

# 5

component relating to Inco

model questionnaire

component relating to Inco

model questionnaire

Thank you for your time.

|                    |                                            |                 |
|--------------------|--------------------------------------------|-----------------|
| Auswahlbezirks-Nr. | Lfd. Nr. des Haushalts<br>im Auswahlbezirk | Folge-<br>bogen |
|--------------------|--------------------------------------------|-----------------|

## 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 174 on page 46).
- 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"/> | → 11     | <input type="checkbox"/>            | → 11                     | <input type="checkbox"/> | → 11                     |
| 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 11.  
 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 ..... | <input type="text" value="6"/> |
|----------|----------------------|--------------------------------|

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

|          |           |                                     |
|----------|-----------|-------------------------------------|
| Example: | Yes ..... | <input checked="" type="checkbox"/> |
|          | No .....  | <input checked="" type="checkbox"/> |

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

## Household and dwelling

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

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

Yes, number of other households .....

No, no other households .....

### Note

The reference week is given on the front cover.

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

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

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

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

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

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

The contact details are given on the front cover.

### Note

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

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

Male .....

Female .....

Gender diverse .....

Not stated in the birth register .....

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

- 5 When were you born?**

Month .....

Year .....

|       | Person 1             | Person 2             | Person 3             | Person 4             | Person 5             |
|-------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 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"/> |

- 6 Is your birthday before the last day of the reference week in 2022?**

Yes .....

No .....

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

voluntary

**7 What is your marital status?**

|                                                      | Person 1                   | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|------------------------------------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Single .....                                         | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Married .....                                        | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Widowed .....                                        | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Divorced .....                                       | 4 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Registered life partnership .....                    | 5 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Registered life partner has died .....               | 6 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Registered life partnership has been dissolved ..... | 7 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Note**

☐ → 11 The arrow and the numeral 11 mean that question 11 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?**

**i** Please indicate the number of live-born children. This includes children who died after birth.

|                          | Person 1             | Person 2             | Person 3             | Person 4             | Person 5             |
|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 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)?**

Please mark all relevant boxes.

|                                               | Person 1                        | Person 2                      | Person 3                      | Person 4                      | Person 5                      |
|-----------------------------------------------|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Yes, I have another dwelling in Germany. .... | 1 <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| Yes, I have another dwelling abroad. ....     | 2 <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      |
| No, I do not have another dwelling. ....      | 8 <input type="checkbox"/> → 13 | <input type="checkbox"/> → 13 | <input type="checkbox"/> → 13 | <input type="checkbox"/> → 13 | <input type="checkbox"/> → 13 |

**12 Is this dwelling your main residence?**

**i** If you have **more than one dwelling**, your main residence is the one where you usually live (centre of life, family home).

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

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

Yes ..... ☐

No ..... ☐ → 25

**15 Have any household members moved out since the last interview?**

Yes, number of those who moved out ..... ☐

No ..... 8 ☐

**16 Have any household members died since the last interview?**

Yes, number of those who died ..... ☐

No ..... 8 ☐

**17 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"/> |

**18 Is this dwelling the main residence of at least one person in the household who was 16 years or older on 31 December 2021?**

Yes ..... ☐

No ..... ☐ → 30

**19 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"/> → 21 | <input type="checkbox"/> → 21 | <input type="checkbox"/> → 21 | <input type="checkbox"/> → 21 | <input type="checkbox"/> → 21 |

**20 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"/> |

**21 Have any household members moved out in the last 12 months?**

Yes, number of those who moved out ..... ☐

No ..... 8 ☐ → 23

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

|                                              | 1. moved out person  | 2. moved out person  | 3. moved out person  |
|----------------------------------------------|----------------------|----------------------|----------------------|
| First name of the person who moved out ..... | .....                | .....                | .....                |
| Month of moving out .....                    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Year of moving out .....                     | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Where did the person move to?**

|                                                                                     |                            |                          |                          |
|-------------------------------------------------------------------------------------|----------------------------|--------------------------|--------------------------|
| To another private household .....                                                  | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| To a collective household (e.g. residential establishment, old people's home) ..... | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Abroad .....                                                                        | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| To an unknown place .....                                                           | 4 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**23 Have any household members died in the last 12 months?**

Yes, number of those who died ..... ☐

No ..... 8 ☐ → 30

**24 Please enter the first name of each person who died:**

|                                         | 1. deceased person | 2. deceased person | 3. deceased person |
|-----------------------------------------|--------------------|--------------------|--------------------|
| First name of the person who died ..... | .....              | .....              | .....              |

→ 30

→ 30

→ 30

**25 Have any people moved into your household between 1 January 2021 and today?**

Yes ..... 1 ☐

No ..... 8 ☐ → 28

**26 In what month and year did the last person move into your household?**

Month .....

Year .....

**27 Which life situation applied to him/her when he/she moved in?**

In employment ..... 1 ☐

Other life situation ..... 4 ☐

**28 Have any people moved out of your household since 1 January 2021?**

Yes ..... 1 ☐

No ..... 8 ☐ → 30

**29 If more than one person has moved out since 1 January 2021, please state the month and year when the last of them moved out.**

Month of moving out .....

Year of moving out .....

## People and household

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

Yes ..... ☐ → 36

No ..... ☐

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

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

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

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

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

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

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

|                                           | Person 1                  | Person 2                  | Person 3                  | Person 4                  | Person 5                  |
|-------------------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Yes, my spouse is number (see flap) ..... | <input type="text"/> → 35 | <input type="text"/> → 35 | <input type="text"/> → 35 | <input type="text"/> → 35 | <input type="text"/> → 35 |
| No ..... 8                                | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |

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

**i** This includes registered life partnerships.

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

**35 What is your relationship to Person 1?**

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

model questionnaire



**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.

### 36 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 ☐
- Residential establishment ..... 4 ☐
- Inhabited accommodation (e.g. caravan or construction site trailer installed permanently, summerhouse, portacabin) ..... 5 ☐
- } → 38

### 37 In what type of residential building do you live?

**i** See also p. 121: **1** "Type of residential building".

Single-family house ...

- detached ..... 1 ☐
- semi-detached ..... 2 ☐
- terraced ..... 3 ☐

Multi-family house ...

- detached ..... 4 ☐
- other than detached ..... 5 ☐

### 38 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. 121: **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 ☐

**39 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 1978 .....  | 3  | <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 2019 .....  | 7  | <input type="checkbox"/> |
| 2020 or later ..... | 10 | <input type="checkbox"/> |

**40 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, mansard, 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 count only the floor space used by yourself.

See also p. 121: **3** "Living floor space".

Floor space in full square metres .....

**41 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**, 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 count only the bedrooms, dining and living rooms used by yourself.

Number of rooms .....

**42 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 .....

**43 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 ☐

**44 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 ☐

**45 How are the bedrooms, dining and living rooms heated?**

**i** See also p. 121: **4** "Heating of bedrooms, dining and living rooms".

Please mark all relevant boxes.

- District heating ..... 1 ☐
- Central heating (block heating) ..... 2 ☐
- Single-storey heating (e.g. gas furnace) ..... 3 ☐
- Single-room or multi-room stoves, electrical storage or night storage heating ..... 4 ☐

**46 What type of energy is used to heat your bedrooms, dining and living rooms?**

- Type of energy mainly used  
Code from List 46 .....
- Other types of energy used  
Code from List 46 .....
- No other types of energy used. .... 8 ☐

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

- Type of energy mainly used  
Code from List 46 .....
- Other types of energy used  
Code from List 46 .....
- No other types of energy used. .... 8 ☐

**List 46**

|                                               |                                                                                      |
|-----------------------------------------------|--------------------------------------------------------------------------------------|
| District heat (long-distance heating) ..... 1 | Wood, wood pellets ..... 10                                                          |
| Gas ..... 2                                   | Biomass (except wood), biogas ..... 12                                               |
| Electricity (no heat pump) ..... 3            | Solar energy (solar collectors) ..... 13                                             |
| Heating oil ..... 4                           | Ground or other ambient heat, exhaust heat (e.g. heat pump, heat exchanger) ..... 14 |
| Briquettes, lignite ..... 5                   |                                                                                      |
| Coke, hard coal ..... 6                       |                                                                                      |

**48 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. rent-free occupation or the like)”.

**Rent-free occupation applies** where no payments have to be made to the owner, except for incidental rental expenses (e.g. electricity, water, heating, waste collection).

**Rent-free occupation 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 .....                    | 1 | <input type="checkbox"/> |        |
| (Co-)owner of the dwelling .....                    | 2 | <input type="checkbox"/> |        |
| Main tenant .....                                   | 3 | <input type="checkbox"/> | } → 58 |
| Subtenant .....                                     | 4 | <input type="checkbox"/> |        |
| Other (e.g. rent-free occupation or the like) ..... | 5 | <input type="checkbox"/> |        |

**49 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 | <input type="checkbox"/> |
| Yes, accommodation costs as part of unemployment benefit II (Hartz IV). ....                                          | 2 | <input type="checkbox"/> |
| Yes, accommodation costs as part of basic security benefits in old age and in cases of reduced earning capacity. .... | 3 | <input type="checkbox"/> |
| No, my household currently does not receive public benefits for housing costs. ....                                   | 8 | <input type="checkbox"/> |

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

51 Is this dwelling the main residence of at least household member who was 16 years or older on 31 December 2021?

Yes .....

No ..... → 108

52 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 ..... → 54

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

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 repay a loan for more than one dwelling in the house, 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 |
|--------|--------|--------|--------|
|        |        |        |        |
|        |        |        |        |

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

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) .....

55

### What are the housing costs of the dwelling/ single-family house your household lives in?

**i** Households belonging to a **commonhold association**: Under incidental expenses below, please enter only 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<br>(full euros) |
|-------------------------------|----------------------------|------------------------------|--------------------------------|
| 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 gas ..... | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> |
|-----------------------|----------------------------|------------------------------|----------------------|

|                                | No                         | Yes                          | Annual amount<br>(full euros) |
|--------------------------------|----------------------------|------------------------------|-------------------------------|
| Annual real property tax ..... | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/>          |

#### Annual incidental expenses

|                                                  |                            |                              |                      |
|--------------------------------------------------|----------------------------|------------------------------|----------------------|
| 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, waste water) ..... | 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 maintenance costs and repairs

**i** Include the costs incurred in the last 12 months for work conducted to maintain the value of the property and for repairs. Do not include the costs of work conducted to increase the value of the property.

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

56

### How much is the monthly operating and incidental expenses (not including interest payments)?

**i** Please take into account real property tax, incidental expenses (see question 55), energy costs and commonhold contribution.

Please convert all housing costs to monthly amounts and then add up the monthly amounts.

|                                                 |                                    |
|-------------------------------------------------|------------------------------------|
| Monthly operating and incidental expenses ..... | full euros<br><input type="text"/> |
|-------------------------------------------------|------------------------------------|

57 What are your total housing costs per month (including interest on loans and expenses for maintenance or repairs) regarding the dwelling/ single-family house your household lives in?

**i** Please take into account all operating and incidental expenses mentioned in question 56 as well as interest on loans and expenses for work conducted to maintain the value of the property or repairs.

Please convert all housing costs to monthly amounts and then add up the monthly amounts.

Monthly housing costs .....

full euros

→ 70

58 Is this dwelling the main residence of at least one household member who was 16 years or older on 31 December 2021?

Yes .....

☐

No .....

☐ → 61

59 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) .....

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

**i** **Rent-free occupation** 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 incidental expenses where applicable). .... 1 ☐

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

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

voluntary

Model questionnaire



**61 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 ☐

**62 What is the total amount you pay to your landlord/landlady or property management 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. 121:

- 5** "Main tenant with subtenant" and  
**6** "Payment of rent for Hartz IV recipients".

full euros

Monthly total amount .....

**63 Does the monthly total amount you pay to your landlord/landlady or property management include incidental rental expenses?**

**i** The incidental rental expenses include allocated costs for heating, (hot) water supply, waste collection, street cleaning, house and caretaker services, property management, gardening, staircase lighting and cleaning, lift, cable network connection, real property tax, building insurance.

They do **not** include telephone and broadcasting fees, garages or carports, electricity for lighting or for operating household appliances, television sets and the like.

- Yes ..... 1 ☐
- Yes, but the incidental rental expenses are not shown. .... 7 ☐
- No ..... 8 ☐
- } → 67

**64 What are these monthly incidental rental expenses?**

Monthly amount .....

full euros

**65 How much of this amount is the monthly operating expenses ("cold" incidental expenses not including heating and hot water)?**

Monthly amount .....

full euros

**66 How much of this amount is the monthly incidental expenses for heating and hot water ("warm" incidental expenses)?**

Monthly amount .....

full euros

**67 Do you have additional housing costs that you do not pay to your landlord/landlady or the property management?**

**i** This includes costs paid directly to the provider for electricity, gas and water, as well as maintenance costs for work conducted to maintain the value of the property and (smaller) repairs which are not paid by the landlord/landlady.

Please convert all expenses into monthly amounts and then sum up the monthly amounts.

Yes, the average monthly amount is .....

full euros

No ..... 8

☐

**68 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 unemployment benefit II (Hartz IV). .... 2

☐

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

☐

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

☐

**69 Is this dwelling the main residence of at least one household member who was 16 years or older on 31 December 2021?**

Yes .....

☐

No ..... → 108

☐

## Assessing the household's financial situation

### 70 In the last 12 months, has your household been in arrears on the following expenses?

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 and/or repayment regarding 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 and/or repayment regarding 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 ☐

### 71 Are 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 ☐

**72 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 1 150 euros or more from the household's own financial resources.**

Yes ..... 1 ☐

No ..... 8 ☐

**Keeping the dwelling adequately warm.**

Yes ..... 1 ☐

No ..... 8 ☐

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

Yes ..... ☐

No, because the household cannot afford it. .... 2 ☐

No, for other reasons ..... 3 ☐

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

**i** 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 ☐

voluntary

model questionnaire

- 75 Does your household repay consumer loans not used to finance owner-occupied housing?**
- Yes ..... 1 ☐
- No ..... 8 ☐ → 77
- 76 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 ☐

## Income situation of the household in 2021

### Benefits received for children in 2021

- 77 Did your household receive children's allowance in 2021 for children living in the household?**
- Yes ..... 1 ☐
- No ..... 8 ☐ → 79
- Not applicable as household members do not have children. .... 9 ☐ → 88
- 78 For how many children living in the household did your household receive children's allowance in 2021?**
- Number of children .....
- 79 Did your household receive children's allowance in 2021 for children not living in the household?**
- Yes ..... 1 ☐
- No ..... 8 ☐ → 81
- 80 For how many children not living in the household did your household receive children's allowance in 2021?**
- Number of children .....
- 81 Did your household receive supplementary children's allowance from the family benefits office of the employment agency in 2021 for children living in the household?**
- Yes ..... 1 ☐
- No ..... 8 ☐ → 83

**82 For which of the children did your household receive supplementary children's allowance in 2021?**

*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"/> |

**83 Did your household receive advance maintenance payments in 2021 for children living in the household?**

Yes ..... 1 ☐

No ..... 8 ☐ → 85

**84 For which of the children did your household receive advance maintenance payments in 2021?**

*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"/> |

**85 Did your household receive long-term care allowance in 2021 for foster children or for children in need of care (under the Social Code, Book XI) who live in the household?**

Yes ..... 1 ☐

No ..... 8 ☐ → 87

**86 For which of the children did your household receive long-term care allowance in 2021?**

*Please enter for each child for how many 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"/> |

**voluntary**

Amount per month (full euros) .....

