, please enter the branch of activity of your last main job.
- Please state the **branch of activity** as accurately as possible, for example:
- food retailing (not: trade)
 - machine tool industry (not: factory)
 - facility management, caretaker service
 - business consultancy (not: services)
 - software development (not: IT)

See also p. 117: **12** "Establishment (location)".

Person 1	
Person 2	
Person 3	
Person 4	
Person 5	

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

No unemployment in the last 5 years

Duration of the last unemployment in months

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

263 Which are your main sources of livelihood?

i See also p. 117: 14 "Main sources of livelihood".

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

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

i The **personal net income** is calculated as gross earnings less taxes and less contributions to health, long-term care and unemployment insurance as well as to statutory pension insurance.

This includes:

- earnings from main and second job(s), extra payments (e.g. Christmas bonus, severance pay, bonus payments)
- pensions
- unemployment benefit I, citizen's benefit
- basic security in old age and in cases of reduced earning capacity, assistance for nursing care, continuous subsistence payments and other public assistance benefits
- family-related social benefits (e.g. children's allowance, parental allowance, supplementary child benefit, maternity benefit, maintenance advance payment)
- other public benefits (e.g. housing and heating benefits, housing allowance, foster care allowance, long-term care allowance, training assistance (BAföG))
- 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. 117: **15** "Net income".

Personal net income:

Code from list 264

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 264

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

265 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.

Monthly amount (full euros)

Net household income

If you cannot specify an exact amount, please indicate the applicable net household income code:

Code from list 265

List 265

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

Development of the household income

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

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

The net household income has increased. 1 ☐

The net household income is more or less unchanged. 2 ☐ → 269

The net household income has decreased. 3 ☐ → 268

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

Pay rise or working more hours 1 ☐ → 269

Return to work after illness, parental leave, childcare or looking after ill people or people in need of care 2 ☐ → 269

Change of job or new job 3 ☐ → 269

Change in household composition 4 ☐ → 269

Increase in social benefits or transfer payments 5 ☐ → 269

Indexation or reassessment of salary (only for employees in Belgium or Luxembourg) 6 ☐ → 269

Other reasons 7 ☐ → 269

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

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

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

The future net household income ...

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

270 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

271 Do you hold a general school certificate?

- | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No/Not yet | <input type="checkbox"/> → 275 | <input type="checkbox"/> → 275 | <input type="checkbox"/> → 275 | <input type="checkbox"/> → 275 | <input type="checkbox"/> → 275 |

272 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"/>

273 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"/> → 275	<input type="checkbox"/> → 275	<input type="checkbox"/> → 275	<input type="checkbox"/> → 275	<input type="checkbox"/> → 275
Abroad 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

274 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"/>

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

i People who have completed a pre-vocational training year, on-the-job training or an internship of at least 12 months should also indicate "Yes" here.

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 277	<input type="checkbox"/> → 277	<input type="checkbox"/> → 277	<input type="checkbox"/> → 277	<input type="checkbox"/> → 277
No/Not yet 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	↳ 283	↳ 283	↳ 283	↳ 283	↳ 283
Not applicable as I have no general school certificate (yet).	<input type="checkbox"/> → 283	<input type="checkbox"/> → 283	<input type="checkbox"/> → 283	<input type="checkbox"/> → 283	<input type="checkbox"/> → 283

277 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"/>

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

Germany 1

Abroad 2

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"/>

279 Which is your highest qualification?

Please convert qualifications gained abroad to German equivalents.

Vocational qualification attained

Apprenticeship, vocational training in the dual system 4

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

Preparatory training for the intermediate service in public administration 6

On-the-job training 7

Internship 2

Pre-vocational training year 3

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

one year (e.g. geriatric care assistant) 7

two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant) 8

three years (e.g. physiotherapy, medical laboratory assistant, geriatric care) 9

Nursery teacher/educator 10

Master craftsman/craftswoman 11

Technician's qualification or equivalent trade and technical school certificate 12

Specialised and engineering schools of the GDR 13

Specialised academy (in Bayern only) 14

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282
<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282
<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282
<input type="checkbox"/> → 283	<input type="checkbox"/> → 283	<input type="checkbox"/> → 283	<input type="checkbox"/> → 283	<input type="checkbox"/> → 283
<input type="checkbox"/> → 283	<input type="checkbox"/> → 283	<input type="checkbox"/> → 283	<input type="checkbox"/> → 283	<input type="checkbox"/> → 283
<input type="checkbox"/> → 283	<input type="checkbox"/> → 283	<input type="checkbox"/> → 283	<input type="checkbox"/> → 283	<input type="checkbox"/> → 283
<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282
<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282
<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282
<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282
<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282
<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282	<input type="checkbox"/> → 282

Please turn the page for more qualifications.

still:

279 Higher education institutions

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Vocational academy 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College of public administration 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University of applied sciences (also college of engineering), cooperative state university (in Baden-Württemberg, Schleswig-Holstein and Thüringen) 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University (also college of art and music, college of education, college of theology) 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctoral degree 19	<input type="checkbox"/> → 281	<input type="checkbox"/> → 281	<input type="checkbox"/> → 281	<input type="checkbox"/> → 281	<input type="checkbox"/> → 281

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

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

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

Person 1	
Person 2	
Person 3	
Person 4	
Person 5	

283 Were you aged 16 years or over on 31 December 2025?

	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"/> → 285	<input type="checkbox"/> → 285	<input type="checkbox"/> → 285	<input type="checkbox"/> → 285	<input type="checkbox"/> → 285

284 Did you ever start school education, vocational training or higher education, but then discontinued it without obtaining a qualification?

i This also includes changing your field of study during training or higher education.

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

Continuing education and training

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

i By training, we mean all continuing education measures

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

It also includes continuing education that is still ongoing.

