

# 1450<sup>2025</sup>

**SOEP** Survey Papers  
Series A – Survey Instruments (Erhebungsinstrumente)

## SOEP-Core – 2023: Individual (A-R+IAB-SOEP-M1-M8c)

infas

Running since 1984, the German Socio-Economic Panel (SOEP) is a wide-ranging representative longitudinal study of private households, located at the German Institute for Economic Research, DIW Berlin.

The aim of the SOEP Survey Papers Series is to thoroughly document the survey's data collection and data processing. The SOEP Survey Papers is comprised of the following series:

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- Series B – Survey Reports (Methodenberichte)
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- Series D – Variable Descriptions and Coding
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# SOEP-Core – 2023: Individual (A-R+IAB-SOEP-M1-M8c)

infas

2025

# Questionnaire

## Individuals

### Personen

#### Dear Participant,

The questions contained in this questionnaire are for all household members who were born in or before 2005.

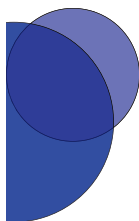
This questionnaire is for everyone in your household who was born in or before 2005. Your participation is voluntary, but the scientific relevance of this study depends crucially on the participation of every member of every household.

We therefore cordially request that you either:

- allow our staff member to interview you or
- carefully fill out this questionnaire yourself.

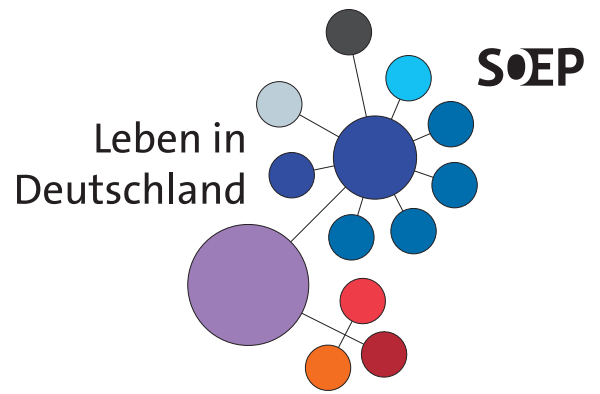
**This questionnaire is to be filled out by**  
(*ggf. von der Interviewerin/vom Interviewer auszufüllen*):

First name



EN

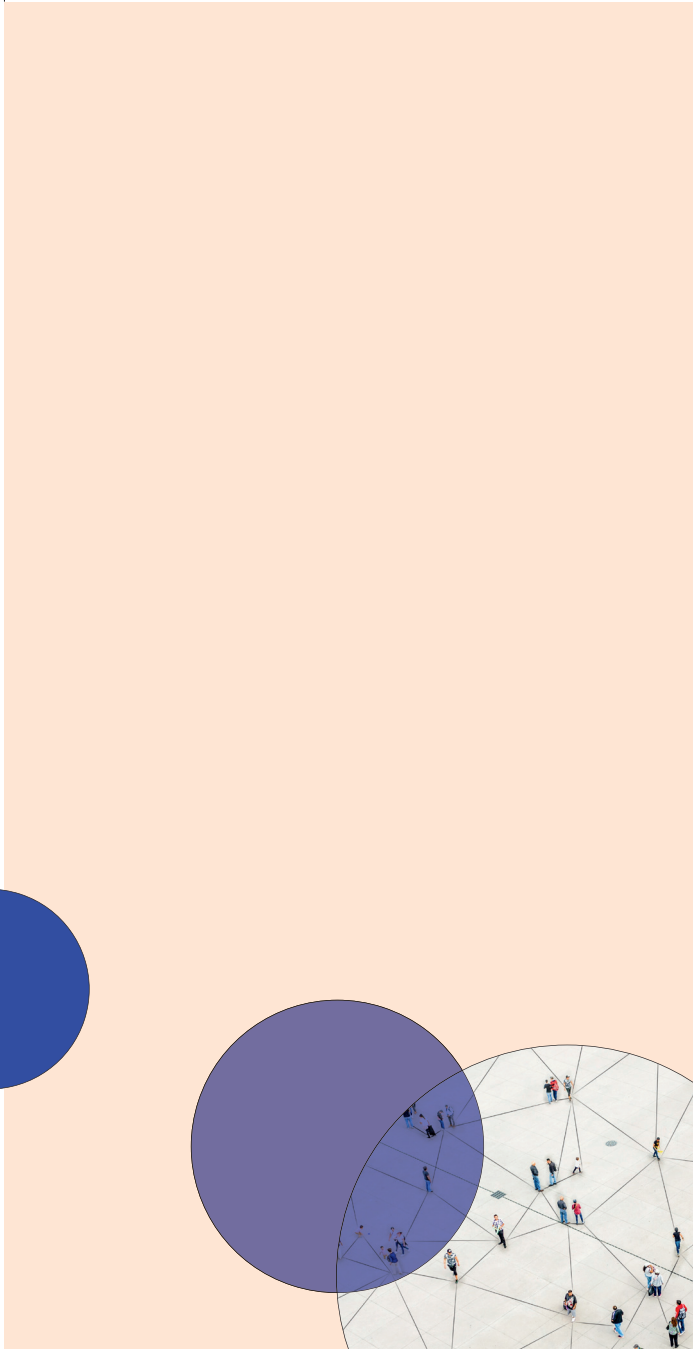




Questionnaire

# Individuals

Personen



**We also offer an online questionnaire as an alternative to the paper version.**

To complete the questionnaire online, please enter the following address into your Internet browser:

Your personal access code is:

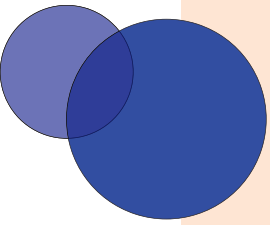
If you completed the questionnaire online, you don't need to return this printed questionnaire.

*Falls eine Interviewerin/ein Interviewer vor Ort, bitte angeben:*

LFD

Interviewernummer

Datum (Tag . Monat . Jahr)



**infas**

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7707/PE\_EN/2023

<LFD/Personen-Nr>

## How should the questionnaire be filled out?

Make an X in the box next to the answer option that you think comes the closest. If you make a mistake, clearly cross out the wrong answer and make an X in the correct box.

*Example:*

Yes  ~~☒~~  
No  ☒

If you change your mind and decide that you want to select the answer that you just crossed out, you will need to clearly cross out the second mistake and then make a circle around the box you had crossed out first.

*Example:*

Yes  ~~☒~~  
No  ~~☒~~


When filling out the questionnaire, please pay attention to the instructions for each question:

*Example:*

 Please select one answer only.

If there is a blank for you to write your answer in, please print your answer in the blank.

*Example:*

Country: 

Sometimes you are asked to give numerical answers.

Please enter your answer by aligning numbers to the right in the spaces provided:

*Example:*

Number:

If you should skip certain questions, there will be specific instructions:

*Example:*

Yes  → **Continue with question 11**

**Please pay attention:**

 use only a black pen to fill out the questionnaire.

 that the information is clearly legible.

 and that the information is inside the boxes.

**This makes our work much easier. Thank you very much!**

## Further information

If you have any questions about filling out the questionnaire or about your participation in the study, you are welcome to contact us at infas.

You can call us during normal business hours at our toll-free number, 0800–6677876, or send us an e-mail at [LiD@infas.de](mailto:LiD@infas.de). We will respond to e-mails as quickly as possible. For more information on the study, please see the infas homepage at: [www.leben-in-deutschland.de](http://www.leben-in-deutschland.de)

**A1** Please state your birth date.

Day		Month		Year					

**A2** What gender do you identify as?

Male 1

Female 2

Other gender not listed here 3

specifically:

No gender 4

## Your current life situation

**1** How satisfied are you today with the following areas of your life?

Please answer on a scale from 0 to 10, where 0 means completely dissatisfied and 10 means completely satisfied.

	Completely dissatisfied											Completely satisfied
	0	1	2	3	4	5	6	7	8	9	10	
How satisfied are you ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your sleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... (if employed) with your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... (if you are a homemaker) with your work in the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your household income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your personal income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your dwelling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your leisure time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... (if you have small children) with the childcare available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your family life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your standard of living?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2** Please state how often you have experienced each of the following feelings in the last four weeks.

How often have you felt ...	Very rarely	Rarely	Occasionally	Often	Very often				
	1	2	3	4	5				
... angry?	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
... anxious?	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
... happy?	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
... sad?	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>

**3** What is your opinion on the following three statements?

 Please tick one of the boxes for each statement.

	Agree completely	Partly agree	Partly disagree	Disagree completely			
	1	2	3	4			
People can generally be trusted	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
Nowadays you can't rely on anyone	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
If one is dealing with strangers, it is better to be careful before trusting them	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>

**4** Do you believe that most people ...

... would exploit you if they had the opportunity	1	<input type="checkbox"/>
... or that they would try to be fair to you?	2	<input type="checkbox"/>

**5** Would you say that people usually ...

... try to be helpful	1	<input type="checkbox"/>
... or that they only pursue their own interests?	2	<input type="checkbox"/>

**6** To what degree do the following statements apply to you personally?

 Please answer on a scale from 1 to 6, where 1 means „do not agree at all“ and 6 means „agree completely“.