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

**87 Did your household receive benefits for education and participation or financial support for school supplies and school day trips in 2021?**

full euros

Yes, an annual amount of .....

No ..... 8 ☐

## Income from public benefits in 2021

### 88 Did your household receive the following public benefits in 2021?

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

|                                                                                                                   | No                         | Yes                          | Number of months     | Monthly amount (full euros) | Annual amount (full euros) |
|-------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|----------------------|-----------------------------|----------------------------|
| Unemployment benefit II (Hartz IV), social benefit, accommodation costs .....                                     | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/>        | or <input type="text"/>    |
| <b>voluntary</b> including: accommodation costs .....                                                             | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/>        | or <input type="text"/>    |
| Public assistance or continuous subsistence payments .....                                                        | 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 .....                                 | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/>        | or <input type="text"/>    |
| Housing allowance in the form of rent support or mortgage and home upkeep support (not accommodation costs) ..... | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/>        | or <input type="text"/>    |

## Other income of the household in 2021

### 89 Did your household, or a household member, receive the following types of income in 2021?

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

|                                                                              | No                         | Yes                          | Number of months     | Monthly amount (full euros) | Annual amount (full euros) |
|------------------------------------------------------------------------------|----------------------------|------------------------------|----------------------|-----------------------------|----------------------------|
| Maintenance payments from people not living in the household in 2021. ....   | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/>        | or <input type="text"/>    |
| Other regular payments from people not living in the household in 2021. .... | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/>        | or <input type="text"/>    |

### 90 Does your household have revenue from renting or leasing (proceeds less expenses for maintenance or, perhaps, for interest on loans)?

|                                       | No                         | Yes                          | Number of months     | Gross amount per month (full euros) | Gross annual amount (full euros) |
|---------------------------------------|----------------------------|------------------------------|----------------------|-------------------------------------|----------------------------------|
| Income from renting and leasing ..... | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/>                | or <input type="text"/>          |

### 91 Did your household receive income from savings or investments (capital assets) in 2021?

**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"/> → 93 |

**92 What was the amount of income from these savings and investments (capital assets) in 2021?**

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 ☐
- 250 to less than 1 000 euros ..... 2 ☐
- 1 000 to less than 2 500 euros ..... 3 ☐
- 2 500 to less than 5 000 euros ..... 4 ☐
- 5 000 to less than 10 000 euros ..... 5 ☐
- 10 000 euros or over ..... 6 ☐

**93 In your household, did any children aged 15 or under on 31 December 2021 receive income from own employment in 2021?**

- Yes ..... 1 ☐
- No ..... 8 ☐ → 95

**94 Which child earned income from own employment in 2021?**

**i** 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"/> |

**95 Did any children aged 15 or under and living in your household on 31 December 2021 receive orphan's pension/benefit?**

- Yes ..... 1 ☐
- No ..... 8 ☐ → 97

**96 Which child received orphan's pension or orphan's benefit in 2021?**

**i** For each child who received orphan's pension/benefit, 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"/> |



**97 Did your household produce food for its own use in its own garden or by keeping small animals in 2021?**

Yes ..... 1 ☐

No ..... 8   → 99

**98 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 ☐

## Payments made in 2021

**99 Did your household pay real property tax on real property in 2021?**

**i** Real property includes any owner-occupied or rented-out/leased-out dwellings, houses or land for private use.

Yes ..... 1 ☐

No ..... 8.   102

**100** How much real property tax did you pay in 2021 on your owner-occupied main dwelling?

Annual amount .....

Not applicable as the household does not own the main dwelling. 8

**101 How much real property tax did you pay in 2021 on other real property (e.g. second dwellings, holiday dwellings and rented out/leased out real property)?**

property)?

full euros

Annual amount

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

**102 Did your household pay back loans in 2021 (repayment of mortgages and loans under savings and loan contracts) for the dwelling/house your household lives in?**

Yes ..... 1 ☐

No .....  $\overset{8}{\square} \rightarrow 104$

**103 How much did your household pay back in 2021 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 repay a loan for more than one dwelling in the house, please 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 .....

**104 Did your household make one of the following payments in 2021?**

**i** If several people of your household made payments to people living outside of your household, please add up all amounts.

Maintenance payments to people not living in the household. ....

No

☐

Yes

☐

→

Number of months

Monthly amount (full euros)

or

Annual amount (full euros)

Other regular payments to people not living in the household. ....

No

☐

Yes

☐

→

Number of months

Monthly amount (full euros)

or

Annual amount (full euros)

**Health expenditure**

**105 Please think of expenditure or copayments incurred by your household in the last 12 months for medical examinations or treatments. This does not refer to health insurance contributions, expenditure on dental services or costs of medicines.**

**Which of the following statements applies to medical care?**

Medical care costs are for the household ...

a heavy burden. ....

1

☐

somewhat a burden. ....

2

☐

not a burden at all. ....

3

☐

Not applicable as there was no need in the last 12 months. ....

9

☐

- 106 Please think of the expenditure or copayments your household incurred in the last 12 months for dental/orthodontic examinations or treatments. This does not refer to health insurance contributions.**

**Which of the following statements applies to dental/orthodontic care?**

The costs of dental/orthodontic care are for the household ...

- a heavy burden. .... 1 ☐
- somewhat a burden. .... 2 ☐
- not a burden at all. .... 3 ☐

Not applicable as there was no need in the last 12 months. .... 9 ☐

- 107 Please think of expenditure or copayments incurred by your household in the last 12 months for medicines (prescription-only and non-prescription). This does not refer to health insurance contributions or expenditure on contraception.**

**Which of the following statements applies to medicines?**

The costs of medicines are for the household ...

- a heavy burden. .... 1 ☐
- somewhat a burden. .... 2 ☐
- not a burden at all. .... 3 ☐

Not applicable as there was no need in the last 12 months. .... 9 ☐

## Information and communication technology in the household

- 108 Does your household have internet access?**

**i** This refers to the possibility of accessing the internet **from home**. This includes internet access through fixed devices (e.g. desktop computer) and mobile devices (e.g. smartphone).

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

} → 110

109 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  | <input type="checkbox"/> |
| Over 6 to 16 megabits per second (Mbps) .....     | 2  | <input type="checkbox"/> |
| Over 16 to 30 megabits per second (Mbps) .....    | 3  | <input type="checkbox"/> |
| Over 30 to 50 megabits per second (Mbps) .....    | 4  | <input type="checkbox"/> |
| Over 50 to 100 megabits per second (Mbps) .....   | 5  | <input type="checkbox"/> |
| Over 100 to 200 megabits per second (Mbps) .....  | 6  | <input type="checkbox"/> |
| Over 200 to 400 megabits per second (Mbps) .....  | 10 | <input type="checkbox"/> |
| Over 400 to 1000 megabits per second (Mbps) ..... | 11 | <input type="checkbox"/> |
| Over 1000 megabits per second (Mbps) .....        | 12 | <input type="checkbox"/> |

Children in day care

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

|           |                                |
|-----------|--------------------------------|
| Yes ..... | <input type="checkbox"/>       |
| No .....  | <input type="checkbox"/> → 117 |

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

Please mark all relevant boxes.

|                                                                                                 | Person 1                         | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|-------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Day care centre (kindergarten, crèche) .....                                                    | 1 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Professional child minder .....                                                                 | 2 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Au-pair, babysitter .....                                                                       | 3 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Preschool institution (pre-primary education) .....                                             | 4 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Care services for pupils before and/or after school (offered by school or other facility) ..... | 5 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Relatives, friends, neighbours .....                                                            | 6 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| None of the above categories applies. ....                                                      | 7 <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 |

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

Please mark all relevant boxes.

|                                                                                                 | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|-------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Day care centre (kindergarten, crèche) .....                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional child minder .....                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Au-pair, babysitter .....                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Preschool institution (pre-primary education) .....                                             | <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) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relatives, friends, neighbours .....                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| None of the above categories applies. ....                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**113 Is this dwelling the main residence of at least one person in the household who was 16 years or older on 31 December 2021?**

Yes ..... ☐

No ..... ☐ → 120

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

Yes ..... ☐

No ..... ☐ → 118

**115 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. ....                          | <input type="checkbox"/> → 118 | <input type="checkbox"/> → 118 | <input type="checkbox"/> → 118 | <input type="checkbox"/> → 118 | <input type="checkbox"/> → 118 |

**116 During a usual week, how many hours in total is the child cared for (sum total of hours for the types of care listed in question 115)?**

Please enter the number of full hours for each child aged 12 or under.

|                                                                        | Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|------------------------------------------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Number of hours per week .....                                         | <input type="text"/> → 118     | <input type="text"/> → 118     | <input type="text"/> → 118     | <input type="text"/> → 118     | <input type="text"/> → 118     |
| Not applicable as the child is cared for only by his/her parents. .... | <input type="checkbox"/> → 118 | <input type="checkbox"/> → 118 | <input type="checkbox"/> → 118 | <input type="checkbox"/> → 118 | <input type="checkbox"/> → 118 |

**117 Is this dwelling the main residence of at least one person in the household who was 16 years or older on 31 December 2021?**

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"/> → 120 | <input type="checkbox"/> → 120 | <input type="checkbox"/> → 120 | <input type="checkbox"/> → 120 | <input type="checkbox"/> → 120 |

## Survey participation

**118 Have questions 1 to 117 been answered by a household member?**

Yes, person number (see flap) .....  
No ..... 8

☐  
☐

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

Number of minutes .....

## Citizenship and duration of residence

**120 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).

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"/> → 122 | <input type="checkbox"/> → 122 | <input type="checkbox"/> → 122 | <input type="checkbox"/> → 122 | <input type="checkbox"/> → 122 |

**121 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.

Yes ..... 1  
No ..... 8

| Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> → 125 | <input type="checkbox"/> → 125 | <input type="checkbox"/> → 125 | <input type="checkbox"/> → 125 | <input type="checkbox"/> → 125 |
| <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |

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

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

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

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

**i** See also p. 121: **7** "Today's territory".

Year .....

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

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

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

Employment: job found before moving to Germany

Employment: no job found before moving to Germany .....

Academic studies or other education, advanced training .....

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

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

Flight, persecution, expulsion, asylum .....

Free movement within the EU: wished to settle in Germany .....

Retirement .....

Other main reason .....

|   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**125 What language/languages do you speak at home?**

I only speak German at home. ....

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

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

|   | Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 | <input type="checkbox"/> → 127 | <input type="checkbox"/> → 127 | <input type="checkbox"/> → 127 | <input type="checkbox"/> → 127 | <input type="checkbox"/> → 127 |
| 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"/>       |

**126 What language do you mainly speak at home?**

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

model questionnaire



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

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

|   | Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| 8 | <input type="checkbox"/> → 129 | <input type="checkbox"/> → 129 | <input type="checkbox"/> → 129 | <input type="checkbox"/> → 129 | <input type="checkbox"/> → 129 |

**128 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"/> |

**129 Do you have German citizenship?**

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

|   | Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 | <input type="checkbox"/> → 134 | <input type="checkbox"/> → 134 | <input type="checkbox"/> → 134 | <input type="checkbox"/> → 134 | <input type="checkbox"/> → 134 |
| 2 | <input type="checkbox"/> → 133 | <input type="checkbox"/> → 133 | <input type="checkbox"/> → 133 | <input type="checkbox"/> → 133 | <input type="checkbox"/> → 133 |
| 8 | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |

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

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

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

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

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

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

|   | Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| 8 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 |

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

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

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

} → 143

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

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....

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

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

**i** See also p. 122: **8** "Citizenship".

By birth ..... 1

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

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

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

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

| Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> → 137 | <input type="checkbox"/> → 137 | <input type="checkbox"/> → 137 | <input type="checkbox"/> → 137 | <input type="checkbox"/> → 137 |
| <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 |
| <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"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 |

**135 When were you naturalised?**

Year .....

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

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

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

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

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....

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

→ 143

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

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

Yes .....

No .....

| Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> → 140 | <input type="checkbox"/> → 140 | <input type="checkbox"/> → 140 | <input type="checkbox"/> → 140 | <input type="checkbox"/> → 140 |
| <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |

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

**i** See also p. 121: **7** "Today's territory".

Yes, in (year) .....

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

No ..... 8

I don't know. .... 7

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

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

**i** See also p. 122: **8** "Citizenship".

Yes, by birth ..... 1

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

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

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

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

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

No ..... 8

I don't know. .... 7

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

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

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

Yes ..... ☐ → 143

No ..... ☐

| Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 |
| <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |

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

**i** See also p. 121: **7** "Today's territory".

Yes, in (year) .....

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

No ..... 8

I don't know. .... 7

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

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

**i** See also p. 122: **8** "Citizenship".

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

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

**i** See also p. 121: **7** "Today's territory".

|                    | Person 1                         | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|--------------------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes .....          | 1 <input type="checkbox"/> → 145 | <input type="checkbox"/> → 145 | <input type="checkbox"/> → 145 | <input type="checkbox"/> → 145 | <input type="checkbox"/> → 145 |
| No .....           | 8 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| I don't know. .... | 7 <input type="checkbox"/> → 145 | <input type="checkbox"/> → 145 | <input type="checkbox"/> → 145 | <input type="checkbox"/> → 145 | <input type="checkbox"/> → 145 |

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

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

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

**i** See also p. 121: **7** "Today's territory".

|                    | Person 1                         | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|--------------------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes .....          | 1 <input type="checkbox"/> → 147 | <input type="checkbox"/> → 147 | <input type="checkbox"/> → 147 | <input type="checkbox"/> → 147 | <input type="checkbox"/> → 147 |
| No .....           | 8 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| I don't know. .... | 7 <input type="checkbox"/> → 147 | <input type="checkbox"/> → 147 | <input type="checkbox"/> → 147 | <input type="checkbox"/> → 147 | <input type="checkbox"/> → 147 |

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

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

## School or university attendance

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

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

|           | Person 1                         | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|-----------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes ..... | 1 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| No .....  | 8 <input type="checkbox"/> → 156 | <input type="checkbox"/> → 156 | <input type="checkbox"/> → 156 | <input type="checkbox"/> → 156 | <input type="checkbox"/> → 156 |

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

|                                                                                                                                                                                                                                                                                     | Person 1                         | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes .....                                                                                                                                                                                                                                                                           | 1 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| No, because I switched to another school, higher education institution or apprenticeship, because of university vacation, school holidays, practical training phase in an establishment, studies at a higher education institution or school abroad, illness, maternity leave ..... | 2 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| No, for other reasons .....                                                                                                                                                                                                                                                         | 8 <input type="checkbox"/> → 152 | <input type="checkbox"/> → 152 | <input type="checkbox"/> → 152 | <input type="checkbox"/> → 152 | <input type="checkbox"/> → 152 |

### 149 Is this dwelling your main residence?

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

### 150 Were you aged 16 years or over on 31 December 2021?

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

model questionnaire

**151 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 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 .....

**152 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"/> → 156 | <input type="checkbox"/> → 156 | <input type="checkbox"/> → 156 | <input type="checkbox"/> → 156 | <input type="checkbox"/> → 156 |
| Evening grammar school, adult education college .....                                                | 11 | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |

**Please turn the page for more schools.**

still:

## 152 Vocational schools offering a general school certificate

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

Vocational school offering an entrance qualification for higher education institutions

Specialised upper secondary school .....