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

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

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

Pension insurance

286 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"/> → 288	<input type="checkbox"/> → 288	<input type="checkbox"/> → 288	<input type="checkbox"/> → 288	<input type="checkbox"/> → 288
No	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

i See also p. 117:

16 "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

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

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

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

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

289 Were you aged 16 years or over on 31 December 2025?

	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

Health insurance coverage

290 What kind of health insurance did you have in 2025?

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

By statutory health insurance

Compulsory insurance for myself (number of months)

Voluntary insurance for myself (number of months)

Family member's insurance (number of months)

Student covered by students' health insurance (number of months)

Student covered by voluntary insurance (number of months)

Private health insurance

Insurance for myself (number of months)

Family member's insurance (number of months)

Student's insurance (number of months)

I was entitled to free statutory medical care for soldiers etc. (number of months)

I was not insured (number of months)

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

291 How is your health in general?*Please mark only one box.*

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

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

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

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

293 Are you restricted from activities in normal everyday life due to a health problem? Would you say you are ...

		Person 1	Person 2	Person 3	Person 4	Person 5
Severely limited	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited but not severely	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not limited	8	<input type="checkbox"/> → 295	<input type="checkbox"/> → 295	<input type="checkbox"/> → 295	<input type="checkbox"/> → 295	<input type="checkbox"/> → 295

294 How long have you been affected by the limitations?

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

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

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, no need for any examination or treatment	8	<input type="checkbox"/> → 298	<input type="checkbox"/> → 298	<input type="checkbox"/> → 298	<input type="checkbox"/> → 298	<input type="checkbox"/> → 298

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

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1	<input type="checkbox"/> → 298	<input type="checkbox"/> → 298	<input type="checkbox"/> → 298	<input type="checkbox"/> → 298	<input type="checkbox"/> → 298
No, there was at least one occasion when I did not have an examination or treatment.	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Please mark only one box.

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, no need for any examination or treatment 8	<input type="checkbox"/> → 301	<input type="checkbox"/> → 301	<input type="checkbox"/> → 301	<input type="checkbox"/> → 301	<input type="checkbox"/> → 301

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 301	<input type="checkbox"/> → 301	<input type="checkbox"/> → 301	<input type="checkbox"/> → 301	<input type="checkbox"/> → 301
No, there was at least one occasion when I did not have an examination or treatment. 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

300 What was your main reason for not having this other medical examination or treatment?

Please mark only one box.

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

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

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

Yes 1 ☐

No, I cannot afford it. 2 ☐

No, for other reasons 3 ☐

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

Yes 1 ☐

No, I cannot afford it. 2 ☐

No, for other reasons 3 ☐

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

Yes 1 ☐

No, I cannot afford it. 2 ☐

No, for other reasons 3 ☐

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

Yes 1 ☐

No, I cannot afford it. 2 ☐

No, for other reasons 3 ☐

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

Yes 1 ☐

No, I cannot afford it. 2 ☐

No, for other reasons 3 ☐

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

Yes 1 ☐

No, I cannot afford it. 2 ☐

No, for other reasons 3 ☐

Person 1

Person 2

Person 3

Person 4

Person 5

302 Overall, how satisfied are you with your life?

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

Please mark only one box.

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

303 Some say that you can trust most people. Others think that you cannot be careful enough with other people. Do you think that one can trust most people?

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

Please mark only one box.

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

304 Overall, how satisfied are you with your current job?

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

If you are not employed, please select "Not applicable".

Please mark only one box.

	Not at all satisfied										Completely satisfied		Don't know	Not applicable
	0	1	2	3	4	5	6	7	8	9	10	99		
Person 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Person 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Person 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Person 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Person 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

i This refers to people not living in your household.

Yes	1	<input type="checkbox"/>	Person 1	<input type="checkbox"/> → p. 91, 306	Person 2	<input type="checkbox"/> → p. 97, 306	Person 3	<input type="checkbox"/> → p. 103, 306	Person 4	<input type="checkbox"/> → p. 109, 306
No	8	<input type="checkbox"/>		<input type="checkbox"/> → p. 91, 306		<input type="checkbox"/> → p. 97, 306		<input type="checkbox"/> → p. 103, 306		<input type="checkbox"/> → p. 109, 306

Muster

Note!

Please enter your name in the box at the side.

Person 1:

306 Was your situation unchanged over the entire year of 2025?

If yes, please enter the code from list:

List 306 → 307

If no, please enter for each month the code that mainly applied in that month: List 306

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

List 306

Employee, public official (including temporary or professional soldier)		Voluntary social/ecological/cultural year, in the Federal Volunteer Service or in voluntary military service	21
Full-time	1	Pupil, person in non-remunerated vocational training, student	15
Part-time	2	Pensioner	16
Self-employed person, freelancer		Unemployed	17
Full-time	3	Housewife/househusband	18
Part-time	4	Permanently unfit for work	19
In marginal employment	5	Other	20
Person in employment:			
on parental leave	6		
in partial retirement (also leave for long-term care)	7		
Apprentice receiving apprenticeship pay	10		
Unpaid family worker in a family business			
Full-time	11		
Part-time	12		

307 Were you registered as unemployed with the Federal Employment Agency in 2025?Yes 1 ☐No 8 ☐ → 309**308 Were you registered as unemployed with the Federal Employment Agency for the entire period of unemployment in 2025?**Yes 1 ☐No, only for part of the period of unemployment 8 ☐

309 Thinking of your main or additional jobs: How many hours per week did you usually work in 2025?

Number of hours

Not applicable as I was not in employment in the entire calendar year of 2025. 8 ☐

Income from employment in 2025

310 Did you receive income (wage/salary) as an employee in 2025?

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

Yes 1 ☐

No 8 ☐ → 314

311 Did you receive the following types of income (wage/salary) as an employee or public official in 2025?

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

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

312 Did you receive one or more of the following extra payments in 2025?

i Please enter the net amount.

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

313 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2025?

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

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

314 Did you receive income from self-employment or freelance work in 2025?

Yes 1 ☐

No 8 ☐ → 316

315 What was your income from self-employment or freelance work in 2025?

i Please also take into account withdrawals in kind or profits from the business assets.

If you generated negative income (losses) in total in 2025, please enter this amount with a minus sign.