	Do not agree at all						Agree completely		
	1	2	3	4	5	6			
Being a very special person gives me a lot of strength	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
I manage to be the center of attention with my outstanding contributions	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
I react annoyed if another person steals the show from me	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
I deserve to be seen as a great personality	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
I want my rivals to fail	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
Most people are somewhat losers	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>

**7** How often do you ...

	Very often 1	Often 2	Sometimes 3	Rarely 4	Never 5				
... lend your personal belongings (such as CDs, books, car, bicycle) to your friends?	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
... lend money to your friends?	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
... leave the door to your home unlocked?	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>

**8** To what extent do you agree with the following statements?


	Agree completely 1	Agree 2	Disagree 3	Disagree completely 4			
When I think about the future, I'm actually quite optimistic	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
I often feel lonely	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
I don't really enjoy my work	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
Things have gotten so complicated that I almost can't manage anymore	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>

**9** Would you describe yourself as an impatient or a patient person in general?

 Please answer on a scale from 0 to 10, where 0 means „very impatient“ and 10 means „very patient“.

Very impatient												Very patient
	0	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	

**10** Are you generally a person who is willing to take risks or do you try to avoid taking risks?

 Please answer on a scale from 0 to 10, where 0 means „not at all willing to take risks“ and 10 means „very willing to take risks“.

Not at all willing to take risks												Very willing to take risks
	0	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>	

**11** How would you describe yourself: Do you generally think things over for a long time before acting – in other words, are you not impulsive at all? Or do you generally act without thinking things over for long – in other words, are you very impulsive?

 Please answer on a scale from 0 to 10, where 0 means „not at all impulsive“ and 10 means „very impulsive“.


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

**12** Now some questions about your leisure time. Please indicate how often you take part in each activity: every day, at least once per week, at least once per month, seldom or never?

	Daily	At least once per week	At least once per month	Seldom	Never
	1	2	3	4	5
Visiting or being visited by neighbors, friends, or acquaintances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting or being visited by family members or relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching television/films, series or videos (including media centers/ Internet live streams/DVDs etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing games online / on a computer / game console / smartphone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading books (including e-books)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading (daily) newspapers (including e-papers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artistic and musical activities (painting, music, photography, theater, dance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking part in sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer work in clubs or social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing nothing / taking it easy / daydreaming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13** What is a typical day like for you? How many hours do you spend on the following activities on a typical weekday?

 Please answer in full hours only. Use "0" if the activity does not apply!

	Number of hours on a typical weekday
Job, apprenticeship, second job (including travel time to and from work)  This does not refer to school, university study, higher academic degrees, vocational training, or further occupational training	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
Housework (laundry, cooking, cleaning)	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
Childcare	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
Care and support of persons in need of care	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>

## Education or training

- 14** Are you currently in education or training? In other words, are you attending a school or university (including doctorate / Ph.D.), completing an apprenticeship or vocational training, or participating in further training or occupational rehabilitation?

Yes  1 No  2 → Continue with question 21, page 8



- 15** What type of education or training are you pursuing?

General education  1 → Continue with question 16

Higher education  2 → Continue with question 17

Vocational training  3 → Continue with question 19, page 8

Further training / retraining  4 → Continue with question 20, page 8

- 16** What type of general education is that exactly?

Lower secondary school  1

Intermediate secondary school  2

Upper secondary school  3

Comprehensive school  4

Evening intermediate / upper secondary school  5

Specialized upper secondary school  6

→ Continue with question 21, page 8

- 17** What type of higher education is that exactly?

Dual degree college / university of cooperative education  4

University of applied sciences  1

Other college (e.g. art or music college)  5

University / Technical university  2

Doctorate/PhD  3

- 18** Do you receive a grant/scholarship to pay for your undergraduate or graduate studies?  
If so, from what organization?

No  1

Yes, BaföG

Yes, other,

↓ please specify:



→ Continue with question 21, page 8

**19 What type of vocational training is that exactly?**

- Basic vocational training year (*Berufsgrundbildungsjahr*) / vocational preparation year (*Berufsvorbereitungsjahr*) 1
- Apprenticeship (*Lehre*) 3
- Full-time vocational school (*Berufsfachschule*) / commercial college (*Handelsschule*) 4
- Health sector school (*Schule des Gesundheitswesens*) 5
- Higher-level trade or technical school (*Meisterschule, Technikerschule*) 6
- Training for civil servants (*Beamtenausbildung*) 7
- Other, 8

↓ please specify:



→ Continue with question 21

**20 What type of further training / retraining is that exactly?**

- Occupational retraining (*berufliche Umschulung*) 1
- Further occupational training (*berufliche Fortbildung*) 2
- Occupational rehabilitation (*berufliche Rehabilitation*) 3
- Integration course / language course 6
- Other, 5

↓ please specify:



**21 Have you completed school, vocational training, or a university degree since January 1, 2022?**

We are also referring here to higher academic degrees!

- Yes 1  No 2  → Continue with question 30, page 10



**22 When did you finish this school, vocational training, or university degree?**

In 2022, in the month

or

In 2023, in the month

**23 Did you complete this education / training with a degree, certificate, or diploma?**

- Yes 1  No 2  → Continue with question 30, page 10



**24 Did you obtain this degree / certificate / diploma in Germany or in another country?**

Germany 1  → Continue with question 26

In another country 2  → Continue with question 25

**25 Is this degree / certificate / diploma recognized in Germany?**

Yes, it is automatically recognized 1


Yes, it has been recognized after successful completion of a recognition procedure 2

No 3



**26** What type of a degree / certificate / diploma did you obtain?

- Secondary school-leaving certificate 1  → Continue with question 27
- University degree 2  → Continue with question 28
- Vocational degree 3  → Continue with question 29


**27** What type of secondary school-leaving certificate was that exactly?

- Lower secondary school-leaving certificate  
(Hauptschulabschluss) 1
  - Intermediate secondary school-leaving certificate  
(Realschulabschluss, Mittlere Reife) 2
  - Specialized upper secondary school-leaving certificate  
(Fachoberschule) 3
  - Upper secondary school-leaving certificate (Abitur) 4
  - Other school-leaving certificate, 5
- ↓ please specify:
- 
- Continue with question 30, page 10

**28** What type of university degree was that exactly?


- Dual university / college of advanced vocational studies  
(Duale Hochschule / Berufsakademie) 4
  - Specialized technical university /  
university of applied sciences (Fachhochschule) 1
  - Other university (for example, university of arts or music) 5
  - University / technical university 2
  - Doctorate / postdoctoral dissertation (Habilitation) 3
- Please state degree:
- 
- Please also state major field of study:
- 
- Continue with question 30, page 10

**29** What type of vocational degree was that exactly?

- Apprenticeship 1
  - Full-time vocational school, commercial college 2
  - Health sector school 3
  - Technical college 4
  - Training for civil servants (Beamtenausbildung) 5
  - In-service retraining 6
  - Other, for example, further training 7
- Please state: specific field of vocational training
- 

## Your current job

**30** Have you done paid work during the last 7 days, even if only for an hour or a few hours?

 Please also answer "yes" if you would normally have worked in the last 7 days, but did not do so because of vacation, illness, bad weather, or other reasons.

Yes  <sub>1</sub>

No  <sub>2</sub>

**31** Are you currently on maternity leave (*Mutterschutz*) or on statutory parental leave (*Elternzeit*)?

Yes, maternity leave  <sub>1</sub>

Yes, parental leave  <sub>2</sub>

No  <sub>3</sub>

**32** Are you currently taking caregiver leave (*Pflegezeit*) to care for a relative?

Yes  <sub>1</sub>

No  <sub>2</sub>

**33** Are you officially registered unemployed at the employment office (*Agentur für Arbeit*)?

Yes  <sub>1</sub>

No  <sub>2</sub>

**34** Have you left a job or position since January 1, 2022?

 This includes leaving a job due to a leave of absence (*Beurlaubung*) / maternity leave (*Mutterschutz*) / parental leave (*Elternzeit*).

Yes  <sub>1</sub>

No  <sub>2</sub> → Continue with question 40



**35** When did you leave your last job?

2022, in the month

or

2023, in the month

**36** How long were you employed at that job?

years   months

**37** How did that job end?

 Please select one answer only.

My place of work or office closed  <sub>1</sub>

I resigned  <sub>2</sub>

I was dismissed by my employer  <sub>3</sub>

Mutual agreement with employer  <sub>4</sub>

I completed a fixed-term job or apprenticeship  <sub>5</sub>

I reached retirement age / retired  <sub>6</sub>

I took a leave of absence (*Beurlaubung*) / maternity leave (*Mutterschutz*) / parental leave (*Elternzeit*)  <sub>7</sub>

I gave up self-employment / closed my business  <sub>8</sub>

**38** Did you receive any sort of compensation or severance package from the company?

Yes  <sup>1</sup> → How much in total?  euros

No  <sup>2</sup>

**39** Did you have a new contract or job prospect before you left your last job?

 Please select one answer only.