Full-time vocational school .....

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

### Vocational schools

Pre-vocational training year .....

Basic vocational training year .....

Vocational school (dual system) .....

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

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

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

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

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

Training centre/school for educators .....

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

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

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

### Higher education institutions

Vocational academy .....

College of public administration .....

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

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

Doctoral studies .....

Person 1

Person 2

Person 3

Person 4

Person 5

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Person 1

Person 2

Person 3

Person 4

Person 5

1

2

3

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

Grades 1 to 4 .....

Grades 5 to 9/10 .....

Upper secondary grades in grammar school .....

**154 What is the title of your master craftsman specialisation?**

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

|                |  |       |
|----------------|--|-------|
| Person 1 ..... |  | } 156 |
| Person 2 ..... |  |       |
| Person 3 ..... |  |       |
| Person 4 ..... |  |       |
| Person 5 ..... |  |       |

**155 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"/> |

**156 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 ..... 2  | <input type="checkbox"/> → 251 | <input type="checkbox"/> → 251 | <input type="checkbox"/> → 251 | <input type="checkbox"/> → 251 | <input type="checkbox"/> → 251 |

**Employment situation in the reference week**

**157 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"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 |
| No ..... 8  | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |

**158 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"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 |
| No ..... 8  | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |



**159 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.**

Yes .....

No .....

|   | Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 | <input type="checkbox"/> → 161 | <input type="checkbox"/> → 161 | <input type="checkbox"/> → 161 | <input type="checkbox"/> → 161 | <input type="checkbox"/> → 161 |
| 8 | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |

**160 Did you do any casual paid work or have a paid second job 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

Yes .....

No .....

|   | Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 |
| 8 | <input type="checkbox"/> → 215 | <input type="checkbox"/> → 215 | <input type="checkbox"/> → 215 | <input type="checkbox"/> → 215 | <input type="checkbox"/> → 215 |

model questionnaire

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

**i** See also p. 122:  
**9** "Partial retirement" and  
**10** "Caregiver Leave Act/Family Caregiver Leave Act".

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

|                                                                                                           | Person 1                          | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Illness, accident (including spa treatment, rehabilitation) .....                                         | 1 <input type="checkbox"/>        | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Holidays, special leave .....                                                                             | 2 <input type="checkbox"/>        | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Compensation leave (within the framework of a working time account or an annualised hours contract) ..... | 3 <input type="checkbox"/> → 165  | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 |
| Maternity leave .....                                                                                     | 4 <input type="checkbox"/>        | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Partial retirement .....                                                                                  | 5 <input type="checkbox"/>        | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Vocational and continuing training .....                                                                  | 6 <input type="checkbox"/>        | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Parental leave .....                                                                                      | 7 <input type="checkbox"/>        | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Released from work under the Caregiver Leave Act ...                                                      | 8 <input type="checkbox"/>        | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Off-season .....                                                                                          | 9 <input type="checkbox"/> → 164  | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 |
| Strike, lockout .....                                                                                     | 10 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Bad weather .....                                                                                         | 11 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Short-time work for technical or economic reasons ...                                                     | 12 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| General and continuing education, school attendance .....                                                 | 13 <input type="checkbox"/> → 163 | <input type="checkbox"/> → 163 | <input type="checkbox"/> → 163 | <input type="checkbox"/> → 163 | <input type="checkbox"/> → 163 |
| Personal, family responsibilities .....                                                                   | 14 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Other reasons .....                                                                                       | 15 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| I have already found a job but did not yet work in that job in the reference week. ....                   | 16 <input type="checkbox"/> → 215 | <input type="checkbox"/> → 215 | <input type="checkbox"/> → 215 | <input type="checkbox"/> → 215 | <input type="checkbox"/> → 215 |

## 162 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"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 |
| 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"/>       |

## 163 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"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 |
| More than 3 months ..... | 8 <input type="checkbox"/> → 216 | <input type="checkbox"/> → 216 | <input type="checkbox"/> → 216 | <input type="checkbox"/> → 216 | <input type="checkbox"/> → 216 |

## 164 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"/> → 216 | <input type="checkbox"/> → 216 | <input type="checkbox"/> → 216 | <input type="checkbox"/> → 216 | <input type="checkbox"/> → 216 |

## Job during the reference week

### 165 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. 122: **11** "Categorisation of job".

|                                                                                      | Person 1                          | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|--------------------------------------------------------------------------------------|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Self-employed person, freelancer                                                     |                                   |                                |                                |                                |                                |
| without employees .....                                                              | 1 <input type="checkbox"/>        | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| with employees .....                                                                 | 2 <input type="checkbox"/>        | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Unpaid family worker in a family business .....                                      | 3 <input type="checkbox"/>        | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Public official (not including candidates), judge .....                              | 4 <input type="checkbox"/> → 167  | <input type="checkbox"/> → 167 | <input type="checkbox"/> → 167 | <input type="checkbox"/> → 167 | <input type="checkbox"/> → 167 |
| Salary earner (not including apprentices) .....                                      | 5 <input type="checkbox"/>        | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Wage earner (not including apprentices),<br>homeworker .....                         | 6 <input type="checkbox"/>        | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Apprentice/trainee receiving remuneration .....                                      | 7 <input type="checkbox"/>        | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Candidate public official .....                                                      | 8 <input type="checkbox"/>        | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Intern, trainee (including paid practical training or<br>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"/> → 167 | <input type="checkbox"/> → 167 | <input type="checkbox"/> → 167 | <input type="checkbox"/> → 167 | <input type="checkbox"/> → 167 |
| In voluntary military service .....                                                  | 11 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| In the Federal Volunteer Service (also social,<br>ecological or cultural year) ..... | 12 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Other employee with a small-scale job .....                                          | 13 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |

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

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

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

167 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. 122: **12** “Marginal employment”.

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

168 How often do you work in your job?

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

Job during the reference week

169 Please provide some keywords to describe your current job.

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

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

**170 What is the title of your current job?**

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

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....






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

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

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

No .....

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

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

*Please mark all relevant boxes.*

Giving guidance to staff .....

Supervising staff .....

Distributing work .....

Checking the work performed .....

None of the above .....

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

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

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

If you are a **temporary employee**, please enter the 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. 123: **13** “Establishment (location)”.

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....

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

174 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.

175 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"/> |

**176 How many people work in the establishment (location) you currently work in?**

**i** If you are self-employed and have several establishments/locations, your answer regarding the size of the establishment should refer to the establishment with the highest number of employees.

|                            | Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|----------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Up to 10 people ..... 1    | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| 11 to 19 people ..... 2    | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| 20 to 49 people ..... 3    | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| 50 to 249 people ..... 4   | <input type="checkbox"/> → 178 | <input type="checkbox"/> → 178 | <input type="checkbox"/> → 178 | <input type="checkbox"/> → 178 | <input type="checkbox"/> → 178 |
| 250 to 499 people ..... 5  | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| 500 people or more ..... 6 | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |

**177 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**

**178 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"/> → 181 | <input type="checkbox"/> → 181 | <input type="checkbox"/> → 181 | <input type="checkbox"/> → 181 | <input type="checkbox"/> → 181 |

**179 Is this dwelling your main residence?**

|            | 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 ..... 8 | <input type="checkbox"/> → 181 | <input type="checkbox"/> → 181 | <input type="checkbox"/> → 181 | <input type="checkbox"/> → 181 | <input type="checkbox"/> → 181 |

**180 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 ..... 8                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**181 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**

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

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

If you are in **partial retirement** please mark the category relating to the time before you entered partial retirement.

|                 |   | Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|-----------------|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Full-time ..... | 1 | <input type="checkbox"/> → 185 | <input type="checkbox"/> → 185 | <input type="checkbox"/> → 185 | <input type="checkbox"/> → 185 | <input type="checkbox"/> → 185 |
| Part-time ..... | 2 | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |

**183 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"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| School education, studies, other education or advanced training ..... | 2  | <input type="checkbox"/> → 185 | <input type="checkbox"/> → 185 | <input type="checkbox"/> → 185 | <input type="checkbox"/> → 185 | <input type="checkbox"/> → 185 |
| Own illness, consequences of an accident .....                        | 3  | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Permanently reduced earning capacity, permanent disability .....      | 4  | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Have to look after children .....                                     | 5  | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Have to look after people with disabilities .....                     | 6  | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Have to look after people in need of care .....                       | 7  | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Other family reasons .....                                            | 9  | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Other personal reasons .....                                          | 10 | <input type="checkbox"/> → 185 | <input type="checkbox"/> → 185 | <input type="checkbox"/> → 185 | <input type="checkbox"/> → 185 | <input type="checkbox"/> → 185 |
| I want to work part-time. ....                                        | 11 | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Other main reason .....                                               | 12 | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |



**184 Why do you yourself 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"/> |

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

- 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"/> → 187 | <input type="checkbox"/> → 187 | <input type="checkbox"/> → 187 | <input type="checkbox"/> → 187 | <input type="checkbox"/> → 187 |

**186 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"/> |
| ↳ 193                | ↳ 193                | ↳ 193                | ↳ 193                | ↳ 193                |

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

- 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"/> |

**188 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"/> |

**189 Is this dwelling your main residence?**

- 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"/> → 191 | <input type="checkbox"/> → 191 | <input type="checkbox"/> → 191 | <input type="checkbox"/> → 191 | <input type="checkbox"/> → 191 |

voluntary

**190 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"/> |

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

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

**192 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. 123: **14** "Stand-by duty".

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

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

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

|           |   | Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|-----------|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes ..... | 1 | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| No .....  | 8 | <input type="checkbox"/> → 195 | <input type="checkbox"/> → 195 | <input type="checkbox"/> → 195 | <input type="checkbox"/> → 195 | <input type="checkbox"/> → 195 |

**194 How many 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.

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

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

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

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

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

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

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

|           |   | Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|-----------|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes ..... | 1 | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| No .....  | 8 | <input type="checkbox"/> → 199 | <input type="checkbox"/> → 199 | <input type="checkbox"/> → 199 | <input type="checkbox"/> → 199 | <input type="checkbox"/> → 199 |

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

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

Number of days .....

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

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

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

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

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

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

Number of hours .....

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

## Second or additional jobs

**200 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                       |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <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"/> → 210 | <input type="checkbox"/> → 210 | <input type="checkbox"/> → 210 | <input type="checkbox"/> → 210 | <input type="checkbox"/> → 210 |

**201 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. 122: **12** "Marginal employment".

Yes, a 450-euros job, mini-job (average maximum earnings of 450 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 unemployment benefit II) .....

No .....

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

**202 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                 |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> |

203 What is your status in your additional job?

**i** See also p. 122: **ii** “Categorisation of job”.

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

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

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

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

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

**207 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. 123: **1B** "Establishment (location)".

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

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

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

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

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

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

If you did not work in the reference week, please enter "0" in the number-of-hours box.

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

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

## Number of desired working hours

**210 Would you like to retain your normal weekly working hours or to change them, subject to a corresponding adjustment in earnings?**

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

|                |   | Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|----------------|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Retain .....   | 1 | <input type="checkbox"/> → 214 | <input type="checkbox"/> → 214 | <input type="checkbox"/> → 214 | <input type="checkbox"/> → 214 | <input type="checkbox"/> → 214 |
| Increase ..... | 2 | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Reduce .....   | 3 | <input type="checkbox"/> → 213 | <input type="checkbox"/> → 213 | <input type="checkbox"/> → 213 | <input type="checkbox"/> → 213 | <input type="checkbox"/> → 213 |

**211 How would you like to increase your working hours?**

|                                                               |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|---------------------------------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Exclusively by working more hours in the current job(s) ..... | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exclusively by taking up one or more additional jobs .....    | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exclusively by moving to a job with more working hours .....  | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Without tying myself down to one of the above options .....   | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| By combining some of the above options .....                  | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**212 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"/> |

**213 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"/> |

214 Did you look for different or additional work in the reference week or the preceding 3 weeks?

**i Looking for work includes**  
any search for paid work, including second or mini-jobs, self-employed or freelance activities, or small-scale activities.

**Forms of search are,**  
for instance, looking through job offers in newspapers or on the internet, searching for job vacancies on notice boards, asking acquaintances and relatives.

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

model questionnaire

## Last job or absence from work

### 215 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"/> → 227 | <input type="checkbox"/> → 227 | <input type="checkbox"/> → 227 | <input type="checkbox"/> → 227 | <input type="checkbox"/> → 227 |

### 216 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"/> |

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

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

#### Reasons related to the labour market

|                                                      |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|------------------------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Dismissal (including closure of establishment) ..... | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| End of a fixed-term working contract .....           | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sale or closure of own enterprise .....              | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### Family reasons

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

#### Personal reasons

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

#### Other reasons

|                         |    |                          |                          |                          |                          |                          |
|-------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Other main reason ..... | 14 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|



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

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"/> |

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

**i** See also p. 122: **III** "Categorisation of job".

Self-employed person, freelancer

without employees ..... 1

with employees ..... 2

Unpaid family worker in a family business ..... 3

Public official (not including candidates), judge ..... 4

Salary earner (not including apprentices) ..... 5

Wage earner (not including apprentices),  
homeworker ..... 6

Apprentice/trainee receiving remuneration ..... 7

Candidate public official ..... 8

Intern, trainee (including paid practical training or  
internship) ..... 9

Temporary or professional soldier ..... 10

Person doing compulsory military/civilian service ..... 11

In voluntary military service ..... 12

In the Federal Volunteer Service (also social,  
ecological or cultural year) ..... 13

| 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"/> → 221 | <input type="checkbox"/> → 221 | <input type="checkbox"/> → 221 | <input type="checkbox"/> → 221 | <input type="checkbox"/> → 221 |
| <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"/> → 221 | <input type="checkbox"/> → 221 | <input type="checkbox"/> → 221 | <input type="checkbox"/> → 221 | <input type="checkbox"/> → 221 |
| <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"/>       |

**220 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

| 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"/> |

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

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

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....

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

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

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....

**223 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) .....

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

No .....

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

|   | 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"/> |

**224 Enter the branch of activity of the establishment (location) you last worked in or the branch of activity of the job from which you are absent.**

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

If you were a temporary employee, please enter the branch of activity of your last job/the job from which you are absent.

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

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

See also p. 123:

**13** "Establishment (location)".

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

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

**225 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 in most recently or were employed by a church, please indicate "No".