Gross annual amount (full euros)

Income

Income from pensions in 2025

316 Did you receive pensions based on your own entitlements in 2025?

Yes 1 ☐

No 8 ☐ → 318

317 What income from pensions based on your own entitlements did you receive in 2025?

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

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Old-age pension from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension (retirement pension)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from the supplementary pension funds for public service employees	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Company pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from occupational pension funds or from the agricultural pension fund	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension due to incapacity for work	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Injury pension from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension on account of reduced earning capacity from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from abroad	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
War pension, victim's pension for SED injustice or equalisation of burdens pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

318 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2025?

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

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

319 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2025?

Please mark all relevant boxes.

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

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

Income from other public institutions in 2025

320 Did you receive unemployment benefit or other benefits from the employment agency in 2025?

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

321 Did you receive the following benefits for initial or continuing vocational education and training from the employment agency in 2025?

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

322 Did you receive any of the following benefits in 2025?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Public promotion of education and training (training assistance (BAföG), scholarship/grant), vocational training allowance, grants towards upgrading training under the Upgrading Training Assistance Act	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Parental allowance, parental allowance 'Plus'	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Long-term care allowance from statutory long-term care insurance	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Carer's grant from statutory long-term care insurance	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="text"/>		Annual amount (full euros) <input type="text"/>
Maternity payments from statutory health insurance	<input type="checkbox"/>	<input type="checkbox"/>			
Maternity payments from the Federal Office for Social Security (BAS)	<input type="checkbox"/>	<input type="checkbox"/>			

still:

322 Did you receive any of the following benefits in 2025?	No	Yes	Number of months
Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Sickness pay from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Injury benefit or transitional allowance from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Transitional allowance from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Blindness benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>

Private old-age provision and benefits from private old-age provision in 2025

323 Did you make contributions to private old-age provision in 2025 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)?	No	Yes	Number of months	Amount per month (full euros)
.....	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

324 Did you receive a pension from private old-age provision in 2025 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)?	No	Yes	Number of months	Amount per month (full euros)
.....	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

Participation in the survey

325 Have you answered the questions yourself?

Yes 1 ☐ → 327

No, another household member has answered the questions. 2 ☐

No, someone not living in the household has answered the questions. 3 ☐ → 327

326 Which household member has answered the questions?

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

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

Number of minutes

Note!

Please enter your name in the box at the side.

306 Was your situation unchanged over the entire year of 2025?

If yes, please enter the code from list:

List 306 → 307

If no, please enter for each month the code that mainly applied in that month: List 306

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

List 306

Employee, public official (including temporary or professional soldier)		Voluntary social/ecological/cultural year, in the Federal Volunteer Service or in voluntary military service	21
Full-time	1	Pupil, person in non-remunerated vocational training, student	15
Part-time	2	Pensioner	16
Self-employed person, freelancer		Unemployed	17
Full-time	3	Housewife/househusband	18
Part-time	4	Permanently unfit for work	19
In marginal employment	5	Other	20
Person in employment:			
on parental leave	6		
in partial retirement (also leave for long-term care)	7		
Apprentice receiving apprenticeship pay	10		
Unpaid family worker in a family business			
Full-time	11		
Part-time	12		

307 Were you registered as unemployed with the Federal Employment Agency in 2025?Yes 1 ☐No 8 ☐ → 309**308 Were you registered as unemployed with the Federal Employment Agency for the entire period of unemployment in 2025?**Yes 1 ☐No, only for part of the period of unemployment 8 ☐

309 Thinking of your main or additional jobs: How many hours per week did you usually work in 2025?

Number of hours

Not applicable as I was not in employment in the entire calendar year of 2025. 8 ☐

Income from employment in 2025

310 Did you receive income (wage/salary) as an employee in 2025?

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

Yes 1 ☐

No 8 ☐ → 314

311 Did you receive the following types of income (wage/salary) as an employee or public official in 2025?

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

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

312 Did you receive one or more of the following extra payments in 2025?

i Please enter the net amount.

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

313 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2025?

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

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

314 Did you receive income from self-employment or freelance work in 2025?

Yes 1 ☐

No 8 ☐ → 316

315 What was your income from self-employment or freelance work in 2025?

i Please also take into account withdrawals in kind or profits from the business assets.

If you generated negative income (losses) in total in 2025, please enter this amount with a minus sign.

Gross annual amount (full euros)

Income

Income from pensions in 2025

316 Did you receive pensions based on your own entitlements in 2025?

Yes 1 ☐

No 8 ☐ → 318

317 What income from pensions based on your own entitlements did you receive in 2025?

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

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Old-age pension from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension (retirement pension)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from the supplementary pension funds for public service employees	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Company pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from occupational pension funds or from the agricultural pension fund	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension due to incapacity for work	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Injury pension from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension on account of reduced earning capacity from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from abroad	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
War pension, victim's pension for SED injustice or equalisation of burdens pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

318 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2025?

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

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

319 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2025?

Please mark all relevant boxes.

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

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

Income from other public institutions in 2025

320 Did you receive unemployment benefit or other benefits from the employment agency in 2025?

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

321 Did you receive the following benefits for initial or continuing vocational education and training from the employment agency in 2025?

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

322 Did you receive any of the following benefits in 2025?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Public promotion of education and training (training assistance (BAföG), scholarship/grant), vocational training allowance, grants towards upgrading training under the Upgrading Training Assistance Act	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Parental allowance, parental allowance 'Plus'	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Long-term care allowance from statutory long-term care insurance	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Carer's grant from statutory long-term care insurance	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="text"/>		Annual amount (full euros) <input type="text"/>
Maternity payments from statutory health insurance	<input type="checkbox"/>	<input type="checkbox"/>			
Maternity payments from the Federal Office for Social Security (BAS)	<input type="checkbox"/>	<input type="checkbox"/>			

still:

322 Did you receive any of the following benefits in 2025?	No	Yes	Number of months
Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Sickness pay from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Injury benefit or transitional allowance from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Transitional allowance from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Blindness benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>

Private old-age provision and benefits from private old-age provision in 2025

323 Did you make contributions to private old-age provision in 2025 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)?	No	Yes	Number of months	Amount per month (full euros)
.....	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

324 Did you receive a pension from private old-age provision in 2025 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)?	No	Yes	Number of months	Amount per month (full euros)
.....	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

Participation in the survey

325 Have you answered the questions yourself?

Yes 1 ☐ → 327

No, another household member has answered the questions. 2 ☐

No, someone not living in the household has answered the questions. 3 ☐ → 327

326 Which household member has answered the questions?

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

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

Number of minutes

Note!