Yes, new job prospect  <sup>1</sup>

Yes, already new employment contract  <sup>2</sup>

No, didn't have anything yet  <sup>3</sup>

Didn't look for a new job  <sup>4</sup>

**40** Are you currently employed? Which one of the following applies best to your status?

 Retirees or individuals in the federal volunteer service (Bundesfreiwilligendienst) who also work in addition to this, please state your job here.

Employed full-time  <sup>1</sup>

Employed part-time  <sup>2</sup>

Working reduced hours (short-time work)  <sup>10</sup>

Completing in-service training / apprenticeship / in-service retraining  <sup>3</sup>

In marginal or irregular employment  <sup>4</sup>

In partial retirement, phase with zero working hours  <sup>5</sup>

Voluntary social / ecological year, federal volunteer service  <sup>7</sup>

Not employed  <sup>9</sup>

→ Continue with question 50, page 13

→ Continue with question 108, page 21

→ Continue with question 41

**41** Do you intend to obtain (or resume) employment in the future?

No, definitely not  <sup>1</sup> → Continue with question 118, page 24

Probably not  <sup>2</sup>

Probably  <sup>3</sup> → Continue with question 42

Definitely  <sup>4</sup>

**42** When, approximately, would you like to start working?

As soon as possible  <sup>1</sup>

Next year  <sup>2</sup>

In the next 2 to 5 years  <sup>3</sup>

In the distant future, in more than five years  <sup>4</sup>

**43** Are you interested in full-time or part-time employment, or would you be satisfied with either one?

Full-time  <sup>1</sup>

Part-time  <sup>2</sup>

Either  <sup>3</sup>

I'm not sure yet  <sup>4</sup>

**44** What would your net income have to be for you to accept a position?

euros per month → Continue with question 45

Can't say, it depends <sup>1</sup>  → Continue with question 46

**45** How many hours per week would you have to work to earn this net income?

hours per week

**46** If someone offered you an appropriate position right now, could you start working within the next two weeks?

Yes <sup>1</sup>

No <sup>2</sup>

**47** Have you actively looked for work within the last four weeks?

Yes <sup>1</sup>

No <sup>2</sup>  → Continue with question 113, page 23



**48** Which of the following possible ways have you used to look for a job?

Please select all answers that apply.

<sup>1</sup>

Employment office / *Agentur für Arbeit*

Jobcenter / ARGE / social welfare office

Personnel service agency

Private recruitment agency

Job advertisement in the newspaper

Job advertisement on the Internet

Former co-workers

Friends, acquaintances, and neighbors

Family members

Other / does not apply

**49** And what do you think will be the most effective way of finding a job?

Please select one answer only.

Employment office / *Agentur für Arbeit* <sup>1</sup>

Jobcenter / ARGE / social welfare office <sup>2</sup>

Personnel service agency <sup>3</sup>

Private recruitment agency <sup>4</sup>

Job advertisement in the newspaper <sup>5</sup>

Job advertisement on the Internet <sup>6</sup>

Former co-workers <sup>7</sup>

Friends, acquaintances, and neighbors <sup>8</sup>

Family members <sup>9</sup>

Other / does not apply <sup>10</sup>

→ Continue with question 113, page 23

**50** The following questions relate to your current employment. Have you changed jobs or started a new one since January 1, 2022?

 This includes starting working again after a break!

Yes  <sup>1</sup> No  <sup>2</sup> → Continue with question 62, page 15



**51** How often have you changed jobs or started a new one since January 1, 2022?

Once  <sup>1</sup>  
Several times, please specify:  <sup>2</sup> →   times

**52** When did you start your current job or start working?

2022, in the month

or

2023, in the month

**53** What type of occupational change was that?

 If you have changed positions several times, please choose the reason for the most recent change.

I started working for the first time in my life  <sup>1</sup> → Continue with question 56

I returned to a previous employer after a break in employment  <sup>2</sup> → Continue with question 54

I started a new job with a different employer (for temporary workers this includes working for a temporary employment agency)  <sup>3</sup>

I was hired by the company (in which I previously worked as an apprentice / in a job creation measure (ABM) / on a freelance basis)  <sup>4</sup> → Continue with question 56

I changed positions within the same company  <sup>5</sup>

I became self-employed  <sup>6</sup>

**54** Was your career interrupted by the birth of one or more children, for instance, maternity leave (Mutterschutz) or parental leave (Elternzeit)?

Yes  <sup>1</sup> No  <sup>2</sup> → Continue with question 56



**55** How many months did this break in employment last?

months

**56** Were you actively looking for a job when you started your current job, or did it just come up?

Actively looking  <sup>1</sup>


Just happened to get it  <sup>2</sup>


## 57 How did you find out about this job?

 Please select just one answer!

- |  |    |                          |
|--|----|--------------------------|
| Through the employment office / <i>Agentur für Arbeit</i> ,<br><i>Jobcenter</i> , ARGE, social security office | 16 | <input type="checkbox"/> |
| Through a private recruitment agency   | 17 | <input type="checkbox"/> |
| A job advertisement in the newspaper   | 5  | <input type="checkbox"/> |
| A job advertisement on the Internet  | 18 | <input type="checkbox"/> |
| Through friends or acquaintances   | 13 | <input type="checkbox"/> |
| Through family members   | 14 | <input type="checkbox"/> |
| Through co-workers   | 15 | <input type="checkbox"/> |
| I have returned to a former employer   | 8  | <input type="checkbox"/> |
| Other or not applicable  | 9  | <input type="checkbox"/> |

## 58 What is your current position/occupation?

 Please state the exact title in German. For example, do not write “*kaufmännische Angestellte*” (clerk), but “*Speditionskauffrau*” (shipping clerk); not “*Arbeiter*” (blue-collar worker), but “*Maschinenschlosser*” (machine metalworker). If you are a civil servant, please give your official title, for example, “*Polizeimeister*” (police chief) or “*Studienrat*” (secondary school teacher). If you are an apprentice or in vocational training, please state the occupation for which you are being trained.

 If you are currently working in more than one job, please answer the following questions for your main job only.




## 59 Does this job correspond to the occupation for which you were trained?

- |   |   |                          |
|---|---|--------------------------|
| Yes   | 1 | <input type="checkbox"/> |
| No  | 2 | <input type="checkbox"/> |
| Still in education or training                      | 3 | <input type="checkbox"/> |
| I have not been trained for a particular occupation | 4 | <input type="checkbox"/> |

## 60 What type of education or training is usually required for this type of work?

- |   |   |                          |
|---|---|--------------------------|
| No vocational training qualification required       | 1 | <input type="checkbox"/> |
| Vocational training certificate                     | 2 | <input type="checkbox"/> |
| University of applied sciences degree               | 3 | <input type="checkbox"/> |
| University degree or higher education qualification | 4 | <input type="checkbox"/> |

## 61 What sector of business or industry is your company or institution active in for the most part?

 Please state the exact sector in German. For example, do not write “*Industrie*” (industry), but “*Elektroindustrie*” (electronics industry); not “*Handel*” (trade), but “*Einzelhandel*” (retail trade); not “*öffentlicher Dienst*” (public service), but “*Krankenhaus*” (hospital).



**62** When did you start working for your current employer?

 If you are self-employed, please state when you started your current work.  
If you are working on a temporary basis, the employer is your temp firm.

In 


--	--

 . 

--	--	--	--	--

  
month year

**63** What is your current occupational status?

 If you are currently working in more than one job, please answer the following questions for your main job only.

**Status:**

- Self-employed (including family members working for the self-employed) 1  → Continue with question 64
- Blue-collar worker (also in agriculture) 2  → Continue with question 65
- Civil servant (including judges and professional soldiers) 3  → Continue with question 66
- Apprentice / vocational trainee / intern 4  → Continue with question 67
- White-collar worker 5  → Continue with question 68, page 16

**64** What type of self-employment is that exactly?

- Self-employed farmers 1
  - Freelancers, independent academics 2
  - Other self-employed workers / entrepreneurs 3
  - Assisting family members in their business 4
- } → Continue with question 69, page 16

**65** What type of blue-collar worker are you exactly?

- Unskilled worker 1
  - Semi-skilled worker 2
  - Skilled worker 3
  - Foreman / forewoman 4
  - Master craftsperson 5
- } → Continue with question 74, page 17

**66** What type of civil servant are you exactly?

- Lower grade civil servant 1
  - Middle grade civil servant 2
  - Upper grade civil servant 3
  - Senior grade civil servant 4
- } → Continue with question 74, page 17

**67** What type of apprentice / vocational trainee / intern are you exactly?

- Apprentice / trainee in industry or technology 1
  - Apprentice / trainee in trade or commerce 2
  - Volunteer, intern, etc. 3
- } → Continue with question 74, page 17

**68 What type of white-collar worker are you exactly?**

Salaried employee engaged in unskilled work without completed training / education 2

Salaried employee engaged in unskilled work with completed training / education 3

Salaried employee engaged in skilled work (administration, bookkeeping, technical drafting) 4

Salaried employee engaged in highly skilled work or managerial activities (university research, engineering, production supervision, etc.) 5

Salaried employee in senior management role (managing director, business manager, head of a large firm or organization, etc.) 6

Managing partner or similar white-collar employee in self-owned business / company 7

→ Continue with question 74

→ Continue with question 78

**69 Which of the following government benefits and measures for self-employed people and entrepreneurs have you received or made use of in the last calendar year, that is, in 2022?**

 Please select all that apply. 1

Short-time work

Unemployment Benefit II (ALG II)

Bridging Assistance

New Start Aid

Relaxation or suspension of insolvency rules

State guarantees on loans

Tax relief measures such as tax payment deferrals, adjustments to tax prepayments, loss carry-back to increase liquidity, etc.