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"/> |

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

Open-ended work contract ..... 1  
 Fixed-term work 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"/> |

**227 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"/> → 229 | <input type="checkbox"/> → 229 | <input type="checkbox"/> → 229 | <input type="checkbox"/> → 229 | <input type="checkbox"/> → 229 |

**228 What did you do in the reference week or the preceding 3 weeks to find new work?**

Please mark all relevant boxes.

|                                                                                                       | Person 1                         | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|-------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Contacted the employment agency (job centre) or other employment authority .....                      | 1 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Contacted private employment organisations .....                                                      | 2 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Placed job wanted advertisements .....                                                                | 3 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Responded to job offers .....                                                                         | 4 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Sent off unsolicited applications .....                                                               | 5 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Asked friends, relatives, acquaintances .....                                                         | 6 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Looked through job offers .....                                                                       | 7 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Took tests, interviews, exams .....                                                                   | 8 <input type="checkbox"/> → 239 | <input type="checkbox"/> → 239 | <input type="checkbox"/> → 239 | <input type="checkbox"/> → 239 | <input type="checkbox"/> → 239 |
| Placed or updated online CVs .....                                                                    | 13 <input type="checkbox"/>      | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Searched for premises, offices, equipment for self-employment or a freelance job .....                | 9 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Applied for licences, concessions or financial resources for self-employment or a freelance job ..... | 10 <input type="checkbox"/>      | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Took other action for self-employment or a freelance job .....                                        | 11 <input type="checkbox"/>      | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Took other action .....                                                                               | 12 <input type="checkbox"/>      | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |

**229 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"/> → 239 | <input type="checkbox"/> → 239 | <input type="checkbox"/> → 239 | <input type="checkbox"/> → 239 | <input type="checkbox"/> → 239 |
| Yes, I found a job in the reference week but have not started it yet. .... | 2 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| No, I did not find a job in the reference week. ....                       | 8 <input type="checkbox"/> → 231 | <input type="checkbox"/> → 231 | <input type="checkbox"/> → 231 | <input type="checkbox"/> → 231 | <input type="checkbox"/> → 231 |

|                                                                         |   |                          |                          |                          |                          |                          |
|-------------------------------------------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>230 When will you start your new job?</b>                            |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
| Within the next 3 months after the reference week ...                   | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Later, that is, after more than 3 months after the reference week ..... | 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                         |   | → 239                    | → 239                    | → 239                    | → 239                    | → 239                    |

|                                                                                   |   |                          |                          |                          |                          |                          |
|-----------------------------------------------------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>231 If you are not looking for a job, would you nevertheless like to work?</b> |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
| <b>i</b> This also refers to jobs with only a few hours.                          |   |                          |                          |                          |                          |                          |
| Yes .....                                                                         | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No .....                                                                          | 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                   |   | → 237                    | → 237                    | → 237                    | → 237                    | → 237                    |

|                                                                                            |    |                          |                          |                          |                          |                          |
|--------------------------------------------------------------------------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>232 Why did you not look for a job in the reference week and the preceding 3 weeks?</b> |    | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
| <i>If there are several reasons, please mark the main one.</i>                             |    |                          |                          |                          |                          |                          |
| No suitable job available .....                                                            | 1  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am awaiting re-employment (following temporary lay-off). .....                           | 2  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Own illness, consequences of an accident .....                                             | 3  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Permanently reduced earning capacity, permanent disability .....                           | 4  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have to look after children .....                                                          | 5  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have to look after people with disabilities .....                                          | 6  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have to look after people in need of care .....                                            | 7  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other family responsibilities .....                                                        | 8  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other personal responsibilities .....                                                      | 9  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| School or vocational education, studies .....                                              | 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Retirement .....                                                                           | 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other main reason .....                                                                    | 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                            |    | → 234                    | → 234                    | → 234                    | → 234                    | → 234                    |

|                                                                                                         |   |                          |                          |                          |                          |                          |
|---------------------------------------------------------------------------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>233 Why do you yourself look after children, people with disabilities or people in need of care?</b> |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
| <i>If there are several reasons, please mark the main one.</i>                                          |   |                          |                          |                          |                          |                          |
| There is no adequate care available in the vicinity. ....                                               | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| There is no adequate care available at the relevant times of the day. ....                              | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adequate care is too expensive. ....                                                                    | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I want to do it myself. ....                                                                            | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other essential reasons .....                                                                           | 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**234 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"/> → 241 | <input type="checkbox"/> → 241 | <input type="checkbox"/> → 241 | <input type="checkbox"/> → 241 | <input type="checkbox"/> → 241 |
| No .....  | 8 | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |

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

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

|                                                                  |    | Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|------------------------------------------------------------------|----|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| School or vocational education, studies .....                    | 1  | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Own illness, consequences of an accident .....                   | 2  | <input type="checkbox"/> → 241 | <input type="checkbox"/> → 241 | <input type="checkbox"/> → 241 | <input type="checkbox"/> → 241 | <input type="checkbox"/> → 241 |
| Permanently reduced earning capacity, permanent disability ..... | 3  | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Have to look after children .....                                | 4  | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Have to look after people with disabilities .....                | 5  | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Have to look after people in need of care .....                  | 6  | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Other family responsibilities .....                              | 7  | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Other personal responsibilities .....                            | 8  | <input type="checkbox"/> → 241 | <input type="checkbox"/> → 241 | <input type="checkbox"/> → 241 | <input type="checkbox"/> → 241 | <input type="checkbox"/> → 241 |
| Retirement .....                                                 | 9  | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Other main reason .....                                          | 10 | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |

**236 Why do you yourself 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"/> → 241 | <input type="checkbox"/> → 241 | <input type="checkbox"/> → 241 | <input type="checkbox"/> → 241 | <input type="checkbox"/> → 241 |
| 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"/>       |

**237 Why do you not want to, or why are you not able to work?**

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

|                                                                  |    | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|------------------------------------------------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| School or vocational education, studies .....                    | 1  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Own illness, consequences of an accident .....                   | 2  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Permanently reduced earning capacity, permanent disability ..... | 3  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have to look after children .....                                | 4  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have to look after people with disabilities .....                | 5  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have to look after people in need of care .....                  | 6  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other family responsibilities .....                              | 7  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other personal responsibilities .....                            | 8  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Retirement .....                                                 | 9  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other main reason .....                                          | 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**238 Why do you yourself 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"/> |

**239 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"/> |

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

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

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

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

**i** See also p. 122:

**9** "Partial retirement" and

**10** "Caregiver Leave Act/Family Caregiver Leave Act".

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

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

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

Self-employed person, freelancer

|                                                 |   |                          |                          |                          |                          |                          |
|-------------------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| without employees .....                         | 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| with employees .....                            | 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unpaid family worker in a family business ..... | 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

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

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

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

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



**242 Is this dwelling your main residence?**

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"/> → 251 | <input type="checkbox"/> → 251 | <input type="checkbox"/> → 251 | <input type="checkbox"/> → 251 | <input type="checkbox"/> → 251 |

**243 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 applicable ..... 9999

| 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"/> → 251 | <input type="checkbox"/> → 251 | <input type="checkbox"/> → 251 | <input type="checkbox"/> → 251 | <input type="checkbox"/> → 251 |

**244 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"/> |

**245 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 241, 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"/> → 250 | <input type="checkbox"/> → 250 | <input type="checkbox"/> → 250 | <input type="checkbox"/> → 250 | <input type="checkbox"/> → 250 |

model questionnaire

## 246 What was your status in your last main job?

**i** See also p. 122: **ii** "Categorisation of job".

|                                                                                      |    | Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|--------------------------------------------------------------------------------------|----|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Self-employed person, freelancer                                                     |    |                                |                                |                                |                                |                                |
| without employees .....                                                              | 1  | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| with employees .....                                                                 | 2  | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Unpaid family worker in a family business .....                                      | 3  | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Public official (not including candidates), judge .....                              | 4  | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Salary earner (not including apprentices) .....                                      | 5  | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Wage earner (not including apprentices),<br>homeworker .....                         | 6  | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Apprentice/trainee receiving remuneration .....                                      | 7  | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Candidate public official .....                                                      | 8  | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Intern, trainee (including paid practical training or<br>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,<br>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"/> → 251 | <input type="checkbox"/> → 251 | <input type="checkbox"/> → 251 | <input type="checkbox"/> → 251 | <input type="checkbox"/> → 251 |

## 247 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 .....

**248 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 .....

**249 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 services, business consultancy (not: services)
- software development (not: IT)

See also p. 123: **13** "Establishment (location)".

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....

voluntary

**250 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                 |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/>     | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     | <input type="text"/>     |

**251 Which are your main sources of livelihood?**

**i** See also p. 123:  
**15** "Main sources of livelihood".

Main sources of livelihood:

Code from List 251 .....

Person 1

Person 2

Person 3

Person 4

Person 5

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

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

**List 251**

|                                                                                                                                                            |   |                                                                                                                                                                                                                        |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Own employment .....                                                                                                                                       | 1 | Income of the parents .....                                                                                                                                                                                            | 8  |
| Unemployment benefit I .....                                                                                                                               | 2 | Income of the partner, spouse or other relatives .....                                                                                                                                                                 | 14 |
| Unemployment benefit II (Hartz IV), social benefit                                                                                                         | 3 | Maintenance payments or other regular payments received from other private households .....                                                                                                                            | 9  |
| Public assistance, e. g. basic security in old age and in cases of reduced earning capacity, assistance for nursing care, continuous subsistence payments  | 4 | Training assistance (BAföG), scholarship/grant .....                                                                                                                                                                   | 10 |
| Pension .....                                                                                                                                              | 5 | Benefits for asylum seekers .....                                                                                                                                                                                      | 11 |
| Own property, savings, interest, renting, leasing, life interest retained for older people, life assurance, specific pensions fund (Versorgungswerk) ..... | 6 | Benefits from own long-term care insurance (long-term care allowance) .....                                                                                                                                            | 12 |
| Parental allowance .....                                                                                                                                   | 7 | Other financial support, e. g. early retirement payments, allowances for foster children, sickness pay, loan in accordance with the Caregiver Leave Act or the Family Caregiver Leave Act , corona emergency aid ..... | 13 |

model questionnaire

**252 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, unemployment benefit II (Hartz IV), social benefit
- basic security in old age and in cases of reduced earning capacity, assistance for nursing care, continuous subsistence payments and other public assistance benefits

- heating and housing benefits, housing allowance, children's allowance, long-term care allowance, parental allowance, training assistance (BAföG), child bonus, corona emergency aid and other public payments
- maintenance payments or other regular payments received from other private households
- further income and receipts (e.g. entrepreneurial income, income from renting and leasing, interest, dividends)

See also p. 123: **16** „Net income“.

Personal net income:

Code from List 252 .....

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 252**

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

**253 What was the total net income of your household in the month before the reference week?**

**i** The net **income of the household** is the sum of the net incomes of all people in the household.

Net household income .....

Monthly amount  
(full euros)

*If you are not able to state an exact amount, please enter the size class of List 252 that corresponds to the amount of your monthly net household income.*

Code from List 252 .....

## Development of the household income

**254 Is this dwelling the main residence of at least one person in the household who was 16 years or older on 31 December 2021?**

Yes ..... ☐  
 No ..... ☐ → 259

**255 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 ☐ → 258  
 The net household income has decreased. .... 3 ☐ → 257

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

Pay rise or working more hours ..... 1 ☐  
 Return to work after illness, parental leave, childcare or looking after ill people or people in need of care ..... 2 ☐  
 Change of job or new job ..... 3 ☐  
 Change in household composition ..... 4 ☐ → 258  
 Increase in social benefits or transfer payments ..... 5 ☐  
 Indexation or reassessment of salary (only for employees in Belgium or Luxembourg) ..... 6 ☐  
 Other reasons ..... 7 ☐

**257 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 ☐

voluntary

model questionnaire

**258 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 ☐

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

- 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"/> → 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**
**260 Do you hold a general school certificate?**

- Yes ..... 1
- No/Not yet ..... 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"/> → 264 | <input type="checkbox"/> → 264 | <input type="checkbox"/> → 264 | <input type="checkbox"/> → 264 | <input type="checkbox"/> → 264 |

**261 Which is your highest qualification?**

Please convert qualifications gained abroad to German equivalents.

- School certificate obtained after no more than 7 years of school attendance ..... 1
- Secondary general school certificate (also former school type starting with grade 1) ..... 2
- School of general education in the GDR
- school certificate obtained after grade 8 or 9 ..... 3
- school certificate obtained after grade 10 ..... 4
- Intermediate school certificate, intermediate school-leaving certificate or equivalent ..... 5
- Entrance qualification for universities of applied sciences ..... 6
- Higher education entrance qualification (general or subject-restricted) ..... 7
- Certificate of special school ..... 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"/> |
| <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"/> |

**262 Did you obtain your general school certificate in Germany or abroad?**

- Germany ..... 1
- Abroad ..... 2

| Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> → 264 | <input type="checkbox"/> → 264 | <input type="checkbox"/> → 264 | <input type="checkbox"/> → 264 | <input type="checkbox"/> → 264 |
| <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |

**263 How long did you attend school?**

Please round to the nearest year.

Number of years in school .....

| 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"/> |

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

**i** Vocational training also includes a pre-vocational training year, on-the-job training or an internship of at least 12 months.

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

Yes ..... 1

No/Not yet ..... 8

| Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> → 266 | <input type="checkbox"/> → 266 | <input type="checkbox"/> → 266 | <input type="checkbox"/> → 266 | <input type="checkbox"/> → 266 |
| <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |

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

Year .....

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

| Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="text"/>           | <input type="text"/>           | <input type="text"/>           | <input type="text"/>           | <input type="text"/>           |
| ↳ 272                          | ↳ 272                          | ↳ 272                          | ↳ 272                          | ↳ 272                          |
| <input type="checkbox"/> → 272 | <input type="checkbox"/> → 272 | <input type="checkbox"/> → 272 | <input type="checkbox"/> → 272 | <input type="checkbox"/> → 272 |

**266 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"/> |

**267 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"/> |

model questionnaire



## 268 Which is your highest qualification?

Please convert qualifications gained abroad to German equivalents.