Please enter your name in the box at the side.

306 Was your situation unchanged over the entire year of 2025?

If yes, please enter the code from list:

List 306 → 307

If no, please enter for each month the code that mainly applied in that month: List 306

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

List 306

Employee, public official (including temporary or professional soldier)		Voluntary social/ecological/cultural year, in the Federal Volunteer Service or in voluntary military service	21
Full-time	1	Pupil, person in non-remunerated vocational training, student	15
Part-time	2	Pensioner	16
Self-employed person, freelancer		Unemployed	17
Full-time	3	Housewife/househusband	18
Part-time	4	Permanently unfit for work	19
In marginal employment	5	Other	20
Person in employment:			
on parental leave	6		
in partial retirement (also leave for long-term care)	7		
Apprentice receiving apprenticeship pay	10		
Unpaid family worker in a family business			
Full-time	11		
Part-time	12		

307 Were you registered as unemployed with the Federal Employment Agency in 2025?Yes 1 ☐No 8 ☐ → 309**308 Were you registered as unemployed with the Federal Employment Agency for the entire period of unemployment in 2025?**Yes 1 ☐No, only for part of the period of unemployment 8 ☐

309 Thinking of your main or additional jobs: How many hours per week did you usually work in 2025?

Number of hours

Not applicable as I was not in employment in the entire calendar year of 2025. 8 ☐

Income from employment in 2025

310 Did you receive income (wage/salary) as an employee in 2025?

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

Yes 1 ☐

No 8 ☐ → 314

311 Did you receive the following types of income (wage/salary) as an employee or public official in 2025?

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

Wage/salary from main job (not including extra payments such as Christmas bonus or other bonuses, not including company car and not including children's allowance) 8 ☐

Number of months	Net amount per month (full euros)	Annual net amount (full euros)
Yes <input type="checkbox"/> →	<input type="text"/>	or <input type="text"/>

Wage/salary from second job (not including extra payments) 8 ☐

Number of months	Net amount per month (full euros)	Annual net amount (full euros)
Yes <input type="checkbox"/> →	<input type="text"/>	or <input type="text"/>

312 Did you receive one or more of the following extra payments in 2025?

i Please enter the net amount.

Christmas bonus 8 ☐ No Yes Net annual amount (full euros) ☐ →

Vacation bonus 8 ☐ No Yes Net annual amount (full euros) ☐ →

Other bonuses and shares in profits 8 ☐ No Yes Net annual amount (full euros) ☐ →

Severance pay in case of dismissal for operational reasons (before reaching retirement age) 8 ☐ No Yes Net annual amount (full euros) ☐ →

Severance pay in case of retirement 8 ☐ No Yes Net annual amount (full euros) ☐ →

Early retirement payments 8 ☐ No Yes Net annual amount (full euros) ☐ →

313 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2025?

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

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

314 Did you receive income from self-employment or freelance work in 2025?

Yes 1 ☐

No 8 ☐ → 316

315 What was your income from self-employment or freelance work in 2025?

i Please also take into account withdrawals in kind or profits from the business assets.

If you generated negative income (losses) in total in 2025, please enter this amount with a minus sign.

Gross annual amount (full euros)

Income

Income from pensions in 2025

316 Did you receive pensions based on your own entitlements in 2025?

Yes 1 ☐

No 8 ☐ → 318

317 What income from pensions based on your own entitlements did you receive in 2025?

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

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Old-age pension from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension (retirement pension)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from the supplementary pension funds for public service employees	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Company pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from occupational pension funds or from the agricultural pension fund	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension due to incapacity for work	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Injury pension from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension on account of reduced earning capacity from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from abroad	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
War pension, victim's pension for SED injustice or equalisation of burdens pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

318 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2025?

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

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

319 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2025?

Please mark all relevant boxes.

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

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

Income from other public institutions in 2025

320 Did you receive unemployment benefit or other benefits from the employment agency in 2025?

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

321 Did you receive the following benefits for initial or continuing vocational education and training from the employment agency in 2025?

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

322 Did you receive any of the following benefits in 2025?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Public promotion of education and training (training assistance (BAföG), scholarship/grant), vocational training allowance, grants towards upgrading training under the Upgrading Training Assistance Act	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Parental allowance, parental allowance 'Plus'	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Long-term care allowance from statutory long-term care insurance	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Carer's grant from statutory long-term care insurance	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="text"/>		Annual amount (full euros) <input type="text"/>
Maternity payments from statutory health insurance	<input type="checkbox"/>	<input type="checkbox"/>			
Maternity payments from the Federal Office for Social Security (BAS)	<input type="checkbox"/>	<input type="checkbox"/>			

still:

322 Did you receive any of the following benefits in 2025?	No	Yes	Number of months
Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Sickness pay from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Injury benefit or transitional allowance from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Transitional allowance from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Blindness benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>

Private old-age provision and benefits from private old-age provision in 2025

323 Did you make contributions to private old-age provision in 2025 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)?	No	Yes	Number of months	Amount per month (full euros)
.....	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

324 Did you receive a pension from private old-age provision in 2025 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)?	No	Yes	Number of months	Amount per month (full euros)
.....	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

Participation in the survey

325 Have you answered the questions yourself?

Yes 1 ☐ → 327

No, another household member has answered the questions. 2 ☐

No, someone not living in the household has answered the questions. 3 ☐ → 327

326 Which household member has answered the questions?

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

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

Number of minutes

Note!

Please enter your name in the box at the side.