Auto loan

Other,

↓ please specify:



None of the above

**70 And how many employees do you currently have?**

**71 And what is your current monthly turnover?**

Current monthly turnover:  euros per month

**72 How many hours do you work per week on average?**

 If you don't know, please estimate.

.  hours per week

**73** Thinking about the coming 12 months:

 Please select only one answer in each line.

How high would you say the risk is ...	Definitely not										Definitely will												
	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%	
... that you will lay off employees?	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... that you will have to reduce company operations?	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... that you will have to shut down your business (or declare bankruptcy)?	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... that your personal income will suffer?	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>

→ Continue with question 101, page 20

**74** Is your employer part of the civil service?

Yes  1

No  2

**75** Is this work through a temporary employment agency (*Zeitarbeit, Leiharbeit*)?

Yes  1

No  2

**76** Do you have a fixed-term or permanent employment contract?

Permanent employment contract  1

Fixed-term employment contract  2

Not applicable / have no employment contract  3

**77** Is the job part of a job-creation measure (*ABM*) or is it a “1-Euro Job” (community work)?

Yes  1

No  2

**78** Approximately how many people does the company employ as a whole?

 This does not refer to a local unit of the company, but to the entire company.

Fewer than 5 employees  1

5-10 employees  2

11-19 employees  3

20-99 employees  4

100-199 employees  5

200-1,999 employees  6

2,000 or more employees  7



**86** Do your work time regulations include special work time arrangements such as emergency service, on-call service, or standby duty?

Please select all answers that apply.

- Yes, emergency service  <sup>1</sup>
- Yes, on-call service
- Yes, standby duty
- No, none of the above

**87** Do you sometimes have to work in the evenings (after 7:00 p.m.) or at night (after 10:00 p.m.)? If so, how often?

- |                            | No, never                | Yes, every day                 | Yes, several times a week      | Yes, on a weekly basis (changing shifts) | Yes, rarely (as needed)  |
|----------------------------|--------------------------|--------------------------------|--------------------------------|--|--------------------------|
|                            | 1                        | 2                              | 3                              | 4  | 5                        |
| Evenings (7 to 10 p.m.)    | <input type="checkbox"/> | <input type="checkbox"/> ===== | <input type="checkbox"/> ===== | <input type="checkbox"/> =====           | <input type="checkbox"/> |
| Nights (10 p.m. to 6 a.m.) | <input type="checkbox"/> | <input type="checkbox"/> ===== | <input type="checkbox"/> ===== | <input type="checkbox"/> =====           | <input type="checkbox"/> |

**88** Do you have to work weekends? If so, how often?

- |           | No, never                | Yes, every week                | Yes, every other week          | Yes, every 3-4 weeks           | Yes, rarely              |
|-----------|--------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------|
|           | 1                        | 2                              | 3                              | 4                              | 5                        |
| Saturdays | <input type="checkbox"/> | <input type="checkbox"/> ===== | <input type="checkbox"/> ===== | <input type="checkbox"/> ===== | <input type="checkbox"/> |
| Sundays   | <input type="checkbox"/> | <input type="checkbox"/> ===== | <input type="checkbox"/> ===== | <input type="checkbox"/> ===== | <input type="checkbox"/> |

**89** How many hours per week are stipulated in your contract (excluding overtime)?

. hours per week

No set hours  <sup>1</sup>

**90** And how many hours do you generally work per week, including any overtime?

Keep in mind that your working hours include overtime, setup time, and stand-by or on-call duty.

. hours per week

30 hours or less → Continue with question 91

More than 30 hours → Continue with question 94, page 20

**91** Is your job considered marginal part-time employment according to the Mini-Job or Midi-Job regulation?

Yes, Mini-Job (up to 520 euros)  <sup>1</sup> → Continue with question 92

Yes, Midi-Job (520.01 to 1600 euros)  <sup>2</sup> } → Continue with question 93

No  <sup>3</sup> }

**92** Do you provide voluntary contributions to pension insurance for your Mini-Job?

Yes  <sup>1</sup>

No  <sup>2</sup>

**93** Is this part-time work provided for under the Federal Parental Part-Time Work Act (*Bundeselternzeitgesetz, BEEG*)?

Yes  <sup>1</sup>

No  <sup>2</sup>

**94** Is there a record of your hours worked?

Yes, I do it manually 1

Yes, it's done through a system  
(time clock, electronic time-keeping) 2

No 3

**95** Do you ever work overtime?

Yes 1  No 2  → Continue with question 101



**96** Can you also save your overtime in a working hours account that allows you to take time off for the overtime within a year or more?

Yes 1  No 2  → Continue with question 98



**97** What is the compensation period for this working hours account – when do you have to have taken time off for the overtime you accumulated?

By the end of the calendar year 1

Within a shorter period of time 2

Within a longer period of time 3

**98** Have you worked overtime in the last month? If so, how many hours?

Yes, please specify: 1  →   hours

No 2

**99** Have you taken time off for overtime in the last month? If so, how many hours?

Yes, please specify: 1  →    hours

No 2

**100** Were you paid for working overtime in the last month? If so, for how many hours?

Yes, please specify: 1  →    hours

No 2

**101** Have you worked from home in your current job in the last 6 months?

Yes 1  No 2  → Continue with question 104



**102** How often have you worked from home in your current job in the last 6 months?

Every day 1

Several days per week 2

Once per week 5

Every 2 to 4 weeks 3

More rarely, only when needed 4  → Continue with question 104



→ Continue with question 103

**103** And how many hours per week do you generally work from home on average (including any overtime)?

hours per week

**104** How far do you travel to work on a normal workday?

km

Can't say since I work in different locations  <sup>1</sup>

I work and live in the same building or on the same property  <sup>2</sup> → Continue with question 106

**105** And how much time do you usually spend commuting to work on a normal workday?

minutes

**106** If you could choose your own working hours, taking into account that your income would change according to the number of hours: How many hours would you want to work?

 This refers to total working hours – regardless of whether you work at a workplace, at home, or on the road.

.  hours per week

**107** How many days do you usually work per week?


days per week

Not applicable, because ...

... the number of days is not contractually agreed  <sup>1</sup>

... the number of days changes from week to week  <sup>2</sup>

**108** What did you earn from your work last month? Please state both: gross income, which means income before deduction of taxes and social security, and net income, which means income after deduction of taxes, social security, and unemployment and health insurance.

 If you received extra income such as vacation pay or back pay, please do not include this. Please do include overtime pay. If you are self-employed: Please estimate your monthly income before and after taxes.

I earned:

gross:  euros per month

net:  euros per month

**109** Are you paid according to a collectively agreed wage agreement?

Yes  <sup>1</sup> → Continue with question 110

No  <sup>2</sup>  
Don't know  <sup>3</sup> → Continue with question 111, page 22

**110** Does the collective wage agreement include a fixed minimum wage?

Yes  <sup>1</sup> → please specify:  ,  euros per hour

No  <sup>2</sup>

Don't know  <sup>3</sup>

**111** Is an hourly wage specified in your employment contract or elsewhere?

Yes  1

No  2

**112** What was your actual gross wage per hour in the last month?

 *Keep in mind that your working hours include overtime, setup time, and stand-by or on-call duty.*

If you know exactly how many hours you actually worked last month, please do the following: Divide your gross income for last month by your actual working hours last month.

,  euros per hour

Or, if you know exactly how many hours you worked per week on average in the last month, please do the following:

hourly wage = 
$$\frac{\text{gross income last month}}{(4.33 \text{ weeks per month}) \times (\text{your average weekly working hours last month})}$$

,  euros per hour

**113** The following questions are for people who are currently employed, civil servants, trainees/apprentices, or marginally employed, or who were one of these in the last 6 months. Does this apply to you?