### Vocational qualification attained

|                                                                                                                                                                                                | Person 1                         | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| On-the-job training .....                                                                                                                                                                      | 1 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Internship .....                                                                                                                                                                               | 2 <input type="checkbox"/> → 272 | <input type="checkbox"/> → 272 | <input type="checkbox"/> → 272 | <input type="checkbox"/> → 272 | <input type="checkbox"/> → 272 |
| Pre-vocational training year .....                                                                                                                                                             | 3 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Apprenticeship, vocational training in the dual system .....                                                                                                                                   | 4 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Certificate qualifying for an occupation obtained from a full-time vocational school or from a secondary school offering general as well as vocational education to pupils aged 16 to 19 ..... | 5 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Preparatory training for the intermediate service in public administration .....                                                                                                               | 6 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Training centre/school for health-care service occupations and social occupations                                                                                                              |                                  |                                |                                |                                |                                |
| one year (e.g. geriatric care assistant) .....                                                                                                                                                 | 7 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant) .....                                                                                                                   | 8 <input type="checkbox"/> → 271 | <input type="checkbox"/> → 271 | <input type="checkbox"/> → 271 | <input type="checkbox"/> → 271 | <input type="checkbox"/> → 271 |
| three years (e.g. physiotherapy, medical laboratory assistant, geriatric care) .....                                                                                                           | 9 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Nursery teacher/educator .....                                                                                                                                                                 | 10 <input type="checkbox"/>      | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Master craftsman/craftswoman .....                                                                                                                                                             | 11 <input type="checkbox"/>      | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Technician's qualification or equivalent trade and technical school certificate .....                                                                                                          | 12 <input type="checkbox"/>      | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Specialised and engineering schools of the GDR .....                                                                                                                                           | 13 <input type="checkbox"/>      | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Specialised academy (in Bayern only) .....                                                                                                                                                     | 14 <input type="checkbox"/>      | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |

### Higher education institutions

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

|                                                                                                                                       |                                   |                                |                                |                                |                                |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Vocational academy .....                                                                                                              | 15 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| College of public administration .....                                                                                                | 16 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| University of applied sciences (also college of engineering), cooperative state university (in Baden-Württemberg and Thüringen) ..... | 17 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| University (also college of art and music, college of education, college of theology) .....                                           | 18 <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Doctor's degree .....                                                                                                                 | 19 <input type="checkbox"/> → 270 | <input type="checkbox"/> → 270 | <input type="checkbox"/> → 270 | <input type="checkbox"/> → 270 | <input type="checkbox"/> → 270 |

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

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

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

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

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

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

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

271 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 .....

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

## Continuing education and training

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

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

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

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

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

## Pension insurance

### 273 Do you receive an old-age pension from statutory pension insurance?

|           | Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|-----------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes ..... | <input type="checkbox"/> → 275 | <input type="checkbox"/> → 275 | <input type="checkbox"/> → 275 | <input type="checkbox"/> → 275 | <input type="checkbox"/> → 275 |
| No .....  | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |

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

**i** See also p. 123:

**17** "Statutory pension insurance".

|                                 | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes, compulsorily insured ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, voluntarily insured .....  | <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"/> |

## Internet access and internet use

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

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

|           | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes ..... | <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"/> |

### 276 Is this dwelling your main residence?

|           | 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 |

### 277 Were you aged 16 years or over on 31 December 2021?

|           | 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

### 278 What kind of health insurance did you have in 2021?

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

|                                                                                          | Person 1             | Person 2             | Person 3             | Person 4             | Person 5             |
|------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| By statutory health insurance ...                                                        |                      |                      |                      |                      |                      |
| 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"/> |
| Private health insurance ...                                                             |                      |                      |                      |                      |                      |
| 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"/> |

## Your health

### 279 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"/> |

### 280 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"/> |

**281 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"/> → 283 | <input type="checkbox"/> → 283 | <input type="checkbox"/> → 283 | <input type="checkbox"/> → 283 | <input type="checkbox"/> → 283 |

**282 How long have you been affected by these 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"/> |

**283 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"/> → 286 | <input type="checkbox"/> → 286 | <input type="checkbox"/> → 286 | <input type="checkbox"/> → 286 | <input type="checkbox"/> → 286 |

**284 Did you have an examination or treatment each time you needed it?**

|                                                                                           |   | Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|-------------------------------------------------------------------------------------------|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes .....                                                                                 | 1 | <input type="checkbox"/> → 286 | <input type="checkbox"/> → 286 | <input type="checkbox"/> → 286 | <input type="checkbox"/> → 286 | <input type="checkbox"/> → 286 |
| 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"/>       |

**285 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"/> |

**286 Was there any time in the last 12 months when you really needed any other medical examination or treatment (excluding dental/orthodontic) 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"/> → 289 | <input type="checkbox"/> → 289 | <input type="checkbox"/> → 289 | <input type="checkbox"/> → 289 | <input type="checkbox"/> → 289 |

**287 Did you have an examination or treatment each time you needed it?**

|                                                                                           |   | Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|-------------------------------------------------------------------------------------------|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes .....                                                                                 | 1 | <input type="checkbox"/> → 289 | <input type="checkbox"/> → 289 | <input type="checkbox"/> → 289 | <input type="checkbox"/> → 289 | <input type="checkbox"/> → 289 |
| 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"/>       |

**288 What was the main reason for not having a 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"/> |

## Medical care and health determinants

**289 How often have you consulted a dentist, orthodontist or other dental care specialists in the last 12 months to get advice, an examination or treatment for yourself?**

|                        |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Never .....            | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 to 2 times .....     | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 to 5 times .....     | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 to 9 times .....     | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 times or more ..... | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**290 How often have you consulted a family doctor or a general practitioner in the last 12 months to get advice, an examination or treatment for yourself?**

**i** Please include consultations in a medical practice, home visits and telephone consultations.

|                        |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Never .....            | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 to 2 times .....     | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 to 5 times .....     | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 to 9 times .....     | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 times or more ..... | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**291 How often have you consulted a medical specialist (e.g. ophthalmologist, dermatologist, orthopaedist, gynaecologist, physiotherapist, psychotherapist) in the last 12 months to get advice, an examination or treatment for yourself?**

**i** Please include accident and emergency units involved in a medical emergency.

This does not refer to consultations with a dentist, general practitioner/family doctor or medical contacts you had as an in-patient/day patient in a hospital.

|                        |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Never .....            | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 to 2 times .....     | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 to 5 times .....     | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 to 9 times .....     | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 times or more ..... | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**292 What is your weight when wearing neither clothes nor shoes?**

**i** Pregnant women please enter their weight before pregnancy.

Please enter your weight in kg.

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

**293 What is your height when not wearing shoes?**

Please enter your height in cm.

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

**294 When you work, which of the following statements describes best what you do in a typical week of work?**

**Would you say ...**

|                                                     |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|-----------------------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Mostly sitting .....                                | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mostly standing .....                               | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mostly walking or tasks of moderate physical effort | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mostly heavy labour or physically demanding work    | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I do not do any work-related activities. ....       | 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**295 Think of sports, fitness and physical leisure activities, e.g. (Nordic) walking, ball games, jogging, cycling, swimming, aerobic, rowing or badminton.**

**In a typical week, how often do you do sports, fitness or physical activities for at least 10 minutes without interruption in your leisure time?**

|                                    |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Twice or several times a day ..... | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Once a day .....                   | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 to 6 times a week .....          | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 to 3 times a week .....          | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Less than once a week .....        | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Never .....                        | 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**296 How often do you eat fruit?**

**i** Please include dried, frozen and tinned fruit. This does not refer to fruit juices.

|                                    |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Twice or several times a day ..... | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Once a day .....                   | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 to 6 times a week .....          | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 to 3 times a week .....          | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Less than once a week .....        | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Never .....                        | 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**297 How often do you eat vegetables or salad?**

**i** Please include dried, frozen and tinned vegetables. This does not refer to potatoes or vegetable juices.

|                                    |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Twice or several times a day ..... | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Once a day .....                   | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 to 6 times a week .....          | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 to 3 times a week .....          | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Less than once a week .....        | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Never .....                        | 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**298 How often have you smoked tobacco products (e.g. cigarettes, pipe tobacco, water pipe) in the last 12 months?**

**This includes electronic cigarettes or similar electronic products, e.g. e-shisha, e-pipe.**

|                                |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|--------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Daily .....                    | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A few times a week .....       | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A few times a month .....      | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At few times in the year ..... | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all .....               | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**299 How often have you drunk alcohol of any kind (e.g. beer, wine, sparkling wine, spirits, cocktails, mixed alcoholic drinks, liqueurs, home-made or home-distilled alcohol) in the last 12 months?**

|                                |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|--------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Daily .....                    | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A few times a week .....       | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A few times a month .....      | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At few times in the year ..... | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all .....               | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**i** The following questions refer to your ability to do various basic activities. Please ignore any temporary problems.

**300 Do you have difficulty in seeing, even when wearing glasses or contact lenses? Would you say ...**

|                           |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|---------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No difficulty .....       | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Some difficulty .....     | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A lot of difficulty ..... | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cannot see at all .....   | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**301 Do you have difficulty in hearing, even when using a hearing aid?**
**Would you say ...**

|                           |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|---------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No difficulty .....       | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Some difficulty .....     | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A lot of difficulty ..... | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cannot hear at all. ....  | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**302 Do you have difficulty in walking or climbing steps?**
**Would you say ...**

|                           |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|---------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No difficulty .....       | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Some difficulty .....     | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A lot of difficulty ..... | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cannot walk at all. ....  | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**303 Do you have difficulty in remembering or concentrating?**
**Would you say ...**

|                                    |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No difficulty .....                | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Some difficulty .....              | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A lot of difficulty .....          | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cannot remember/focus at all. .... | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**304 Do you have difficulty with self-care such as washing all over, taking a shower or dressing?**
**Would you say ...**

|                                   |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|-----------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No difficulty .....               | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Some difficulty .....             | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A lot of difficulty .....         | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cannot wash or dress at all. .... | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**305 When using your usual language, do you have difficulty in communicating, e.g. understanding or being understood by others?**
**Would you say ...**

|                                 |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|---------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| No difficulty .....             | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Some difficulty .....           | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A lot of difficulty .....       | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cannot communicate at all. .... | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**306 Which of the following statements apply to your life situation?**

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

|                              |   | 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, I cannot afford it ..... | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, for other reasons .....  | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

|                              |   |                          |                          |                          |                          |                          |
|------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes .....                    | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, I cannot afford it ..... | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, for other reasons .....  | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

|                              |   |                          |                          |                          |                          |                          |
|------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes .....                    | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, I cannot afford it ..... | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, for other reasons .....  | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

|                              |   |                          |                          |                          |                          |                          |
|------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes .....                    | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, I cannot afford it ..... | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, for other reasons .....  | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, I cannot afford it ..... | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, for other reasons .....  | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

|                              |   |                          |                          |                          |                          |                          |
|------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes .....                    | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, I cannot afford it ..... | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, for other reasons .....  | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 307 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"/> |  |

308 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 cannot 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"/>  |  |

309 To what extent would you agree with the statement: "I feel left out from society"?

**i** Please answer on a scale from "strongly agree" and "strongly disagree".

Please mark only one box.

|                | Strongly agree                        | Agree                                 | Neither agree nor disagree            | Disagree                              | Strongly disagree                     | Don't know                             |
|----------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|----------------------------------------|
| Person 1 ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| Person 2 ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| Person 3 ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| Person 4 ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |
| Person 5 ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>99</sub> |

model questionnaire

### 310 How satisfied are you with ...?

**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.

| ... your household's financial situation? | Not at all satisfied     |                          |                          |                          |                          |                          |                          |                          |                          |                          | Completely satisfied     | Don't know               |
|-------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                           | 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |

... your personal relationships (e.g. with your family, friends, colleagues)?

|                | Not at all satisfied     |                          |                          |                          |                          |                          |                          |                          |                          |                          | Completely satisfied     | Don't know               |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                | 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |

... the time available to you to do things you like to do?

|                | Not at all satisfied     |                          |                          |                          |                          |                          |                          |                          |                          |                          | Completely satisfied     | Don't know               |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                | 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |

### 311 How often have you felt lonely in the last 4 weeks?

Please mark only one box.

|                            | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| All of the time .....      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Most of the time .....     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Some of the time .....     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A little of the time ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| None of the time .....     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Don't know .....           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**312 How often have you been happy in the last 4 weeks?**

Please mark only one box.

|                            |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|----------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| All of the time .....      | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Most of the time .....     | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Some of the time .....     | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A little of the time ..... | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| None of the time .....     | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Don't know .....           | 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Social and cultural participation**
**313 Have you gone to the cinema in the last 12 months?**

Please mark only one box.

|                                                       |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|-------------------------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes, at most 3 times .....                            | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, more than 3 times .....                          | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, cannot afford it .....                            | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, lack of interest .....                            | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, no cinema nearby .....                            | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, lack of time .....                                | 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, I watch films by other means (TV, internet). .... | 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, for other reasons .....                           | 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**314 Have you gone to live performances (concerts, plays, operas, ballet or dance performances) in the last 12 months?**

Please mark only one box.

|                                       |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|---------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes, at most 3 times .....            | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, more than 3 times .....          | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, cannot afford it .....            | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, lack of interest .....            | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, no live performances nearby ..... | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, lack of time .....                | 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, for other reasons .....           | 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**315 Have you visited museums or cultural sites (e. g. memorials or archaeological sites) in the last 12 months?**

*Please mark only one box.*

|                                               |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|-----------------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes, at most 3 times .....                    | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, more than 3 times .....                  | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, cannot afford it .....                    | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, lack of interest .....                    | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, no museums or cultural sites nearby ..... | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, lack of time .....                        | 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, for other reasons .....                   | 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**316 Have you attended live sport events in the last 12 months?**

*Please mark only one box.*

|                                                              |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|--------------------------------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes, at most 3 times .....                                   | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, more than 3 times .....                                 | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, cannot afford it .....                                   | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, lack of interest .....                                   | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, no live sport events nearby .....                        | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, lack of time .....                                       | 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, I watch sport events by other means (TV, internet). .... | 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, for other reasons .....                                  | 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**317 Have you read books (including e-books or audio books) in the last 12 months?**

*Please mark only one box.*

|                                   |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|-----------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes, 1 to 4 books .....           | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, 5 to 9 books .....           | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, 10 books or more .....       | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, cannot afford it .....        | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, lack of interest .....        | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, lack of time .....            | 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, lack of access to books ..... | 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, for other reasons .....       | 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**318 How often do you practice activities such as playing a musical instrument, singing, dancing, painting, drawing or hand lettering, taking photographs or doing handicrafts in your leisure time?**

**i** This does not include sports activities.

Please mark only one box.

|                                                     |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|-----------------------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Daily .....                                         | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At least once a week .....                          | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Several times a month (not every week) .....        | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Once a month .....                                  | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At least once a year (less than once a month) ..... | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Never .....                                         | 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**319 How often do you meet relatives?**

**i** This does not refer to household members.

Please mark only one box.

|                                                     |   | Person 1                       | Person 2                       | Person 3                       | Person 4                       | Person 5                       |
|-----------------------------------------------------|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Daily .....                                         | 1 | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| At least once a week .....                          | 2 | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Several times a month (not every week) .....        | 3 | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Once a month .....                                  | 4 | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| At least once a year (less than once a month) ..... | 5 | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Never .....                                         | 6 | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>       |
| Not applicable as I do not have any relatives. .... |   | <input type="checkbox"/> → 321 | <input type="checkbox"/> → 321 | <input type="checkbox"/> → 321 | <input type="checkbox"/> → 321 | <input type="checkbox"/> → 321 |

**320 How often do you have contact with relatives, e.g. via telephone, smartphone, internet, letter?**

Please mark only one box.

|                                                     |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|-----------------------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Daily .....                                         | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At least once a week .....                          | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Several times a month (not every week) .....        | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Once a month .....                                  | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At least once a year (less than once a month) ..... | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Never .....                                         | 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**321 How often do you meet friends or acquaintances?**

**i** This does not refer to household members.

Please mark only one box.