306 Was your situation unchanged over the entire year of 2025?

If yes, please enter the code from list:

List 306 → 307

If no, please enter for each month the code that mainly applied in that month: List 306

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

List 306

Employee, public official (including temporary or professional soldier)		Voluntary social/ecological/cultural year, in the Federal Volunteer Service or in voluntary military service	21
Full-time	1	Pupil, person in non-remunerated vocational training, student	15
Part-time	2	Pensioner	16
Self-employed person, freelancer		Unemployed	17
Full-time	3	Housewife/househusband	18
Part-time	4	Permanently unfit for work	19
In marginal employment	5	Other	20
Person in employment:			
on parental leave	6		
in partial retirement (also leave for long-term care)	7		
Apprentice receiving apprenticeship pay	10		
Unpaid family worker in a family business			
Full-time	11		
Part-time	12		

307 Were you registered as unemployed with the Federal Employment Agency in 2025?Yes 1 ☐No 8 ☐ → 309**308 Were you registered as unemployed with the Federal Employment Agency for the entire period of unemployment in 2025?**Yes 1 ☐No, only for part of the period of unemployment 8 ☐

Person 4:

309 Thinking of your main or additional jobs: How many hours per week did you usually work in 2025?

Number of hours

Not applicable as I was not in employment in the entire calendar year of 2025. 8 ☐

Income from employment in 2025

310 Did you receive income (wage/salary) as an employee in 2025?

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

Yes 1 ☐

No 8 ☐ → 314

311 Did you receive the following types of income (wage/salary) as an employee or public official in 2025?

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

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

312 Did you receive one or more of the following extra payments in 2025?

i Please enter the net amount.

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

313 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2025?

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

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

314 Did you receive income from self-employment or freelance work in 2025?

Yes 1 ☐

No 8 ☐ → 316

315 What was your income from self-employment or freelance work in 2025?

i Please also take into account withdrawals in kind or profits from the business assets.

If you generated negative income (losses) in total in 2025, please enter this amount with a minus sign.

Gross annual amount (full euros)

Income

Income from pensions in 2025

316 Did you receive pensions based on your own entitlements in 2025?

Yes 1 ☐

No 8 ☐ → 318

317 What income from pensions based on your own entitlements did you receive in 2025?

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

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Old-age pension from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension (retirement pension)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from the supplementary pension funds for public service employees	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Company pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from occupational pension funds or from the agricultural pension fund	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension due to incapacity for work	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Injury pension from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension on account of reduced earning capacity from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from abroad	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
War pension, victim's pension for SED injustice or equalisation of burdens pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

318 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2025?

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

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

319 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2025?

Please mark all relevant boxes.

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

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

Income from other public institutions in 2025

320 Did you receive unemployment benefit or other benefits from the employment agency in 2025?

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

321 Did you receive the following benefits for initial or continuing vocational education and training from the employment agency in 2025?

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

322 Did you receive any of the following benefits in 2025?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Public promotion of education and training (training assistance (BAföG), scholarship/grant), vocational training allowance, grants towards upgrading training under the Upgrading Training Assistance Act	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Parental allowance, parental allowance 'Plus'	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Long-term care allowance from statutory long-term care insurance	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Carer's grant from statutory long-term care insurance	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="text"/>		Annual amount (full euros) <input type="text"/>
Maternity payments from statutory health insurance	<input type="checkbox"/>	<input type="checkbox"/>			
Maternity payments from the Federal Office for Social Security (BAS)	<input type="checkbox"/>	<input type="checkbox"/>			

still:

322 Did you receive any of the following benefits in 2025?	No	Yes	Number of months
Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Sickness pay from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Injury benefit or transitional allowance from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Transitional allowance from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Blindness benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>

Private old-age provision and benefits from private old-age provision in 2025

323 Did you make contributions to private old-age provision in 2025 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)?	No	Yes	Number of months	Amount per month (full euros)
.....	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

324 Did you receive a pension from private old-age provision in 2025 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)?	No	Yes	Number of months	Amount per month (full euros)
.....	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

Participation in the survey

325 Have you answered the questions yourself?

Yes 1 ☐ → 327

No, another household member has answered the questions. 2 ☐

No, someone not living in the household has answered the questions. 3 ☐ → 327

326 Which household member has answered the questions?

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

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

Number of minutes

**Note!**

Please enter your name in the box at the side.

306 Was your situation unchanged over the entire year of 2025?

If yes, please enter the code from list:

List 306 → 307

If no, please enter for each month the code that mainly applied in that month: List 306

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

List 306

Employee, public official (including temporary or professional soldier)		Voluntary social/ecological/cultural year, in the Federal Volunteer Service or in voluntary military service	21
Full-time	1		
Part-time	2	Pupil, person in non-remunerated vocational training, student	15
Self-employed person, freelancer		Pensioner	16
Full-time	3	Unemployed	17
Part-time	4	Housewife/househusband	18
In marginal employment	5	Permanently unfit for work	19
Person in employment:		Other	20
on parental leave	6		
in partial retirement (also leave for long-term care)	7		
Apprentice receiving apprenticeship pay	10		
Unpaid family worker in a family business			
Full-time	11		
Part-time	12		

307 Were you registered as unemployed with the Federal Employment Agency in 2025?

Yes 1 ☐

No 8 ☐ → 309

308 Were you registered as unemployed with the Federal Employment Agency for the entire period of unemployment in 2025?

Yes 1 ☐

No, only for part of the period of unemployment 8 ☐

309 Thinking of your main or additional jobs: How many hours per week did you usually work in 2025?

Number of hours

Not applicable as I was not in employment in the entire calendar year of 2025. 8 ☐

Income from employment in 2025

310 Did you receive income (wage/salary) as an employee in 2025?

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

Yes 1 ☐

No 8 ☐ → 314

311 Did you receive the following types of income (wage/salary) as an employee or public official in 2025?

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

Wage/salary from main job (not including extra payments such as Christmas bonus or other bonuses, not including company car and not including children's allowance)

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

Wage/salary from second job (not including extra payments)

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

312 Did you receive one or more of the following extra payments in 2025?

i Please enter the net amount.

Christmas bonus 8 ☐ 1 ☐ →

Vacation bonus 8 ☐ 1 ☐ →

Other bonuses and shares in profits 8 ☐ 1 ☐ →

Severance pay in case of dismissal for operational reasons (before reaching retirement age) 8 ☐ 1 ☐ →

Severance pay in case of retirement 8 ☐ 1 ☐ →

Early retirement payments 8 ☐ 1 ☐ →

313 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2025?