Yes  1

No  2 → *Continue with question 118, page 24*



**114** Have you given us your employer's address since our 2021 „Living in Germany“ survey?

Yes  1 → *Continue with question 115*

No  2

Does not apply, not working in 2021  3 → *Continue with question 116*


Does not apply, did not participate in „Living in Germany“ in 2021  4


**115** Have you changed positions, started a new job, or changed the location of your work since our 2021 „Living in Germany“ survey?


Yes  <sup>1</sup> No  <sup>2</sup> → Continue with question 118, page 24

**116** In many cases, scientific researchers can only make accurate statements about people’s current working and living conditions and how they change over time if they have information from both employees and employers. We therefore regularly ask the participants in „Living in Germany“ for the names and addresses of their employers. We would like to ask you for this information now. Afterwards, infas will interview employers about their business situation and combine this with publicly available information from business registers. Of course, we will ensure that you remain completely anonymous and that all data protection regulations are strictly observed. No information will be passed on that would allow you to be identified as an individual. This confidentiality also applies, of course, to the information provided by your employer.

Please state the name and address of the local operating unit or office.

 We are referring here to the local operating unit or office of the company where you are currently working or where you last worked. Local operating units include manufacturing plants, workshops, branch offices, or subsidiaries. We are not referring to the company or agency as a whole.

 Please answer based on your current or most recent main job.

 Please give the exact name of the local operating unit—in other words, not just “bakery” or “hair salon” but the exact name of the bakery or hair salon (for example, “Acme Bakery”); not “Berlin Police” or “Munich Hospital” but the name of the police station or hospital (for example, “Police Directorate 3, Section 32” or “Großhadern Clinic”).

Name of the local operating unit:



Street address:



Number:



Postal code:



City:



**117** How many employees or associates did the local operating unit or office have in the month you stated?

Fewer than 5 employees or associates  <sup>1</sup>

5 to 9 employees or associates  <sup>2</sup>

10 to 49 employees or associates  <sup>3</sup>

50 to 249 employees or associates  <sup>4</sup>

250 to 499 employees or associates  <sup>5</sup>

500 or more employees or associates  <sup>6</sup>

**118** People sometimes have a side job or do volunteer work in addition to their main job. Do you have any of the following side jobs or volunteer positions?

 Your main job described in the previous sections should not be included!

Yes  <sub>1</sub> No  <sub>2</sub> → Continue with question 128, page 26




**119** How many side jobs, including volunteer positions, do you currently have in total?

side jobs / volunteer positions

**120** What kind of side job or volunteer position is it?

 Please answer questions 120 to 127 column by column, that is, first all questions for the first side job / volunteer position, then for a possible second, and finally for the third, if applicable.

	First side job or volunteer position	Second side job or volunteer position	Third side job or volunteer position
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>121</b> Is that a volunteer position?			
Yes	<input type="checkbox"/> <sub>1</sub> → Question 125	<input type="checkbox"/> <sub>1</sub> → Question 125	<input type="checkbox"/> <sub>1</sub> → Question 125
No	<input type="checkbox"/> <sub>2</sub> → Question 122	<input type="checkbox"/> <sub>2</sub> → Question 122	<input type="checkbox"/> <sub>2</sub> → Question 122
<b>122</b> What is your current occupational status in this job?			
Blue-collar / white-collar worker (also Mini-Job)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
Self-employed / freelance (also with contract)	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>
Assisting family member	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>
Other occupational status	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>
<b>123</b> Is it marginal part-time work in accordance with the 520 euro Mini-Job regulation?			
Yes	<input type="checkbox"/> <sub>1</sub> → Question 124	<input type="checkbox"/> <sub>1</sub> → Question 124	<input type="checkbox"/> <sub>1</sub> → Question 124
No	<input type="checkbox"/> <sub>2</sub> → Question 125	<input type="checkbox"/> <sub>2</sub> → Question 125	<input type="checkbox"/> <sub>2</sub> → Question 125
<b>124</b> Do you make a voluntary pension contribution for this Mini-Job?			
Yes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
No	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>



**128** Which of the following sources of income did you personally receive in the last month? For all applicable income sources, please state the total gross amount in the last month.

 *Gross amount means: before deduction of taxes and social security contributions.*

 *If you do not receive income from any of the sources mentioned, please state that at the end of the questions.*

	1	Euros per month (gross)										
My own retirement / pension	<input type="checkbox"/> →	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
Widow's / widower's / orphan's pension	<input type="checkbox"/> →	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
Unemployment benefits (also while attending further education / retraining or while receiving a transitional allowance)	<input type="checkbox"/> →	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
Citizen's income ( <i>Bürgergeld</i> )	<input type="checkbox"/> →	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
Sick pay from health insurance	<input type="checkbox"/> →	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
Parental allowance / maternity allowance	<input type="checkbox"/> →	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
BAföG grant, scholarship, vocational training allowance	<input type="checkbox"/> →	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
Maintenance payments from former spouse or life partner / including child support	<input type="checkbox"/> →	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
Advance maintenance payment from child maintenance funds	<input type="checkbox"/> →	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
Other support from persons who do not live in the household	<input type="checkbox"/> →	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
No, I did not receive income from any of these sources in the last month.	<input type="checkbox"/>											

**129** Which of the following sources of income did you receive in the past calendar year, 2022? For each of the income sources that you received, please specify how many months of 2022 you received the income and what the average monthly gross amount was.



 *Gross amount means: before deduction of taxes and social security contributions.*

 *Please select all that apply and answer the related additional questions.*

 *If you do not receive income from any of the sources mentioned, please state that at the end of the questions!*

Received in 2022	1	Number of months	Gross amount in euros per month	
Wages or salary as employee (including income received during training, partial retirement, or sick leave)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	→ Additional questions 130 to 139
Income from independent / freelance / commercial activities, including profit distribution	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	→ Additional questions 137 to 139, page 31 ff
Second job, side job	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
My own retirement / pension	<input type="checkbox"/>	<input type="text"/>		→ Additional question 140, page 32
Widow's / widower's / orphan's pension	<input type="checkbox"/>	<input type="text"/>		
Unemployment benefits (also while attending further education / retraining or while receiving a transitional allowance)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	→ Additional questions 137 to 139, page 31 ff
Unemployment Benefit II / Social Benefit	<input type="checkbox"/>	<input type="text"/>		
Sick pay from health insurance	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Parental allowance / maternity allowance	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
BAföG grant, scholarship, vocational training allowance	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Maintenance payments from former spouse or life partner, including child support	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Advance maintenance payments from child maintenance funds	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Other support from persons who do not live in the household	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
No, I did not receive income from any of these sources in the last calendar year, 2022.	<input type="checkbox"/>			

**130** Did you receive any of the following bonuses or extra pay from your employer last year (in 2022)? If yes, please specify the gross amount.

-  *Gross amount means: before deduction of taxes and social security contributions.*
-  *If you do not receive income from any of the sources mentioned, please state that at the end of the questions!*

	1		Gross amount									
13th month salary	<input type="checkbox"/>	→	<table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									euros
14th month salary	<input type="checkbox"/>	→	<table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									euros
Christmas bonus	<input type="checkbox"/>	→	<table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									euros
Vacation pay	<input type="checkbox"/>	→	<table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									euros
Profit-sharing, premiums, bonuses	<input type="checkbox"/>	→	<table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									euros
Other	<input type="checkbox"/>	→	<table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									euros
No, none of the above	<input type="checkbox"/>											

**131** Did you receive money in the last year (2022) to cover travel expenses or public transport tickets, for instance, a Jobticket? If so, please state the value thereof.

Yes, please specify: 1  → 

--	--	--	--

 euros

No 2

**132** Did you receive short-time allowance (*Kurzarbeitergeld*) last year (2022)?

Yes 1       No 2  → *Continue with question 136*

↓

**133** How many weeks did you receive short-time allowance (*Kurzarbeitergeld*) in 2022?

--	--

 weeks

**134** By how many hours per week were your working hours reduced during short-time work?

By 

--	--	--	--


 hours per week

**135** What was your average gross monthly income during short-time work?

--	--	--	--	--	--

 euros

**136** How likely is it that you will experience the following career changes within the next two years?


 Please estimate the probability of such a change taking place on a scale from 0 to 100, where 0 means such a change will definitely not take place, and 100 means it definitely will take place.

How likely is it...	Definitely will not take place in the next 2 years	0	10	20	30	40	50	60	70	80	90	100	Definitely will take place in the next 2 years	
		0	1	2	3	4	5	6	7	8	9	10		
... that you will seek a new job on your own initiative?		<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... that you will lose your job?		<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... that you will receive a promotion at your current place of employment?		<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... that you will start working on a self-employed and/or freelance basis?		<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... that you will stop working in your current field and start working in a different one?		<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... that you will give up your job either temporarily or permanently?		<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... that you will be demoted at your current place of employment?		<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... that you will either retire at the standard retirement age or take early retirement?		<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... that your working hours will change significantly, from full-time to part-time or from part-time to full-time?		<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... that you will attend courses or seminars to obtain additional training or qualifications?		<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... that you will receive a salary or wage increase beyond the collectively negotiated wage increases?		<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>

**137** Were you on sick leave from work for more than 6 weeks at any time last year?

- Yes, once 1
- Yes, several times 2
- No 3

**138** How many days were you unable to work in 2022 due to illness?

 Please state the total number of days, not just the number of days for which you had an official note from your doctor.