|                                                     |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|-----------------------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Daily .....                                         | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At least once a week .....                          | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Several times a month (not every week) .....        | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Once a month .....                                  | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At least once a year (less than once a month) ..... | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Never .....                                         | 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**322 How often do you have contact with friends or acquaintances, e.g. via telephone, smartphone, internet, letter?**

Please mark only one box.

|                                                     |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|-----------------------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Daily .....                                         | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At least once a week .....                          | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Several times a month (not every week) .....        | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Once a month .....                                  | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At least once a year (less than once a month) ..... | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Never .....                                         | 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**323 Have you participated in voluntary activities in an organisation or institution (e.g. club or society, political party, trade union, church, charitable organisation, school, day care centre) in the last 12 months?**

**i** Voluntary activities comprise only **unpaid** activities or activities performed for a **small expense allowance**.

|           |   | 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"/> → 325* | <input type="checkbox"/> → 325 | <input type="checkbox"/> → 325 | <input type="checkbox"/> → 325 | <input type="checkbox"/> → 325 |

**324 In what organisation or institution did you mainly do such activities?**

Please mark only one box.

|                                                                                                                                                 |   | Person 1                 | Person 2                 | Person 3                 | Person 4                 | Person 5                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| In a charitable organisation .....                                                                                                              | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In a cultural organisation (e.g. theatre group or band) .....                                                                                   | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In a sports club .....                                                                                                                          | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In a church or other religious organisation of any faith .....                                                                                  | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In another organisation (e.g. parents/pupils council, animal welfare organisation, action group, political party, voluntary fire brigade) ..... | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**325 Have you participated in voluntary activities outside an organisation or institution (e.g. assistance for older people or people in need of help, neighbourly help) in the last 12 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"/> |

voluntary

model questionnaire

**326 Have you participated as an active citizen e.g. in action groups, signing petitions or other collection of signatures or demonstrations in the last 12 months?**

Please mark only one box.

|                             |   | 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, lack of interest .....  | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, lack of time .....      | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, for other reasons ..... | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Help by others

**327 Do you have relatives, friends, neighbours or other people you could ask for financial assistance (money, loans or similar support) if you needed it?**

**i** This refers to people not living in your household.

|           |   | 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"/> |

**328 Do you have relatives, friends, neighbours or other people you could ask for other help if you needed it? This may be someone to talk to about personal matters or to help with daily activities.**

**i** This refers to people not living in your household.

|           |   | 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"/> } p. 97,<br>329 | <input type="checkbox"/> } p. 103,<br>329 | <input type="checkbox"/> } p. 109,<br>329 | <input type="checkbox"/> } p. 115,<br>329 |

model questionnaire

**Note**

Please enter your name in the box at the side.

Person 1:

**329 Was your situation unchanged over the entire year of 2021?**If yes, please enter the Code from List 329. ....   → 330

If no, please enter for each month the Code from List 329 that mainly applied in that month.

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

**List 329**

|                                                                         |   |                                                                                   |    |
|-------------------------------------------------------------------------|---|-----------------------------------------------------------------------------------|----|
| Employee, public official (including temporary or professional soldier) |   | Apprentice receiving apprenticeship pay .....                                     | 10 |
| Full-time .....                                                         | 1 | Unpaid family worker in a family business                                         |    |
| Part-time .....                                                         | 2 | Full-time .....                                                                   | 11 |
|                                                                         |   | Part-time .....                                                                   | 12 |
| Self-employed person, freelancer                                        |   | In the Federal Volunteer Service (also social, ecological or cultural year) ..... | 13 |
| Full-time .....                                                         | 3 | In voluntary military service .....                                               | 14 |
| Part-time .....                                                         | 4 | Pupil, person in non-remunerated vocational training, student .....               | 15 |
| In marginal employment .....                                            | 5 | Pensioner .....                                                                   | 16 |
| Person in employment ...                                                |   | Unemployed .....                                                                  | 17 |
| on parental leave .....                                                 | 6 | Housewife/househusband .....                                                      | 18 |
| in partial retirement .....                                             | 7 | Permanently unfit for work .....                                                  | 19 |
| fully or partly released from work under the Caregiver Leave Act .....  | 8 | Other .....                                                                       | 20 |
| partly released from work under the Family Caregiver Leave Act .....    | 9 |                                                                                   |    |

## Income from employment in 2021

### 330 Did you receive income (wage/salary) as an employee in 2021?

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

Yes ..... 1 ☐  
 No ..... 8 ☐ → 335

### 331 Did you receive the following types of income (wage/salary) as an employee or public official in 2021?

**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, 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"/>        |

### 332 Did you receive one or more of the following extra payments in 2021?

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

|                                                                                                   | No                         | Yes                          | Annual net 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"/>           |

### 333 What income (wage/salary), including extra payments, did you receive as an employee or public official in 2021?

**i** Please enter the total amount of all income types from questions 331 to 332.

Total amount ..... Annual net amount (full euros)

**334 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2021?**

**i** If you do not know the 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                          | <b>voluntary</b>     |                                     |
|---------------------------------------------------------------------------|----------------------------|------------------------------|----------------------|-------------------------------------|
|                                                                           |                            |                              | 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"/>                |

**335 Did you receive income from self-employment in 2021?**

Yes ..... 1 ☐

No ..... 8 ☐ → 339

**336 What was your income or loss from self-employment or freelance work in 2021?**

Annual gross amount (full euros)

Profit .....

Loss .....

**337 Did you withdraw assets from your business in 2021?  
Please include withdrawals of non-financial assets.**

Yes ..... 1 ☐

No ..... 8 ☐ → 339

**voluntary 338 What were your total withdrawals from business assets for own consumption?**

Annual net amount (full euros)

Withdrawals .....

**Income from pensions in 2021**

**339 Did you receive pensions based on your own entitlements in 2021?**

Yes ..... 1 ☐

No ..... 8 ☐ → 341

**340 What income from pensions based on your own entitlements did you receive in 2021?**

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

|                                                                                          | No                         | Yes                          | Number of months     | Net amount per month (full euros) | Annual net 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"/> | 8 <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"/>        |

**voluntary**

or

or

**341 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2021?**

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

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

**342 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2021?**

Please mark all relevant boxes.

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

from statutory pension insurance ..... 1 ☐

in accordance with the Public Officials Pensions Act ..... 2 ☐

from supplementary pension funds, company pension ..... 3 ☐

from occupational pension funds or the agricultural pension fund ..... 4 ☐

from another country (pension from abroad) ..... 5 ☐

from statutory accident insurance ..... 6 ☐

Other public widow's or orphan's pension ..... 7 ☐

Not applicable. .... ☐

**343 Did you receive unemployment benefit I or other benefits from the employment agency in 2021?**

|                                                 | No                       | Yes                      | Number of months | Amount per month (full euros) | Annual amount (full euros) |
|-------------------------------------------------|--------------------------|--------------------------|------------------|-------------------------------|----------------------------|
| Unemployment benefit I .....                    | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Financial support for continuing training ..... | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Support for business start-up .....             | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Short-time working benefit .....                | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Winter benefit .....                            | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Insolvency benefit .....                        | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Transitional allowance .....                    | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |

**344 What was the total amount of the benefits you received from the employment agency in 2021?**

**i** Please enter the total of the benefits from question 343 as an average monthly amount or as an annual amount.

|                                                                                                                    | Amount per month (full euros) | Annual amount (full euros) |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------|
| Total amount .....                                                                                                 |                               | or                         |
| Not applicable as I did not receive unemployment benefit I nor any other benefits from the employment agency. .... | <input type="checkbox"/>      |                            |

**345 Did you receive any of the following benefits in 2021?**

|                                                                                                                                   | 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) ..... | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Parental allowance .....                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Long-term care allowance from statutory long-term care insurance .....                                                            | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| 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"/> | →                |                               |                            |
| Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen) ...                                     | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               |                            |
| Sickness pay from statutory health insurance .....                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               |                            |
| Injury benefit or transitional allowance from statutory accident insurance .....                                                  | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               |                            |
| Transitional allowance from statutory pension insurance .....                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               |                            |
| Blindness benefit .....                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               |                            |

voluntary

|                                                                                                                                                                                                                               |                            |                              |                      | voluntary                     |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|----------------------|-------------------------------|--------------------------------|
|                                                                                                                                                                                                                               | No                         | Yes                          | Number of months     | Amount per month (full euros) | Annual net amount (full euros) |
| <b>346 Did you receive any of the following benefits in 2021 due to the coronavirus crisis?</b>                                                                                                                               |                            |                              |                      |                               |                                |
| For childcare:                                                                                                                                                                                                                |                            |                              |                      |                               |                                |
| Corona sickness pay for children .....                                                                                                                                                                                        | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/>          | or <input type="text"/>        |
| Wage replacement for parents in case of day care centre or school closures due to the coronavirus crisis .....                                                                                                                | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/>          | or <input type="text"/>        |
| For students: Interim financial help in pandemic-related hardship .....                                                                                                                                                       | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/>          | or <input type="text"/>        |
| For self-employed people: Compensation for loss of earnings through corona emergency aid (e.g. interim financial help, November assistance, December assistance, new start assistance, assistance in cases of hardship) ..... | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/>          | or <input type="text"/>        |

### Private old-age provision and benefits from private old-age provision in 2021

|                                                                                                                                                                                                                 |                            |                              |                      | voluntary                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|----------------------|-------------------------------|--|
|                                                                                                                                                                                                                 | No                         | Yes                          | Number of months     | Amount per month (full euros) |  |
| <b>347 Did you make contributions to private old-age provision in 2021 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)?</b> .....                  | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/>          |  |
| <b>348 Did you receive a pension from private old-age provision in 2021 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)?</b> ..... | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/>          |  |

### Participation in the survey

|                                                                                       |                                  |
|---------------------------------------------------------------------------------------|----------------------------------|
| <b>349 Have you yourself answered the questions from 120?</b>                         |                                  |
| Yes .....                                                                             | 1 <input type="checkbox"/> → 351 |
| No, another household member has answered the questions. ....                         | 2 <input type="checkbox"/>       |
| No, someone not living in the household has answered the questions. ....              | 3 <input type="checkbox"/> → 351 |
| <b>350 Which household member has answered the questions?</b>                         |                                  |
| Please enter the number (see flap) of the person who has answered the questions. .... | <input type="text"/>             |
| <b>351 How many minutes did it take you to complete the questionnaire?</b>            |                                  |
| Number of minutes .....                                                               | <input type="text"/>             |



**Note**

Please enter your name in the box at the side.

Person 2:

**329 Was your situation unchanged over the entire year of 2021?**If yes, please enter the Code from List 329. ....   → 330

If no, please enter for each month the Code from List 329 that mainly applied in that month.

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

**List 329**

|                                                                         |   |                                                                                   |    |
|-------------------------------------------------------------------------|---|-----------------------------------------------------------------------------------|----|
| Employee, public official (including temporary or professional soldier) |   | Apprentice receiving apprenticeship pay .....                                     | 10 |
| Full-time .....                                                         | 1 | Unpaid family worker in a family business                                         |    |
| Part-time .....                                                         | 2 | Full-time .....                                                                   | 11 |
|                                                                         |   | Part-time .....                                                                   | 12 |
| Self-employed person, freelancer                                        |   | In the Federal Volunteer Service (also social, ecological or cultural year) ..... | 13 |
| Full-time .....                                                         | 3 | In voluntary military service .....                                               | 14 |
| Part-time .....                                                         | 4 | Pupil, person in non-remunerated vocational training, student .....               | 15 |
| In marginal employment .....                                            | 5 | Pensioner .....                                                                   | 16 |
| Person in employment ...                                                |   | Unemployed .....                                                                  | 17 |
| on parental leave .....                                                 | 6 | Housewife/househusband .....                                                      | 18 |
| in partial retirement .....                                             | 7 | Permanently unfit for work .....                                                  | 19 |
| fully or partly released from work under the Caregiver Leave Act .....  | 8 | Other .....                                                                       | 20 |
| partly released from work under the Family Caregiver Leave Act .....    | 9 |                                                                                   |    |

## Income from employment in 2021

### 330 Did you receive income (wage/salary) as an employee in 2021?

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

Yes ..... 1 ☐  
 No ..... 8 ☐ → 335

### 331 Did you receive the following types of income (wage/salary) as an employee or public official in 2021?

**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, 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"/>        |

### 332 Did you receive one or more of the following extra payments in 2021?

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

|                                                                                                   | No                         | Yes                          | Annual net 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"/>           |

### 333 What income (wage/salary), including extra payments, did you receive as an employee or public official in 2021?

**i** Please enter the total amount of all income types from questions 331 to 332.

Total amount ..... Annual net amount (full euros)

**334 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2021?**

**i** If you do not know the 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                          | <b>voluntary</b>     |                                     |
|---------------------------------------------------------------------------|----------------------------|------------------------------|----------------------|-------------------------------------|
|                                                                           |                            |                              | 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"/>                |

**335 Did you receive income from self-employment in 2021?**

Yes ..... 1 ☐

No ..... 8 ☐ → 339

**336 What was your income or loss from self-employment or freelance work in 2021?**

Annual gross amount (full euros)

Profit .....

Loss .....

**337 Did you withdraw assets from your business in 2021?  
Please include withdrawals of non-financial assets.**

Yes ..... 1 ☐

No ..... 8 ☐ → 339

**voluntary 338 What were your total withdrawals from business assets for own consumption?**

Annual net amount (full euros)

Withdrawals .....

**Income from pensions in 2021**

**339 Did you receive pensions based on your own entitlements in 2021?**

Yes ..... 1 ☐

No ..... 8 ☐ → 341

**340 What income from pensions based on your own entitlements did you receive in 2021?**

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

|                                                                                          | No                         | Yes                          | Number of months     | Net amount per month (full euros) | Annual net 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"/> | 8 <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"/>        |

**voluntary**

or

or

**341 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2021?**

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

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

**342 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2021?**

Please mark all relevant boxes.