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

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

314 Did you receive income from self-employment or freelance work in 2025?

Yes 1 ☐

No 8 ☐ → 316

315 What was your income from self-employment or freelance work in 2025?

i Please also take into account withdrawals in kind or profits from the business assets.

If you generated negative income (losses) in total in 2025, please enter this amount with a minus sign.

Income Gross annual amount (full euros)

Income from pensions in 2025

316 Did you receive pensions based on your own entitlements in 2025?

Yes 1 ☐

No 8 ☐ → 318

317 What income from pensions based on your own entitlements did you receive in 2025?

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

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Old-age pension from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension (retirement pension)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from the supplementary pension funds for public service employees	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Company pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from occupational pension funds or from the agricultural pension fund	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Public official's pension due to incapacity for work	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Injury pension from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension on account of reduced earning capacity from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Pension from abroad	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
War pension, victim's pension for SED injustice or equalisation of burdens pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

318 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2025?

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

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

319 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2025?

Please mark all relevant boxes.

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

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

Income from other public institutions in 2025

320 Did you receive unemployment benefit or other benefits from the employment agency in 2025?

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

321 Did you receive the following benefits for initial or continuing vocational education and training from the employment agency in 2025?

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

322 Did you receive any of the following benefits in 2025?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Public promotion of education and training (training assistance (BAföG), scholarship/grant), vocational training allowance, grants towards upgrading training under the Upgrading Training Assistance Act	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Parental allowance, parental allowance 'Plus'	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Long-term care allowance from statutory long-term care insurance	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Carer's grant from statutory long-term care insurance	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="text"/>		Annual amount (full euros) <input type="text"/>
Maternity payments from statutory health insurance	<input type="checkbox"/>	<input type="checkbox"/>			
Maternity payments from the Federal Office for Social Security (BAS)	<input type="checkbox"/>	<input type="checkbox"/>			

still:

322 Did you receive any of the following benefits in 2025?	No	Yes	Number of months
Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Sickness pay from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Injury benefit or transitional allowance from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Transitional allowance from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>
Blindness benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>

Private old-age provision and benefits from private old-age provision in 2025

323 Did you make contributions to private old-age provision in 2025 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)?	No	Yes	Number of months	Amount per month (full euros)
.....	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

324 Did you receive a pension from private old-age provision in 2025 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)?	No	Yes	Number of months	Amount per month (full euros)
.....	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

Participation in the survey

325 Have you answered the questions yourself?

Yes 1 ☐ → 327

No, another household member has answered the questions. 2 ☐

No, someone not living in the household has answered the questions. 3 ☐ → 327

326 Which household member has answered the questions?

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

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

Number of minutes

1 Type of residential building

Single-family house:

A single-family house usually contains one dwelling. Sometimes such a house contains an additional (granny) flat. This is a second dwelling which is however subordinate to the main dwelling. If the additional flat is used by the same household as the main dwelling or if it cannot be used by a separate household (e.g. main door cannot be locked, no sanitary facilities), the house is to be considered as a single-family house. Otherwise, the house with an additional (granny) flat is a multi-family house.

- Detached
A detached single-family house is a building that does not share a wall with any other occupied building.
- Semi-detached
Please indicate semi-detached if the building is joined to just one other building.
- Terraced
A row of more than two single-family houses regardless of whether the building is an end-of-terrace or mid-terrace house.

Multi-family house:

Multi-family houses usually contain several dwellings that can be locked separately.

- Detached
A detached multi-family house is a building that does not share a wall with any other occupied building.
- Terraced
A terraced multi-family house is a building that shares one or more walls with other buildings or parts of buildings. The buildings do not need to have the same design and may be arranged in a staggered line or at different levels. This includes end-of-terrace houses.

2 Dwelling

A dwelling is defined as a self-contained unit for residential use that usually consists of adjoining rooms and enables the occupants to maintain one or several households (e.g. shared dwelling).

Dwellings have a separate entrance with direct access from the outside, a staircase or vestibule. The dwelling may include cellar or attic rooms that have been converted for residential use.

Accordingly, single-family houses, semi-detached houses or terraced houses usually contain 1 dwelling. If there are one or more additional (granny) flats, the number of dwellings increases to 2 or more, provided that the aforementioned conditions apply.

3 Living floor space

The total living floor space of the dwelling is the cumulative floor space of all rooms in the dwelling. Rooms outside the self-contained dwelling (e.g. mansards) and cellar and attic rooms converted for residential use also form part of the dwelling.

The living floor space of a rented dwelling is usually stated in the tenancy agreement.

If you calculate the living floor space yourself please include the individual areas as follows:

- the full living floor space of rooms with a clear height of at least 2 metres;
- half the living floor space of rooms or of floor areas under a sloping ceiling in rooms with a clear height of at least 1 metre but less than 2 metres;
- a quarter of the floor space of balconies, loggias, roof gardens.

4 Main tenant with subtenant

In the case of subletting, please state the monthly rent for the whole dwelling, not just for the dwelling areas occupied by the main tenant.

5 Payment of rent in event of receipt of services from the Employment Agency (Employment Office)

Recipients of benefits whose rent is paid in full or in part by the employment agency (job centre) are to state the full amount of rent and incidental rental expenses paid to the landlord/landlady or property management.

6 Today's territory

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

7 Citizenship

German by birth

Please mark "German by birth" also in these cases:

- Expellees:
People who did not acquire German citizenship by birth but acquired it due to their **recognition as persons of ethnic German origin** in accordance with Section 1 of the Federal Expellees Act **and** who **immigrated** to today's territory of Germany **before 1950**, please mark "German by birth".
For those who immigrated in 1950 or later, please see the notes on ethnic German repatriates.
- If you were temporarily deprived of German citizenship that you had acquired by birth, please mark "German by birth".
- Children of a parent of German citizenship:
Children born within marriage to a German mother and a foreign father after 1 April 1953 and before 1 January 1975 and who, consequently, acquired German citizenship by means of a declaration or by naturalisation please mark "German by birth".
Children born outside marriage to a German father and a foreign mother before 1 July 1993 and who acquired German citizenship by naturalisation please mark "German by birth".
People who acquired German citizenship by legitimation (e.g. subsequent marriage of the parents of a child born outside marriage) by 30 June 1998 please mark "German by birth".
People who have acquired German citizenship since 2021 by means of a declaration in accordance with Section 5 of the Nationality Act please mark "German by birth".
- People born in Saarland:
People born in Saarland between 1947 and 1956, at least one of whose parents had German citizenship when the child was born, please mark "German by birth" even if they had French citizenship at the time of birth.