None 1

A total of    days

**139** Leaving aside sick leave and vacation: Was there any other point in 2022 when you did not work for other, personal reasons?

 Possible reasons may include, for example, caring for a sick child, business with the authorities that could not be postponed, or important family events.


Yes, because my child was sick 1  → for    days


Yes, because I was caring for a relative  → for    days

Yes, for other reasons  → for    days

No


**140 Who pays your retirement / pension and what were the monthly payments in 2022?**

 Please state the gross amount, before taxes.  
 If you receive more than one pension, please select each that applies.  
 If you do not know the exact amount, please estimate.

	Own retirement / pension received	Received widow's / widower's / (half-)orphan's pension
	1 Euros per month	1 Euros per month
German Pension Insurance ( <i>Deutsche Rentenversicherung, formerly LVA, BfA, Knappschaft</i> )	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
Civil service pension scheme ( <i>Beamtenversorgung</i> )	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
Supplementary insurance for public sector employees ( <i>Zusatzversorgung des öffentlichen Dienstes, for example, VBL</i> )	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
Occupational pension ( <i>Betriebliche Altersversorgung, for example, Werkspension</i> )	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
Professional pension scheme	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
Riester pension plan	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
Private pension scheme ( <i>incl. Arbeitgeber- direktversicherung or berufsständische Versorgung</i> )	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
Accident insurance ( <i>Unfallversicherung, for example, provided by an employer's insurance association (Berufsgenossenschaft)</i> )	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
Pensions from another country	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
Other, ↓ please specify:  <input style="width: 250px; height: 20px;" type="text"/>	<input type="checkbox"/> → <input type="text"/>	<input type="checkbox"/> → <input type="text"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

## The 2022 Calendar Year

**141** And now think back on the entire last year, that is, 2022. We have provided a kind of calendar below. Listed on the left are various characteristics that may describe your employment situation last year. Please go through the various months and tick all the months in which you were employed, unemployed, etc.

 Please select at least one box for each month! For unemployment: Even if you were unemployed for less than one month, please select the box "unemployed" for that month.

	2022											
I was...	Jan 1	Feb 2	Mar 3	Apr 4	May 5	June 6	July 7	Aug 8	Sep 9	Oct 10	Nov 11	Dec 12
... employed full-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... employed part-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... working reduced hours (short-time work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... working at a Mini-Job (up to 450 euros / 520 euros)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... in first-time in-service training (betriebliche Erstausbildung) / apprenticeship (Lehre)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... in further training (Fortbildung), retraining (Umschulung), further occupational training (berufliche Weiterbildung), or occupational rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... registered unemployed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... in retirement / early retirement (Vorruhestand)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... on maternity leave (Mutterschutz) / parental leave (Elternzeit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... attending school / university / or vocational school (Fachschule)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... doing a voluntary social / ecological year (freiwilliges soziales / ökologisches Jahr) or federal volunteer service (Bundesfreiwilligendienst)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... Homemaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... other,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 please specify:



## Health and Illness

### 142 How would you describe your current health?


Very good	1	<input type="checkbox"/>
Good	2	<input type="checkbox"/>
Satisfactory	3	<input type="checkbox"/>
Poor	4	<input type="checkbox"/>
Bad	5	<input type="checkbox"/>


### 143 Over the last two weeks, how often have you been affected by any of the following problems?

 Please select one answer only.

	Not at all	On some days	On more than half of the days	(Almost) every day
	1	2	3	4
Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling nervous, anxious, or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


### 144 Has a doctor ever diagnosed you to have one or more of the following illnesses?

 Please give all illnesses that you have been diagnosed with by a doctor, and after that, state when the diagnosis was made and whether you are still suffering symptoms of the illness.

 If you have been diagnosed multiple times with an illness, please answer for the last time you were diagnosed by a doctor.

 Please select all answers that apply.

	Applies	When were you diagnosed with this illness?				Are you currently suffering from this illness?	
		2023	2022	2021	Before	Yes	No
	1	1	2	3	4	1	2
Sleep disorder	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid disease	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac disease (also cardiac insufficiency, weak heart)	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Migraine	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dementia	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint diseases (including arthritis, rheumatism)	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic back trouble	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other illness	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 please specify:




No illness diagnosed

**144a** Did you ever get a (seasonal) flu shot before the COVID-19 pandemic (before March 1, 2020)?

Yes  <sup>1</sup> No  <sup>2</sup> → Continue with question 144c



**144b** How regularly did you get flu shots before the COVID-19 pandemic?

About every year  <sup>1</sup>  
About every other year  <sup>2</sup>  
About every three to four years  <sup>3</sup>  
Less often  <sup>4</sup>

**144c** Have you received a flu shot in the last 12 months?

Yes  <sup>1</sup>  
No  <sup>2</sup>

**145** Do you have a health problem that restricts you from performing normal, everyday activities?

Yes, seriously restricts me  <sup>1</sup>  
Yes, restricts me to some extent  <sup>2</sup>  
No, does not restrict me at all  <sup>3</sup> → Continue with question 146



**146** Have you had this problem for longer than six months?

Yes  <sup>1</sup>  
No  <sup>2</sup>

**147** Have you been officially assessed as having a reduced earning capacity (*erwerbsgemindert*) or severe disability (*Schwerbehinderung*)?

Yes  <sup>1</sup> No  <sup>2</sup> → Continue with question 151



**148** Please state the degree of reduced earning capacity (*Erwerbsminderung*) or disability (*Schwerbehinderung*):

--	--	--

**149** When was the degree of your reduced earning capacity (*Erwerbsminderung*) or disability (*Schwerbehinderung*) officially determined?

In the year 

--	--	--	--	--

**150** What types of impairments were decisive in the official determination of your reduced earning capacity or severe disability?

Please select all answers that apply.

Physical  <sup>1</sup>  
Psychological / mental   
Intellectual / cognitive   
None of the above

**151** Are you receiving a pension for partial or full reduction in earning capacity?

Yes  <sup>1</sup>

No  <sup>2</sup>

**152** How often do you eat meat, fish, or poultry?

	Every day	4-6 days a week	2-3 days a week	2-4 days a month	Once a month or less	Never
	1	2	3	4	5	6
Meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poultry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**153** Do you follow a mainly vegetarian or vegan diet?

Yes, vegetarian  <sup>1</sup>

Yes, vegan  <sup>2</sup>

No, neither of the above  <sup>3</sup>

**154** Do you have a general practitioner / family doctor who you go to when you have health problems?

Yes  <sup>1</sup>

No  <sup>2</sup>

**155** Think back on all the times you have gone to the doctor in the last three months. Have you been to a doctor in the last three months? If so, please state how many times.

Number of visits to a doctor in the last 3 months

Have not gone to the doctor in the last 3 months  <sup>1</sup> → Continue with question 157

**156** How many of those times were visits to a specialist doctor and how many times to a dentist?

 If you have not been to a specialist doctor or dentist in the last 3 months, please answer „0“.

Number of all visits to a specialist doctor in the last 3 months:

Number of all dentist visits in the last 3 months:

**157** What about hospital stays in the last year: Did you spend one night or more in the hospital in 2022?

Yes  <sup>1</sup>

No  <sup>2</sup> → Continue with question 160, page 36



**158** How many nights total did you spend in the hospital last year, that is, in 2022?

nights

**159** And how often did you have to go to the hospital in the year 2022?

times

**160** There are a lot of different reasons why people put off going to the doctor or getting treatment. Did you delay a doctor visit or treatment anytime in the last 12 months because you would have had to wait too long for an appointment?

Yes 1

No 2

No need for doctor visit or treatment 3

**161** Did you delay a doctor visit or treatment anytime in the last 12 months because it was too far away or would have been difficult to get there?

Yes 1

No 2

No need for doctor visit or treatment 3

**162** Did you delay a doctor visit or treatment anytime in the last 12 months because you couldn't afford it?

	Yes 1		No 2		No need 3
Doctor visit or treatment	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
Dental or orthodontic visit or treatment	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
Prescription for medications	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
Diagnosis or treatment of psychological problems	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>

## Mobility

**163** How often have you personally used car sharing services in the last 12 months?

This is referring to short-term vehicle rentals, including rental by the minute.

Every day 1

4-6 days a week 2

2-3 days a week 3

2-4 days a month 4

Once a month or less 5

Never 6

**164** How often have you used public transport in the last 12 months?

This is not referring to long-distance train travel with Deutsche Bahn, such as trips by IC or ICE train.

Every day 1

4-6 days a week 2

2-3 days a week 3

2-4 days a month 4

Once a month or less 5

Never 6  → Continue with question 166

**165** How many kilometers did you travel in an average week with public transport in the last 12 months?

 Please distinguish between trips that were (mainly) for work reasons and trips that were (mainly) for personal reasons. If you don't know exactly, please estimate.