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

from statutory pension insurance ..... 1 ☐

in accordance with the Public Officials Pensions Act ..... 2 ☐

from supplementary pension funds, company pension ..... 3 ☐

from occupational pension funds or the agricultural pension fund ..... 4 ☐

from another country (pension from abroad) ..... 5 ☐

from statutory accident insurance ..... 6 ☐

Other public widow's or orphan's pension ..... 7 ☐

Not applicable. .... ☐

**343 Did you receive unemployment benefit I or other benefits from the employment agency in 2021?**

|                                                 | No                       | Yes                      | Number of months | Amount per month (full euros) | Annual amount (full euros) |
|-------------------------------------------------|--------------------------|--------------------------|------------------|-------------------------------|----------------------------|
| Unemployment benefit I .....                    | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Financial support for continuing training ..... | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Support for business start-up .....             | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Short-time working benefit .....                | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Winter benefit .....                            | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Insolvency benefit .....                        | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Transitional allowance .....                    | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |

**344 What was the total amount of the benefits you received from the employment agency in 2021?**

**i** Please enter the total of the benefits from question 343 as an average monthly amount or as an annual amount.

|                                                                                                                    | Amount per month (full euros) | Annual amount (full euros) |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------|
| Total amount .....                                                                                                 |                               | or                         |
| Not applicable as I did not receive unemployment benefit I nor any other benefits from the employment agency. .... | <input type="checkbox"/>      |                            |

**345 Did you receive any of the following benefits in 2021?**

|                                                                                                                                   | 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) ..... | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Parental allowance .....                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Long-term care allowance from statutory long-term care insurance .....                                                            | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| 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"/> | →                |                               |                            |
| Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen) ...                                     | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               |                            |
| Sickness pay from statutory health insurance .....                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               |                            |
| Injury benefit or transitional allowance from statutory accident insurance .....                                                  | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               |                            |
| Transitional allowance from statutory pension insurance .....                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               |                            |
| Blindness benefit .....                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               |                            |

voluntary

**346 Did you receive any of the following benefits in 2021 due to the coronavirus crisis?**

For childcare:

Corona sickness pay for children ..... 8 ☐ No ☐ Yes →  Number of months

Wage replacement for parents in case of day care centre or school closures due to the coronavirus crisis ..... 8 ☐ No ☐ Yes →  Number of months

For students: Interim financial help in pandemic-related hardship ..... 8 ☐ No ☐ Yes →  Number of months

For self-employed people: Compensation for loss of earnings through corona emergency aid (e.g. interim financial help, November assistance, December assistance, new start assistance, assistance in cases of hardship) ..... 8 ☐ No ☐ Yes →  Number of months

**voluntary**

| Amount per month (full euros) | or | Annual net amount (full euros) |
|-------------------------------|----|--------------------------------|
| <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"/>           |

**Private old-age provision and benefits from private old-age provision in 2021**

**347 Did you make contributions to private old-age provision in 2021 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)?**

8 ☐ No ☐ Yes →  Number of months

**voluntary**

| Amount per month (full euros) |
|-------------------------------|
| <input type="text"/>          |

**348 Did you receive a pension from private old-age provision in 2021 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)?**

8 ☐ No ☐ Yes →  Number of months

| Amount per month (full euros) |
|-------------------------------|
| <input type="text"/>          |

**Participation in the survey**

**349 Have you yourself answered the questions from 120?**

Yes ..... 1 ☐ → 351

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

No, someone not living in the household has answered the questions. .... 3 ☐ → 351

**350 Which household member has answered the questions?**

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

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

Number of minutes .....

**voluntary**

**Note**

Please enter your name in the box at the side.

**329 Was your situation unchanged over the entire year of 2021?**If yes, please enter the Code from List 329. ....   → 330

If no, please enter for each month the Code from List 329 that mainly applied in that month.

January .....

February .....

March .....

April .....

May .....

June .....

July .....

August .....

September .....

October .....

November .....

December .....

**List 329**

|                                                                         |   |                                                                                   |    |
|-------------------------------------------------------------------------|---|-----------------------------------------------------------------------------------|----|
| Employee, public official (including temporary or professional soldier) |   | Apprentice receiving apprenticeship pay .....                                     | 10 |
| Full-time .....                                                         | 1 | Unpaid family worker in a family business                                         |    |
| Part-time .....                                                         | 2 | Full-time .....                                                                   | 11 |
|                                                                         |   | Part-time .....                                                                   | 12 |
| Self-employed person, freelancer                                        |   | In the Federal Volunteer Service (also social, ecological or cultural year) ..... | 13 |
| Full-time .....                                                         | 3 | In voluntary military service .....                                               | 14 |
| Part-time .....                                                         | 4 | Pupil, person in non-remunerated vocational training, student .....               | 15 |
| In marginal employment .....                                            | 5 | Pensioner .....                                                                   | 16 |
| Person in employment ...                                                |   | Unemployed .....                                                                  | 17 |
| on parental leave .....                                                 | 6 | Housewife/househusband .....                                                      | 18 |
| in partial retirement .....                                             | 7 | Permanently unfit for work .....                                                  | 19 |
| fully or partly released from work under the Caregiver Leave Act .....  | 8 | Other .....                                                                       | 20 |
| partly released from work under the Family Caregiver Leave Act .....    | 9 |                                                                                   |    |

Person 3:

## Income from employment in 2021

### 330 Did you receive income (wage/salary) as an employee in 2021?

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

Yes ..... 1 ☐  
 No ..... 8 ☐ → 335

### 331 Did you receive the following types of income (wage/salary) as an employee or public official in 2021?

**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, 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"/>        |

### 332 Did you receive one or more of the following extra payments in 2021?

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

|                                                                                                   | No                         | Yes                          | Annual net 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"/>           |

### 333 What income (wage/salary), including extra payments, did you receive as an employee or public official in 2021?

**i** Please enter the total amount of all income types from questions 331 to 332.

Total amount ..... Annual net amount (full euros)



**334 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2021?**

**i** If you do not know the 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                          | <b>voluntary</b>     |                                     |
|---------------------------------------------------------------------------|----------------------------|------------------------------|----------------------|-------------------------------------|
|                                                                           |                            |                              | 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"/>                |

**335 Did you receive income from self-employment in 2021?**

Yes ..... 1 ☐

No ..... 8 ☐ → 339

**336 What was your income or loss from self-employment or freelance work in 2021?**

Annual gross amount (full euros)

Profit .....

Loss .....

**337 Did you withdraw assets from your business in 2021?  
Please include withdrawals of non-financial assets.**

Yes ..... 1 ☐

No ..... 8 ☐ → 339

**voluntary 338 What were your total withdrawals from business assets for own consumption?**

Annual net amount (full euros)

Withdrawals .....

**Income from pensions in 2021**

**339 Did you receive pensions based on your own entitlements in 2021?**

Yes ..... 1 ☐

No ..... 8 ☐ → 341

**340 What income from pensions based on your own entitlements did you receive in 2021?**

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

|                                                                                          | No                         | Yes                          | Number of months     | Net amount per month (full euros) | Annual net 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"/> | 8 <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"/>        |

**voluntary**

or

or

**341 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2021?**

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

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

**342 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2021?**

Please mark all relevant boxes.

Widow's 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"/>   |

**343 Did you receive unemployment benefit I or other benefits from the employment agency in 2021?**

|                                                 | No                       | Yes                      | Number of months | Amount per month (full euros) | Annual amount (full euros) |
|-------------------------------------------------|--------------------------|--------------------------|------------------|-------------------------------|----------------------------|
| Unemployment benefit I .....                    | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Financial support for continuing training ..... | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Support for business start-up .....             | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Short-time working benefit .....                | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Winter benefit .....                            | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Insolvency benefit .....                        | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Transitional allowance .....                    | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |

**344 What was the total amount of the benefits you received from the employment agency in 2021?**

**i** Please enter the total of the benefits from question 343 as an average monthly amount or as an annual amount.

|                                                                                                                    | Amount per month (full euros) | Annual amount (full euros) |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------|
| Total amount .....                                                                                                 |                               | or                         |
| Not applicable as I did not receive unemployment benefit I nor any other benefits from the employment agency. .... | <input type="checkbox"/>      |                            |

**345 Did you receive any of the following benefits in 2021?**

|                                                                                                                                   | 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) ..... | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Parental allowance .....                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Long-term care allowance from statutory long-term care insurance .....                                                            | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| 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"/> | →                |                               |                            |
| Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen) ...                                     | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               |                            |
| Sickness pay from statutory health insurance .....                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               |                            |
| Injury benefit or transitional allowance from statutory accident insurance .....                                                  | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               |                            |
| Transitional allowance from statutory pension insurance .....                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               |                            |
| Blindness benefit .....                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               |                            |

|                                                                                                                                                                                                                               |                            |                              |                      | voluntary                     |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|----------------------|-------------------------------|--------------------------------|
|                                                                                                                                                                                                                               | No                         | Yes                          | Number of months     | Amount per month (full euros) | Annual net amount (full euros) |
| <b>346 Did you receive any of the following benefits in 2021 due to the coronavirus crisis?</b>                                                                                                                               |                            |                              |                      |                               |                                |
| For childcare:                                                                                                                                                                                                                |                            |                              |                      |                               |                                |
| Corona sickness pay for children .....                                                                                                                                                                                        | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/>          | or <input type="text"/>        |
| Wage replacement for parents in case of day care centre or school closures due to the coronavirus crisis .....                                                                                                                | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/>          | or <input type="text"/>        |
| For students: Interim financial help in pandemic-related hardship .....                                                                                                                                                       | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/>          | or <input type="text"/>        |
| For self-employed people: Compensation for loss of earnings through corona emergency aid (e.g. interim financial help, November assistance, December assistance, new start assistance, assistance in cases of hardship) ..... | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/>          | or <input type="text"/>        |

### Private old-age provision and benefits from private old-age provision in 2021

|                                                                                                                                                                                                                 |                            |                              |                      | voluntary                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|----------------------|-------------------------------|--|
|                                                                                                                                                                                                                 | No                         | Yes                          | Number of months     | Amount per month (full euros) |  |
| <b>347 Did you make contributions to private old-age provision in 2021 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)?</b> .....                  | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/>          |  |
| <b>348 Did you receive a pension from private old-age provision in 2021 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)?</b> ..... | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/>          |  |

### Participation in the survey

|                                                                                       |                                  |
|---------------------------------------------------------------------------------------|----------------------------------|
| <b>349 Have you yourself answered the questions from 120?</b>                         |                                  |
| Yes .....                                                                             | 1 <input type="checkbox"/> → 351 |
| No, another household member has answered the questions. ....                         | 2 <input type="checkbox"/>       |
| No, someone not living in the household has answered the questions. ....              | 3 <input type="checkbox"/> → 351 |
| <b>350 Which household member has answered the questions?</b>                         |                                  |
| Please enter the number (see flap) of the person who has answered the questions. .... | <input type="text"/>             |
| <b>351 How many minutes did it take you to complete the questionnaire?</b>            |                                  |
| Number of minutes .....                                                               | <input type="text"/>             |

**Note**

Please enter your name in the box at the side.

**329 Was your situation unchanged over the entire year of 2021?**If yes, please enter the Code from List 329. ....   → 330

If no, please enter for each month the Code from List 329 that mainly applied in that month.

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

**List 329**

|                                                                         |   |                                                                                   |    |
|-------------------------------------------------------------------------|---|-----------------------------------------------------------------------------------|----|
| Employee, public official (including temporary or professional soldier) |   | Apprentice receiving apprenticeship pay .....                                     | 10 |
| Full-time .....                                                         | 1 | Unpaid family worker in a family business                                         |    |
| Part-time .....                                                         | 2 | Full-time .....                                                                   | 11 |
|                                                                         |   | Part-time .....                                                                   | 12 |
| Self-employed person, freelancer                                        |   | In the Federal Volunteer Service (also social, ecological or cultural year) ..... | 13 |
| Full-time .....                                                         | 3 | In voluntary military service .....                                               | 14 |
| Part-time .....                                                         | 4 | Pupil, person in non-remunerated vocational training, student .....               | 15 |
| In marginal employment .....                                            | 5 | Pensioner .....                                                                   | 16 |
| Person in employment ...                                                |   | Unemployed .....                                                                  | 17 |
| on parental leave .....                                                 | 6 | Housewife/househusband .....                                                      | 18 |
| in partial retirement .....                                             | 7 | Permanently unfit for work .....                                                  | 19 |
| fully or partly released from work under the Caregiver Leave Act .....  | 8 | Other .....                                                                       | 20 |
| partly released from work under the Family Caregiver Leave Act .....    | 9 |                                                                                   |    |

## Income from employment in 2021

### 330 Did you receive income (wage/salary) as an employee in 2021?

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

Yes ..... 1 ☐  
 No ..... 8 ☐ → 335

### 331 Did you receive the following types of income (wage/salary) as an employee or public official in 2021?

**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, 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"/>        |

### 332 Did you receive one or more of the following extra payments in 2021?

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

|                                                                                                   | No                         | Yes                          | Annual net 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"/>           |

### 333 What income (wage/salary), including extra payments, did you receive as an employee or public official in 2021?

**i** Please enter the total amount of all income types from questions 331 to 332.

Total amount ..... Annual net amount (full euros)

**334 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2021?**

**i** If you do not know the 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                          | <b>voluntary</b>     |                                     |
|---------------------------------------------------------------------------|----------------------------|------------------------------|----------------------|-------------------------------------|
|                                                                           |                            |                              | 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"/>                |

**335 Did you receive income from self-employment in 2021?**

Yes ..... 1 ☐

No ..... 8 ☐ → 339

**336 What was your income or loss from self-employment or freelance work in 2021?**

Annual gross amount (full euros)

Profit .....

Loss .....

**337 Did you withdraw assets from your business in 2021?  
Please include withdrawals of non-financial assets.**

Yes ..... 1 ☐

No ..... 8 ☐ → 339

**voluntary 338 What were your total withdrawals from business assets for own consumption?**

Annual net amount (full euros)

Withdrawals .....

**Income from pensions in 2021**

**339 Did you receive pensions based on your own entitlements in 2021?**

Yes ..... 1 ☐

No ..... 8 ☐ → 341

**340 What income from pensions based on your own entitlements did you receive in 2021?**

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

|                                                                                          | No                         | Yes                          | Number of months     | Net amount per month (full euros) | Annual net 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"/> | 8 <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"/>        |

**voluntary**

or

or

**341 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2021?**

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

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

**342 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2021?**

Please mark all relevant boxes.