Ethnic German repatriates with and without naturalisation

- People who came to Germany as ethnic German repatriates between 1993 and 2000 received an official certificate of naturalisation (not a certificate in accordance with Section 7 of the Nationality Act). In this case, please mark "As a naturalised (ethnic) German repatriate".
- For people who have been granted German citizenship on the grounds of their eligibility for naturalisation as an ethnic German repatriate: please mark "As a naturalised (ethnic) German repatriate".
- For people with a certificate in accordance with Section 7 of the Nationality Act: please mark "As a non-naturalised (ethnic) German repatriate".

Notes on "German by naturalisation" in case of marriage

People who acquired German citizenship by marriage or by a declaration or naturalisation due to marriage please mark "German by naturalisation".

8 Partial retirement

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

If you are in the release phase of partial retirement under the block model, please base all your answers regarding your job on the conditions that applied before the release phase commenced.

Example: Before the release phase, you were working full-time in an establishment and had a 39.5 hour working week. Then please enter this information in any questions regarding your occupation, branch of economic activity, duration of employment etc. For the question on the usual number of hours worked, you would then enter the contractually agreed working time of 39.5 hours. Your actual hours of work would be 0 hours.

9 Caregiver Leave Act/Family Caregiver Leave Act

Employees have the right to be temporarily released from work to look after close relatives at home. They may choose between two different release options:

Under the Caregiver Leave Act, employees may be released from work on a full-time or part-time basis for a maximum of six months to look after a close relative in need of care.

Since 2015 there has been a legal right to family caregiver leave. This allows employees to reduce their weekly working hours if they care for relatives in need of care in their home environment.

10 Categorisation of job

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

Public officials include officials employed by the Protestant Church and the Roman Catholic Church. "Insurance officers" and "bank officers" should classify themselves as salary earners, wage earners. This category also includes skilled workers, semi-skilled workers and unskilled workers.

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

Explanatory notes on the questionnaire

11 Marginal employment

In the case of marginal employment, that is, a 603-euros job (also referred to as mini-job; with a pay of up to 603 euros per month on a yearly average basis), the employer pays flat-rate contributions to pension and health insurance and a lump-sum tax rate.

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

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

12 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.

13 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.

14 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.

15 Net income

Please also include:

- benefits paid to encourage capital formation,
- advances,
- rent paid for company-owned housing,
- interest received, dividends, other property income and similar amounts,
- income in kind (e.g. foodstuffs, free coal for miners).

Long-term care benefits in kind (provided by care homes and home care services) are not to be included here.

16 Statutory pension insurance

You have statutory pension insurance if you are insured with the German Federal Pension Insurance (Deutsche Rentenversicherung Bund, formerly BfA, LVA) or the German Pension Insurance Miners, Railway and Maritime (Knappschaft-Bahn-See).

This includes the statutory pension insurance of a foreign country (e.g. people who live in Germany but are employed subject to social insurance contributions in a neighbouring country).

You also have statutory pension insurance if you

- pay contributions to the agricultural pension fund,
- work in a Federal Volunteer Service,
- do a year of voluntary work in the social, cultural or ecological sector,
- do voluntary military service, or
- do reserve duty training as a soldier.

Statutory pension insurance is compulsory mainly for wage earners, salary earners and certain self-employed persons (e.g. home workers with no more than two assistants from outside their family). Public officials and comparable salary earners (employees of health insurance institutions with public official status), self-employed persons (with few exceptions) and unpaid family workers without a working contract are exempted from compulsory pension insurance.

Contributions are paid for unemployed persons who receive unemployment benefit I. They are therefore regarded as liable to compulsory statutory pension insurance. With effect from 1 January 2011, contributions are no longer paid for unemployed persons receiving citizen's benefit. They are not liable to compulsory insurance.

This does not refer to company old-age pension schemes, public officials' pension scheme, occupational pension schemes and private old-age pension schemes (e.g. state-sponsored private pension plan according to "Riester", life assurance and the like).

Notification in accordance with Section 17 of the Federal Statistics Act (BStatG)¹ and with the General Data Protection Regulation (EU) 2016/679 (GDPR)²

Purpose, type and scope of the survey

The microcensus collects statistical data on the population and the labour market as well as on income, living conditions and housing circumstances of households on a representative basis. The data are collected based on different survey components. The survey units are persons, households and dwellings.

The purpose of the microcensus is to provide statistical data, with a detailed subject-related breakdown, on the population structure, the economic and social situation of the population, of families and households, on the labour market, the occupational structure and education of the labour force, and on the housing circumstances. It also serves to meet European obligations. Every year, up to one percent of the population may be surveyed. In every sampling district, the survey is conducted not more than four times within five consecutive calendar years. Data for the additional survey component concerning income and living conditions will be collected from a maximum of 12 percent of the microcensus respondents.

Legal basis, voluntariness

The legal basis is provided by the Microcensus Act (MZG), Regulation (EU) 2019/1700, Implementing Regulations (EU) 2019/2180, (EU) 2019/2181, (EU) 2019/2242, (EU) 2024/2915 and (EU) 2021/2052, Delegated Regulations (EU) 2020/256, (EU) 2020/258, (EU) 2020/2175 and (EU) 2025/368 in conjunction with the Federal Statistics Act (BStatG) and Article 6 (1) letter e) of the General Data Protection Regulation.

Data are collected in accordance with Section 6 (1) nos. 1 to 4, no. 5 letters a and b, nos. 6 to 10, Section 6 (2) and Section 8 (1) to (3) of the Microcensus Act.