For work  km in an average week

For personal reasons (vacation, etc.)  km in an average week

**166** Do you currently have a membership or transit pass for public transport?

 This is referring to transit passes that are valid for a period of at least a week.

Yes  <sub>1</sub>

No  <sub>2</sub>

**167** How often have you used long-distance train travel by Deutsche Bahn or other comparable railway companies (such as Flixbus)?

Every day  <sub>1</sub>

4-6 days a week  <sub>2</sub>

2-3 days a week  <sub>3</sub>

2-4 days a month  <sub>4</sub>

Once a month or less  <sub>5</sub>

Never  <sub>6</sub> → Continue with question 169

**168** How many kilometers did you travel in an average week by long-distance trains such as Deutsche Bahn or other comparable railway companies (such as Flixbus) in the last 12 months?

 Please distinguish between trips that were (mainly) for work reasons and trips that were (mainly) for personal reasons. If you don't know exactly, please estimate.

For work reasons  km

For personal reasons (vacation, etc.)  km

**169** And how often have you taken an intercity bus (such as Flixbus) in the last 12 months?

Every day  <sub>1</sub>

4-6 days a week  <sub>2</sub>


2-3 days a week  <sub>3</sub>

2-4 days a month  <sub>4</sub>

Once a month or less  <sub>5</sub>

Never  <sub>6</sub> → Continue with question 171, page 38


**170** How many kilometers have you traveled by intercity bus (such as Flixbus) in the last 12 months?

 Please distinguish between trips that were (mainly) for work reasons and trips that were (mainly) for personal reasons. If you don't know exactly, please estimate.

For work reasons  km

For personal reasons (vacation, etc.)  km

**171** How many of the following airplane trips have you taken in the last 12 months? Please count each flight individually, meaning count a round-trip flight as two flights.

 If you didn't take any flights in a category, please answer „0“. For flights that were both for work and for personal reasons, give the reason that was predominant.


	for work reasons	for personal reasons
Number of domestic flights:	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Number of flights within Europe:	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Number of flights outside Europe:	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

**172** How many cruises have you gone on in the last 12 months?

 If you have not gone on any cruises, please answer „0“.

Number:

**173** Have you ever calculated your carbon footprint or had it calculated?


 Your carbon footprint is a measure of the total amount of carbon dioxide emissions that are directly or indirectly generated or caused by your activities.

Yes  1

No  2

## Attitudes and opinions

**174** People can have a lot of different qualities—some are listed below. You will probably find that some of these qualities describe you perfectly and that some do not describe you at all. Others may describe you to a certain extent.

 Please answer on a scale from 1 to 7, where 1 means „does not describe me at all“, and 7 meaning „describes me perfectly“.

I am:	Does not describe me at all							Describes me perfectly			
	1 1	2 2	3 3	4 4	5 5	6 6	7 7				
a thorough worker	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
communicative, talkative	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
sometimes somewhat rude to others	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
original, someone who comes up with new ideas	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
a worrier	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
forgiving	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
somewhat lazy	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
outgoing, sociable	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
someone who values artistic, aesthetic experiences	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
nervous	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
effective and efficient in completing tasks	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
reserved	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
considerate and kind to others	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
imaginative	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
relaxed, able to deal with stress	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
eager for knowledge	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>

**175** Generally speaking, how interested are you in politics?

Very much	1	<input type="checkbox"/>
Interested	2	<input type="checkbox"/>
Not very interested	3	<input type="checkbox"/>
Not interested at all	4	<input type="checkbox"/>

**176** Many people in Germany lean toward one party in the long term, even if they occasionally vote for another party. Do you lean toward a particular party?

Yes  <sup>1</sup> No  <sup>2</sup> → Continue with question 179

↓

**177** Which party do you lean toward?


 Please select only one answer!

- |   |                          |               |
|---|--------------------------|---------------|
| SPD (Social Democrats)  | <input type="checkbox"/> | <sup>1</sup>  |
| CDU (Christian Democratic Union)  | <input type="checkbox"/> | <sup>2</sup>  |
| CSU (Christian Social Union)  | <input type="checkbox"/> | <sup>3</sup>  |
| FDP (Free Democratic Party)   | <input type="checkbox"/> | <sup>4</sup>  |
| Bündnis 90 / Die Grünen   | <input type="checkbox"/> | <sup>5</sup>  |
| Die Linke (The Socialist Left Party)  | <input type="checkbox"/> | <sup>6</sup>  |
| AfD (the Alternative for Germany party)   | <input type="checkbox"/> | <sup>27</sup> |
| NPD / Republikaner / Die Rechte<br>(National Democratic Party / Republican Party /<br>The Neo-National Socialist Party) | <input type="checkbox"/> | <sup>7</sup>  |
| A different party   | <input type="checkbox"/> | <sup>8</sup>  |

**178** And how strongly do you lean toward this party?


- |                 |                          |              |
|-----------------|--------------------------|--------------|
| Very strongly   | <input type="checkbox"/> | <sup>1</sup> |
| Fairly strongly | <input type="checkbox"/> | <sup>2</sup> |
| Moderately      | <input type="checkbox"/> | <sup>3</sup> |
| Fairly weakly   | <input type="checkbox"/> | <sup>4</sup> |
| Very weakly     | <input type="checkbox"/> | <sup>5</sup> |

**179** Which do you think is more likely in the next 12 months: inflation or deflation?

 Inflation is the rate of increase in prices, for example, the prices of all goods and services.  
A decline in prices is commonly referred to as deflation.

- |                       |                          |   |
|-----------------------|--------------------------|---|
| More likely inflation | <input type="checkbox"/> | <sup>1</sup> → Continue with question 180 |
| More likely deflation | <input type="checkbox"/> | <sup>2</sup> → Continue with question 181 |

**180** What approximately do you think the inflation rate will be in the next 12 months?


 Inflation is the rate of increase in prices, for example, the prices of all goods and services.  
A decline in prices is commonly referred to as deflation.

percent

Don't know  <sup>1</sup>

→ Continue with question 182


**181** What approximately do you think the deflation rate will be in the next 12 months?

 *Inflation is the rate of increase in prices, for example, the prices of all goods and services. A decline in prices is commonly referred to as deflation.*

percent

Don't know  <sup>1</sup>

**182** How much do you think real estate prices in your area will change in the next 12 months?


 *Please enter a number in the blank for numbers (one number can be entered after the decimal point). If you think real estate prices will fall, please enter a negative value.*

. percent (positive value)

. percent (negative value)

Don't know  <sup>1</sup>

**183** The following questions are about the topic of refugees: What would you personally say about the following questions?

 *On the scale, the further to the left you mark the box, the more you agree with the statement in the left. The further to the right you mark the box, the more you agree with the statement on the right.*

Is it generally good or bad for the German economy that refugees are coming here?

Bad for the economy Good for the economy

0 1 2 3 4 5 6 7 8 9 10  
<sub>0 1 2 3 4 5 6 7 8 9 10</sub>

=  =  =  =  =  =  =  =  =  =

Will refugees erode or enrich cultural life in Germany?

Erode Enrich

0 1 2 3 4 5 6 7 8 9 10  
<sub>0 1 2 3 4 5 6 7 8 9 10</sub>

=  =  =  =  =  =  =  =  =  =

Will Germany become a better or worse place to live because of the refugees?

A worse place A better place

0 1 2 3 4 5 6 7 8 9 10  
<sub>0 1 2 3 4 5 6 7 8 9 10</sub>

=  =  =  =  =  =  =  =  =  =

Does a large influx of refugees mean more risks or more opportunities in the short term?

More risks in the short term More opportunities in the short term

0 1 2 3 4 5 6 7 8 9 10  
<sub>0 1 2 3 4 5 6 7 8 9 10</sub>

=  =  =  =  =  =  =  =  =  =

Does a large influx of refugees mean more risks or more opportunities in the long term?

More risks in the long term More opportunities in the long term

0 1 2 3 4 5 6 7 8 9 10  
<sub>0 1 2 3 4 5 6 7 8 9 10</sub>

=  =  =  =  =  =  =  =  =  =

**184** Which of the following activities relating to refugee issues have you engaged in since last year (2022) and which do you plan to (also) engage in the future?

	Have you done that since last year (2022)?		Do you plan to (also) do that in the future?	
	Yes 1	No 2	Yes 1	No 2
Donated money or goods to help refugees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worked with refugees directly (e.g., accompanying them to government agencies, providing support in language learning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to demonstrations or collecting signatures for initiatives to help refugees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**185** Are you a member of one of the following organisations or unions?