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

from statutory pension insurance ..... 1 ☐

in accordance with the Public Officials Pensions Act ..... 2 ☐

from supplementary pension funds, company pension ..... 3 ☐

from occupational pension funds or the agricultural pension fund ..... 4 ☐

from another country (pension from abroad) ..... 5 ☐

from statutory accident insurance ..... 6 ☐

Other public widow's or orphan's pension ..... 7 ☐

Not applicable. .... ☐



**343 Did you receive unemployment benefit I or other benefits from the employment agency in 2021?**

|                                                 | No                       | Yes                      | Number of months | Amount per month (full euros) | Annual amount (full euros) |
|-------------------------------------------------|--------------------------|--------------------------|------------------|-------------------------------|----------------------------|
| Unemployment benefit I .....                    | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Financial support for continuing training ..... | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Support for business start-up .....             | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Short-time working benefit .....                | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Winter benefit .....                            | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Insolvency benefit .....                        | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Transitional allowance .....                    | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |

**344 What was the total amount of the benefits you received from the employment agency in 2021?**

**i** Please enter the total of the benefits from question 343 as an average monthly amount or as an annual amount.

|                                                                                                                    | Amount per month (full euros) | Annual amount (full euros) |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------|
| Total amount .....                                                                                                 |                               | or                         |
| Not applicable as I did not receive unemployment benefit I nor any other benefits from the employment agency. .... | <input type="checkbox"/>      |                            |

**345 Did you receive any of the following benefits in 2021?**

|                                                                                                                                   | 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) ..... | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Parental allowance .....                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Long-term care allowance from statutory long-term care insurance .....                                                            | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| 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"/> | →                |                               |                            |
| Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen) ...                                     | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               |                            |
| Sickness pay from statutory health insurance .....                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               |                            |
| Injury benefit or transitional allowance from statutory accident insurance .....                                                  | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               |                            |
| Transitional allowance from statutory pension insurance .....                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               |                            |
| Blindness benefit .....                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               |                            |

voluntary

**346 Did you receive any of the following benefits in 2021 due to the coronavirus crisis?**

For childcare:

Corona sickness pay for children ..... 8 ☐ No ☐ Yes →  Number of months

Wage replacement for parents in case of day care centre or school closures due to the coronavirus crisis ..... 8 ☐ No ☐ Yes →  Number of months

For students: Interim financial help in pandemic-related hardship ..... 8 ☐ No ☐ Yes →  Number of months

For self-employed people: Compensation for loss of earnings through corona emergency aid (e.g. interim financial help, November assistance, December assistance, new start assistance, assistance in cases of hardship) ..... 8 ☐ No ☐ Yes →  Number of months

**voluntary**

| Amount per month (full euros) | or | Annual net amount (full euros) |
|-------------------------------|----|--------------------------------|
| <input type="text"/>          |    | <input type="text"/>           |
| <input type="text"/>          |    | <input type="text"/>           |
| <input type="text"/>          |    | <input type="text"/>           |
| <input type="text"/>          |    | <input type="text"/>           |
| <input type="text"/>          |    | <input type="text"/>           |
| <input type="text"/>          |    | <input type="text"/>           |
| <input type="text"/>          |    | <input type="text"/>           |
| <input type="text"/>          |    | <input type="text"/>           |

**Private old-age provision and benefits from private old-age provision in 2021**

**347 Did you make contributions to private old-age provision in 2021 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)?**

8 ☐ No ☐ Yes →  Number of months

**voluntary**

| Amount per month (full euros) |
|-------------------------------|
| <input type="text"/>          |

**348 Did you receive a pension from private old-age provision in 2021 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)?**

8 ☐ No ☐ Yes →  Number of months

| Amount per month (full euros) |
|-------------------------------|
| <input type="text"/>          |

**Participation in the survey**

**349 Have you yourself answered the questions from 120?**

Yes ..... 1 ☐ → 351

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

No, someone not living in the household has answered the questions. .... 3 ☐ → 351

**350 Which household member has answered the questions?**

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

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

Number of minutes .....

**voluntary**

**Note**

Please enter your name in the box at the side.

**329 Was your situation unchanged over the entire year of 2021?**If yes, please enter the Code from List 329. ....   → 330

If no, please enter for each month the Code from List 329 that mainly applied in that month.

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

**List 329**

|                                                                         |   |                                                                                   |    |
|-------------------------------------------------------------------------|---|-----------------------------------------------------------------------------------|----|
| Employee, public official (including temporary or professional soldier) |   | Apprentice receiving apprenticeship pay .....                                     | 10 |
| Full-time .....                                                         | 1 | Unpaid family worker in a family business                                         |    |
| Part-time .....                                                         | 2 | Full-time .....                                                                   | 11 |
|                                                                         |   | Part-time .....                                                                   | 12 |
| Self-employed person, freelancer                                        |   | In the Federal Volunteer Service (also social, ecological or cultural year) ..... | 13 |
| Full-time .....                                                         | 3 | In voluntary military service .....                                               | 14 |
| Part-time .....                                                         | 4 | Pupil, person in non-remunerated vocational training, student .....               | 15 |
| In marginal employment .....                                            | 5 | Pensioner .....                                                                   | 16 |
| Person in employment ...                                                |   | Unemployed .....                                                                  | 17 |
| on parental leave .....                                                 | 6 | Housewife/househusband .....                                                      | 18 |
| in partial retirement .....                                             | 7 | Permanently unfit for work .....                                                  | 19 |
| fully or partly released from work under the Caregiver Leave Act .....  | 8 | Other .....                                                                       | 20 |
| partly released from work under the Family Caregiver Leave Act .....    | 9 |                                                                                   |    |

## Income from employment in 2021

### 330 Did you receive income (wage/salary) as an employee in 2021?

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

Yes ..... 1 ☐  
 No ..... 8 ☐ → 335

### 331 Did you receive the following types of income (wage/salary) as an employee or public official in 2021?

**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, 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"/>        |

### 332 Did you receive one or more of the following extra payments in 2021?

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

|                                                                                                   | No                         | Yes                          | Annual net 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"/>           |

### 333 What income (wage/salary), including extra payments, did you receive as an employee or public official in 2021?

**i** Please enter the total amount of all income types from questions 331 to 332.

Total amount ..... Annual net amount (full euros)

**334 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2021?**

**i** If you do not know the 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                          | <b>voluntary</b>     |                                     |
|---------------------------------------------------------------------------|----------------------------|------------------------------|----------------------|-------------------------------------|
|                                                                           |                            |                              | 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"/>                |

**335 Did you receive income from self-employment in 2021?**

Yes ..... 1 ☐

No ..... 8 ☐ → 339

**336 What was your income or loss from self-employment or freelance work in 2021?**

Annual gross amount (full euros)

Profit .....

Loss .....

**337 Did you withdraw assets from your business in 2021?  
Please include withdrawals of non-financial assets.**

Yes ..... 1 ☐

No ..... 8 ☐ → 339

**voluntary 338 What were your total withdrawals from business assets for own consumption?**

Annual net amount (full euros)

Withdrawals .....

**Income from pensions in 2021**

**339 Did you receive pensions based on your own entitlements in 2021?**

Yes ..... 1 ☐

No ..... 8 ☐ → 341

**340 What income from pensions based on your own entitlements did you receive in 2021?**

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

|                                                                                          | No                         | Yes                          | Number of months     | Net amount per month (full euros) | Annual net 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"/> | 8 <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"/>        |

**voluntary**

or

or

**341 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2021?**

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

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

**342 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2021?**

Please mark all relevant boxes.

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

from statutory pension insurance ..... 1 ☐

in accordance with the Public Officials Pensions Act ..... 2 ☐

from supplementary pension funds, company pension ..... 3 ☐

from occupational pension funds or the agricultural pension fund ..... 4 ☐

from another country (pension from abroad) ..... 5 ☐

from statutory accident insurance ..... 6 ☐

Other public widow's or orphan's pension ..... 7 ☐

Not applicable. .... ☐

**343 Did you receive unemployment benefit I or other benefits from the employment agency in 2021?**

|                                                 | No                       | Yes                      | Number of months | Amount per month (full euros) | Annual amount (full euros) |
|-------------------------------------------------|--------------------------|--------------------------|------------------|-------------------------------|----------------------------|
| Unemployment benefit I .....                    | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Financial support for continuing training ..... | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Support for business start-up .....             | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Short-time working benefit .....                | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Winter benefit .....                            | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Insolvency benefit .....                        | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Transitional allowance .....                    | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |

**344 What was the total amount of the benefits you received from the employment agency in 2021?**

**i** Please enter the total of the benefits from question 343 as an average monthly amount or as an annual amount.

|                                                                                                                    | Amount per month (full euros) | Annual amount (full euros) |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------|
| Total amount .....                                                                                                 |                               | or                         |
| Not applicable as I did not receive unemployment benefit I nor any other benefits from the employment agency. .... | <input type="checkbox"/>      |                            |

**345 Did you receive any of the following benefits in 2021?**

|                                                                                                                                   | 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) ..... | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Parental allowance .....                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| Long-term care allowance from statutory long-term care insurance .....                                                            | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               | or                         |
| 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"/> | →                |                               |                            |
| Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen) ...                                     | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               |                            |
| Sickness pay from statutory health insurance .....                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               |                            |
| Injury benefit or transitional allowance from statutory accident insurance .....                                                  | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               |                            |
| Transitional allowance from statutory pension insurance .....                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               |                            |
| Blindness benefit .....                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | →                |                               |                            |

voluntary

|                                                                                                                                                                                                                               |                            |                              |                      | voluntary                     |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|----------------------|-------------------------------|--------------------------------|
|                                                                                                                                                                                                                               | No                         | Yes                          | Number of months     | Amount per month (full euros) | Annual net amount (full euros) |
| <b>346 Did you receive any of the following benefits in 2021 due to the coronavirus crisis?</b>                                                                                                                               |                            |                              |                      |                               |                                |
| For childcare:                                                                                                                                                                                                                |                            |                              |                      |                               |                                |
| Corona sickness pay for children .....                                                                                                                                                                                        | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/>          | or <input type="text"/>        |
| Wage replacement for parents in case of day care centre or school closures due to the coronavirus crisis .....                                                                                                                | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/>          | or <input type="text"/>        |
| For students: Interim financial help in pandemic-related hardship .....                                                                                                                                                       | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/>          | or <input type="text"/>        |
| For self-employed people: Compensation for loss of earnings through corona emergency aid (e.g. interim financial help, November assistance, December assistance, new start assistance, assistance in cases of hardship) ..... | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/>          | or <input type="text"/>        |

### Private old-age provision and benefits from private old-age provision in 2021

|                                                                                                                                                                                                                 |                            |                              |                      | voluntary                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|----------------------|-------------------------------|--|
|                                                                                                                                                                                                                 | No                         | Yes                          | Number of months     | Amount per month (full euros) |  |
| <b>347 Did you make contributions to private old-age provision in 2021 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)?</b> .....                  | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/>          |  |
| <b>348 Did you receive a pension from private old-age provision in 2021 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)?</b> ..... | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/>          |  |

### Participation in the survey

|                                                                                       |                                  |
|---------------------------------------------------------------------------------------|----------------------------------|
| <b>349 Have you yourself answered the questions from 120?</b>                         |                                  |
| Yes .....                                                                             | 1 <input type="checkbox"/> → 351 |
| No, another household member has answered the questions. ....                         | 2 <input type="checkbox"/>       |
| No, someone not living in the household has answered the questions. ....              | 3 <input type="checkbox"/> → 351 |
| <b>350 Which household member has answered the questions?</b>                         |                                  |
| Please enter the number (see flap) of the person who has answered the questions. .... | <input type="text"/>             |
| <b>351 How many minutes did it take you to complete the questionnaire?</b>            |                                  |
| Number of minutes .....                                                               | <input type="text"/>             |



## 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 Heating of bedrooms, dining and living rooms

District heating is a system where heat is supplied to the building owner by third parties from (far) outside the building.

In the case of central or block heating, heat is produced for all dwellings of the building by a heat production system within the building or in its immediate vicinity.

Single-storey heating applies where each dwelling of a building has its own heating system that produces heat for all rooms of the dwelling. Usually, this refers to gas boilers.

Single room stoves (coal stoves, night storage heaters) only heat the room in which they are placed. Usually, they are firmly installed. Multi-room stoves (tile stoves) supply heat to several (but not all) rooms of the dwelling at once (e.g. by air ducts).

## 5 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.

## 6 Payment of rent for Hartz IV recipients

Recipients of Hartz IV benefits (unemployment benefit II, social benefit) 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.

## 7 Today's territory

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

### 8 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 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 of a parent of German citizenship:  
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 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".

### 9 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.

### 10 Caregiver Leave Act/Family Caregiver Leave Act

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

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

### 11 Categorisation of job

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

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

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

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

### 12 Marginal employment

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

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

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

### 13 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.

### 14 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.

### 15 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.

### 16 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.

### 17 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 unemployment benefit II (Hartz IV). They are not liable to compulsory insurance.

This does not refer to company old-age pension schemes, public officials' pension scheme, occupational pension schemes and private old-age pension schemes (e.g. state-sponsored private pension plan according to "Riester", life assurance and the like).

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## Notification in accordance with Section 17 of the Federal Statistics Act (BStatG)<sup>1</sup> and with the General Data Protection Regulation (EU) 2016/679 (GDPR)<sup>2</sup>

### 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, obligation to provide information

The legal basis is provided by the Microcensus Act (MZG), Regulation (EU) No 2019/1700, Implementing Regulations (EU) No 2019/2180, (EU) No 2019/2181, (EU) No 2019/2242 and (EU) No 2020/1721, Delegated Regulations (EU) No 2020/256, (EU) No 2020/2175, (EU) No 2020/258 and (EU) No 2021/466 and Implementing Decision (EU) No 2020/2050 in conjunction with the Federal Statistics Act (BStatG).

Data are collected in accordance with Section 6 (1) nos. 1 to 4, no. 5 letters a and b, nos. 6 to 10, Section 6 (2) and Section 8 (1) to (3) of the Microcensus Act.

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

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

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

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

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

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

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

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

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

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

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

The legal basis for processing the data you have provided voluntarily is the consent pursuant to Article 6 paragraph 1 point (a) – where relevant – in conjunction with Article 9 paragraph 2 point (a) of GDPR.

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

### 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).

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

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

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

Persons receiving individual data are also obliged to maintain confidentiality.

#### **Auxiliary variables, reference numbers, separation and deletion**

The first names and surnames of the household members, the contact details of the household members, residential address, location of the dwelling in the building, first name and surname of the main tenant/owner-occupier of the dwelling, name and address of the household members' places of work, and the building age group are auxiliary variables which will only be used for the technical conduct of the survey. As soon as the survey and auxiliary variables have been checked for conclusiveness and completeness, the auxiliary variables will be separated from the information on the survey variables and will be kept separately or stored separately.

- Pursuant to Section 14 (5), first sentence, of the Microcensus Act, the first names and surnames and the municipality, street, house number and contact details of the persons surveyed may also be used with regard to household relationships to conduct follow-up surveys in accordance with Section 5 (1) of the Microcensus Act.
- Pursuant to Section 14 (5), second sentence, of the Microcensus Act, the information on the variables pursuant to Section 14 (5), first sentence, of the Microcensus Act may also be used as a basis for recruiting suitable persons and households to conduct household budget surveys and other voluntary surveys.
- 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 sampling district number, the building number, the dwelling number, the household number and the person number are used as reference numbers. They are used to establish the household, dwelling and building relationships; they do not comprise any data which extend beyond the survey and auxiliary variables. These numbers will be replaced by new reference numbers which do not comprise any data on personal or material circumstances extending beyond these statistical relationships.

#### **Rights and duties of the interviewers, ways of providing information**

Volunteer interviewers are employed to reduce the burden for the respondents, but the survey may also be conducted in writing. The interviewers have to provide proof of their authorisation. Their reliability and discretion must be ensured and they have specially been obligated to maintain confidentiality. They must not use information gained in the course of their activity in other processes or for other purposes. This obligation continues to apply after their activity has ended.

The interviewers should help the respondents to answer the questions. The answers to the questions in the questionnaires may be provided orally to the interviewers or by electronic means or in writing.

For the written survey, the respondents receive the questionnaires, including information on how to complete them, direct from the interviewer or from the relevant survey office. If the information is provided in writing, the completed questionnaires may be given to the interviewer or may be handed in or sent to the survey office. Please do not send the written questionnaires by electronic means as this is not a secure transmission channel.

#### **Rights of data subjects, contact details of the data protection officers, right to lodge a complaint**

Respondents whose personal data are processed have the right to request

- access and information as per Article 15 of the General Data Protection Regulation,
- rectification as per Article 16 of the General Data Protection Regulation,
- erasure as per Article 17 of the General Data Protection Regulation, and
- restriction of processing as per Article 18 of the General Data Protection Regulation

with regard to their respective personal data, or they may object to the processing of their personal data as per Article 21 of the General Data Protection Regulation.

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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