Providing information is voluntary in accordance with Section 13 (3) in conjunction with Section 13 (7), sentence 2, of the Microcensus Act.

The legal basis for evaluations of data on the type and extent of the provision of information (e.g. device used or time spent) is Section 6 (1), sentence 1, no. 2 of the Federal Statistics Act.

Controller

The controller responsible for processing your data is the statistical office responsible for your Land. The contact details are available at: <https://www.statistikportal.de/de/statistische-aemter>.

Confidentiality

The individual data collected are always kept confidential in accordance with Section 16 of the Federal Statistics Act. Individual data may be passed on only in exceptional cases explicitly regulated by law.

Individual data may in particular be transmitted to:

- public agencies and institutions within the official statistics network which are entrusted with the production of federal or European statistics (e. g. the statistical offices of the Länder, the Deutsche Bundesbank, the Statistical Office of the European Union [Eurostat]),
- service providers with whom a contractual relationship exists (here: Federal Information Technology Centre (ITZBund) as the IT service provider of the Federal Statistical Office, computer centres of the Länder).

A list of regularly contracted IT service providers can be found here: <https://www.statistikportal.de/de/statistische-aemter>.

Pursuant to Section 16 (6) of the Federal Statistics Act, institutions of higher education or other institutions tasked with independent scientific research may, for the purpose of carrying out scientific projects, be provided

1. with individual data if attributing the anonymised individual data to the relevant respondents or data subjects requires unreasonable effort in terms of time, cost and manpower (de facto anonymised individual data),
2. with access to individual data not including name and address (formally anonymised individual data) within specially protected areas of the Federal Statistical Office and the statistical offices of the Länder, if effective measures are in place to safeguard confidentiality.

Article 11 of Regulation (EU) 2019/1700 establishing a common framework for European statistics relating to persons and households provides for the transmission of individual data to the Commission (Eurostat).

Pursuant to Article 7 (1) of Regulation (EU) 557/2013 concerning access to confidential data for scientific purposes, Eurostat may - within its own access facilities or within other access facilities accredited by Eurostat - grant access to individual data not including name and address for scientific purposes.

Pursuant to Article 7 (2) of the Regulation, Eurostat may also share individual data for scientific purposes if the data have been modified in a way that reduces the risk of identifying the statistical unit to an appropriate level. Access pursuant to paragraph 2 may be granted provided that appropriate safeguards are in place in the research entity requesting access.

Persons receiving individual data are also obliged to maintain confidentiality.

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

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

Auxiliary variables, reference numbers, separation and deletion

The first names and surnames of the household members, the contact details of the household members, residential address, location of the dwelling in the building, first name and surname of the main tenant/owner-occupier of the dwelling, name and address of the household members' places of work, and the building age group are auxiliary variables which will only be used for the technical conduct of the survey. As soon as the survey and auxiliary variables have been checked for conclusiveness and completeness, the auxiliary variables will be separated from the information on the survey variables and will be kept separately or stored separately.

- Pursuant to Section 14 (5), sentence 1, 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), sentence 2, of the Microcensus Act, the information on the variables pursuant to Section 14 (5), sentence 1, of the Microcensus Act may also be used as a basis for recruiting suitable persons and households to conduct household budget surveys and other voluntary surveys.
- Pursuant to Section 9 (3) of the Act regarding the testing of a register census, the statistical offices of the Länder store the first names and surnames, residential address, municipality and association of municipalities, sex, calendar month and calendar year of birth, marital status, country of birth, calendar year of arrival in Germany, or calendar year of return to Germany in case of absence of more than twelve months, and citizenships as well as the education variables pursuant to Article 6 (1) no. 7 letters a to c and no. 8 of the Microcensus Act. First names and surnames as well as the residential address shall be deleted not later than six years after microcensus processing has been finished.

Information on the survey variables is processed and stored for as long as necessary to comply with the legal obligations.

All survey documents as well as the auxiliary variables and the reference numbers originally allocated will be destroyed or deleted after the processing of the last follow-up survey has been finished.

The household number and the person number are used as reference numbers. The household number is used to distinguish the households participating in the survey. It consists of a code for the Land and a serial number for the household. The person number is a serial number of the household members.

Rights and duties of the interviewers, ways of providing information

Volunteer interviewers may be employed to reduce the burden on the respondents. The survey may also be conducted in writing, however. The interviewers have to provide proof of their authorisation. Their reliability and discretion must be ensured and they have specially been obligated to maintain confidentiality. They must not use information gained in the course of their activity in other processes or for other purposes. This obligation continues to apply after their activity has ended.

If interviewers are used for telephone or face-to-face surveys, their task is to help the respondents to answer the questions. The answers to the questions in the questionnaires may be provided orally to the interviewers or the survey office staff, or by electronic means or in writing.

For the written survey, the respondents receive the questionnaires, including information on how to complete them, directly from the interviewer or from the relevant survey office. If the information is provided in writing, the completed questionnaires may be given to the interviewer during the onsite, face-to-face interview or may be handed in or sent to the survey office. Please do not send the written questionnaires by electronic means as this is not a secure transmission channel.

Rights of data subjects, contact details of the data protection offices, right to lodge a complaint

Respondents whose personal data are processed have the right to request

- access and information as per Article 15 of the General Data Protection Regulation,
- rectification as per Article 16 of the General Data Protection Regulation,
- erasure as per Article 17 of the General Data Protection Regulation, and
- restriction of processing as per Article 18 of the General Data Protection Regulation

with regard to their respective personal data, or they may object to the processing of their personal data as per Article 21 of the General Data Protection Regulation.

The rights of data subjects can be claimed against any controller responsible. If the above rights are exercised, the competent public agency will check whether the relevant legal requirements are met. The person making the request may be asked to prove his or her identity before further measures are taken.

Questions and complaints concerning compliance with legal data protection rules may be addressed at any time to the official data protection commissioner of the statistical office responsible or to the competent data protection supervisory authority (Article 77 of the General Data Protection Regulation). Their contact details are available at: <https://www.statistikportal.de/de/datenschutz>.

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