Are you a member of a ...	Yes 1	No 2
... trade union?	<input type="checkbox"/>	<input type="checkbox"/>
... professional body?	<input type="checkbox"/>	<input type="checkbox"/>
... works or staff council at your place of work?	<input type="checkbox"/>	<input type="checkbox"/>
... club or similar organisation?	<input type="checkbox"/>	<input type="checkbox"/>

**186** How concerned are you about the following issues?

	Very concerned	Somewhat concerned	Not concerned at all
	1	2	3
The economy in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your own economic situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your own provision for old age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The impacts of climate change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining peace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime in Germany	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social cohesion in society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigration to Germany	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hostility towards foreigners or minorities in Germany	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you are employed: Your job security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The rise in inflation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Background

### 187 Do you have German citizenship?

Yes  <sup>1</sup> No  <sup>2</sup> → Continue with question 192



### 188 Do you have a second citizenship in addition to German citizenship?

Yes  <sup>1</sup> No  <sup>2</sup> → Continue with question 190



### 189 What is your second country of citizenship?

If you have citizenship in more than two countries, please state the third country in the space below

Second country of citizenship



Third country of citizenship



### 190 Have you had German citizenship since birth or did you acquire it at a later date?

Since birth  <sup>1</sup> → Continue with question 191

At a later date  <sup>2</sup> → Continue with question 194, page 44

### 191 Were both of your parents born in Germany?

Yes, both of my parents were born in Germany  <sup>1</sup> → Continue with question 198, page 45

No, at least one of my parents was born outside Germany  <sup>2</sup> → Continue with question 194, page 44

### 192 What is your country of citizenship?

If you have citizenship in more than one country, please state the second and third country in the space below

First country of citizenship:



Second country of citizenship:



Third country of citizenship:



### 193 What is your residence status in Germany?

Citizenship of a country in the EU or European Economic Area  <sup>8</sup>

Blue Card (EU)  <sup>2</sup>

Visa  <sup>5</sup>


Permanent residency (*Niederlassungserlaubnis*)  <sup>1</sup>


Limited residence permit (*Befristete Aufenthaltserlaubnis*)  <sup>3</sup>

Temporary residence permit (*Aufenthaltsgestattung*)  <sup>7</sup>

Temporary suspension of deportation (*Duldung*)  <sup>4</sup>

**194** What country would you consider your country of origin or your parents' country of origin?

 *If you were not born in Germany yourself, please state the country where you were born.  
If you were born in Germany, please state the country of origin of the parent who was not born in Germany.  
If both of your parents were born in countries other than Germany, please state the country that seems most important to you.*

Country of origin 

**195** What about you — How well do you know the language of your country of origin / your parents' language?

	Very well	Well	Okay	Not very well	Not at all well
	1	2	3	4	5
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**196** Here in Germany, what language do you speak with ...

**... your family members ...**

... mainly German 1

... mainly the language of my country of origin 2

... mainly a different language 3

... both languages in approximately equal proportions 4

Does not apply 5

**... your friends ...**

... mainly German 1

... mainly the language of my country of origin 2

... mainly a different language 3

... both languages in approximately equal proportions 4

Does not apply 5

**... at work ...**

... mainly German 1

... mainly the language of my country of origin 2

... mainly a different language 3

... both languages in approximately equal proportions 4

does not apply 5

**197** How well do you know German?

	Very well	Well	Okay	Not very well	Not at all well
	1	2	3	4	5
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**198 Do you belong to a church or religious community?**

- Yes, a Christian religious community 7  → Continue with question 199
- Yes, to an Islamic religious community 4  → Continue with question 200
- Yes, to another religious community 5
- ↓ Please state:  
  → Continue with question 201
- No, I do not belong to any religious community 6

**199 Which Christian religious community do you belong to?**

- The Catholic Church 1
  - A protestant church 2
  - The Eastern Orthodox Church 3
  - Another Christian religious community 4
- Continue with question 201

**200 Which Islamic religious community do you belong to?**

- The Shiite religious community 1
- The Sunni religious community 2
- The Alevi religious community 3
- Another Islamic religious community 4

**201 How religious are you?**

- Very religious 1
- Quite religious 2
- Not really religious 3
- Not religious at all 4

## Family and Friends

**202 What is your marital status?**

- Married 1
  - Registered same-sex partnership  
(Registration was possible until September 2017.  
It may still be valid.) 2
  - Single, never been married 3
  - Divorced 4
  - Registered same-sex partnership terminated 5
  - Widowed 6
  - Life partner from registered same-sex  
partnership deceased 7
- Continue with question 203, page 46
- Continue with question 207, page 46

**203** Do you and your spouse or partner live together in this household?

Yes  <sup>1</sup> → Continue with question 206

We are together but we live in different dwellings  <sup>2</sup> → Continue with question 204

No, we separated  <sup>3</sup>  
We separated but we are still living together  <sup>4</sup> } → Continue with question 207

**204** Where does this spouse / partner currently live?

In Germany  <sup>1</sup> → Continue with question 206

Abroad  <sup>2</sup> → Continue with question 205

**205** Are you planning to bring your spouse / partner to Germany?

Yes  <sup>1</sup>

No  <sup>2</sup>

Don't know  <sup>3</sup>

**206** What is the first name of your spouse or partner?



→ Continue with question 212

**207** Are you in a serious / permanent relationship?

Yes  <sup>1</sup> No  <sup>2</sup> → Continue with question 212



**208** Does your partner live with you in this household?

No  <sup>2</sup> Yes  <sup>1</sup> → Continue with question 211



**209** Where does this spouse / partner currently live?

In Germany  <sup>1</sup> → Continue with question 211

Abroad  <sup>2</sup> → Continue with question 210

**210** Do you plan to bring this partner to Germany?

Yes  <sup>1</sup>

No  <sup>2</sup>

Don't know  <sup>3</sup>

**211** What is your partner's first name?




**212** In the last year, that is, in 2022, did you personally give money or financial support to relatives or other people outside this household? Approximately how much did you give in the year 2022 as a whole? Where does the recipient live?

 Please mark all appropriate answers.

	1	Amount						Where does the recipient live?		
		Euros in 2022						Germany	abroad	
		1					1	1		
To parents / parents-in-law	<input type="checkbox"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
To your children (also son-in-law / daughter-in-law)	<input type="checkbox"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
To spouse or divorced spouse	<input type="checkbox"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
To other relatives	<input type="checkbox"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
To non-relatives	<input type="checkbox"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I did not give any money or financial support of this kind	<input type="checkbox"/>									

**213** Has your family situation changed since January 1, 2022? Please indicate if any of the following apply to you and if so, when this change occurred.

 If any of the following has taken place more than once since January 1, 2022, please refer to the most recent change.

 Please select all answers that apply.

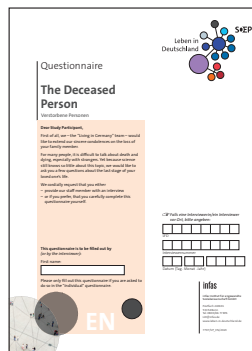
	1	2023, in the month	2022, in the month
Started a new relationship	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Moved in with my partner	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Got married	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Became a father / mother (again)	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
A child entered the household	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
A child left the household	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
I separated from my spouse / partner	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
I got divorced / also same-sex partnership	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
My spouse / partner died	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Father died	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Mother died	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Child died	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Another person who lived in the household died	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Other family changes,	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

↓ please specify:




No, none of above

→ If you answered that one or more people close to you have died, please complete the questionnaire „The Deceased Person“ after finishing this questionnaire.



**214** In conclusion, we would like to ask you about your satisfaction with your life in general. How satisfied are you with your life, all things considered?

 Please answer on a scale from 0 to 10, where 0 means completely dissatisfied and 10 means completely satisfied.

Completely dissatisfied Completely satisfied

0 1 2 3 4 5 6 7 8 9 10  
0 1 2 3 4 5 6 7 8 9 10

=  =  =  =  =  =  =  =  =  =

**215** And how do you think you will feel in one year?

Completely dissatisfied Completely satisfied

0 1 2 3 4 5 6 7 8 9 10  
0 1 2 3 4 5 6 7 8 9 10

=  =  =  =  =  =  =  =  =  =

**216** And how do you think you will feel in five years?

Completely dissatisfied Completely satisfied

0 1 2 3 4 5 6 7 8 9 10  
0 1 2 3 4 5 6 7 8 9 10

=  =  =  =  =  =  =  =  =  =

**A** Finally, please provide the following information.

When did you finish filling out the questionnaire?

date:   .        time:   :    
          day        month                    hour        minute

**B** Approximately how long did it take you to complete this questionnaire?

minutes

**C** Was anyone else present while you were filling out the questionnaire?

 Please select all that apply.

Yes, spouse / partner

Yes, another person who lives here in this household

Yes, another person who does not live here in this household

No

1

→ Continue with question D

→ End of questionnaire

**D** Did any of the aforementioned people bother you while you were filling out the questionnaire?

Yes  <sup>1</sup>

No  <sup>2</sup>

**Thank you for taking part.**

Please give the completed questionnaire to our interviewer or send it back to infas in the enclosed postage-paid envelope:

infas Institut für angewandte  
Sozialwissenschaft GmbH  
Postfach 24 01 01  
53154 Bonn