

Living in Germany

Survey 2002
on the social situation
of households

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Individual question form

This questionnaire booklet is directed towards the individual persons in the household.

Your cooperation is voluntary. However, the scientific meaningfulness of this investigation depends on the cooperation of all persons in all households.

Therefore, we ask that:

- You allow our representative to carry out this interview; **or**
- You carefully fill out the questionnaire booklet yourself.

**Before handing in please enter
in accordance with the address log:**

Household number:

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

First name:

Please print

How is it done?

Please fill in the questionnaire booklet by

- checking the box with an X

Example: Sex: male
female

- entering numbers in the larger lines
(flush right)


Example: Date of Birth: ...

1	9	4	5
---	---	---	---

- writing in the text boxes provided

Example: Other reason


Change of Job

A 'pointing finger'  symbol means that there is a further explanation to the question.

Please answer each question in turn.
Skip questions only when expressly told to do so in the text.

Example:

Are there children in your household?

Yes


No 

Skip to Question . . . !

*If you check off "yes" for this question
then you should go to the next question.*

*If you check off "no" for this question,
then proceed directly to the question indicated.*



This questionnaire about life in Germany today has been switched to the new currency
for when it deals with financial questions.

We would therefore ask you to provide all DM amounts in EURO.


Our "EURO-converter" may be of use to you.

It is also sufficient if you simply divide all DM amounts by 2.

(1,000 DM = ca. 500 EURO, exactly: 511 EURO).

Your current life situation

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

 Please answer by using the following scale:
 0 means totally unhappy,
 10 means totally happy.

How satisfied are you with . . .

totally
unhappy

totally
happy

– your health?

= = = = = = = = = = =

0 1 2 3 4 5 6 7 8 9 10

(if employed)

– your job?

= = = = = = = = = = =

0 1 2 3 4 5 6 7 8 9 10

(if working in household)

– your housework?

= = = = = = = = = = =

0 1 2 3 4 5 6 7 8 9 10

– your household income?

= = = = = = = = = = =

0 1 2 3 4 5 6 7 8 9 10

– your place of dwelling?

= = = = = = = = = = =

0 1 2 3 4 5 6 7 8 9 10

– your free time?

= = = = = = = = = = =

0 1 2 3 4 5 6 7 8 9 10

(if you have small children)

– the child care available?

= = = = = = = = = = =

0 1 2 3 4 5 6 7 8 9 10

– with insurance for: health care, unemployment, pension, and nursing care i.e. the social security net?

= = = = = = = = = = =

0 1 2 3 4 5 6 7 8 9 10

– the environmental conditions in your area?

= = = = = = = = = = =

0 1 2 3 4 5 6 7 8 9 10

– your overall standard of living?

= = = = = = = = = = =

0 1 2 3 4 5 6 7 8 9 10

2. Since 1st January 2002 the EURO is the only legal means of payment in Germany. We would like to ask you how familiar you are personally with the new currency. Does the new cash, i.e. the new banknotes and coins still provide you with great difficulty, some difficulty or no difficulties at all?

Great difficulty

Some difficulty

No difficulty at all

3. One now has to convert all previous DM amounts into EURO amounts. Does this conversion still provide you with great difficulty, some difficulty or no difficulties at all?

Great difficulty

Some difficulty

No difficulty at all

4. **Note:**
 This questionnaire about life in Germany today has been switched to the new currency for when it deals with financial questions.
 We would therefore ask you to provide all DM amounts in EURO. Our "EURO-converter" may be of use to you. It is also sufficient if you simply divide all DM amounts by 2.
 (1,000 DM = ca. 500 EURO, exactly: 511 EURO).

5. There are varying opinions towards the introduction of the EURO. In your opinion, which of the following statements are applicable? Use the scale ...

	Completely applies	More likely to apply	More likely not to apply	Does not apply at all
The introduction of the EURO is a good thing because it promotes European unity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The introduction of the EURO is a good thing because it will bring economic advantages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am sad that the DM no longer exists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fear that scrapping the DM will lead to more disadvantages than advantages for us in Germany	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fear that the introduction of the EURO will make private investments more unstable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. All in all, how satisfied are you with the introduction of the EURO?


Please answer according to the following scale:
 "0" means completely dissatisfied, "10" means completely satisfied.

completely **dissatisfied** completely **satisfied**

0 1 2 3 4 5 6 7 8 9 10

Question 7 is dropped

8. Have you been engaged in paid work during the last 7 days, even if this work was only for an hour or just a few hours?

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

Yes

No

9. Are you currently on maternity leave or child rearing leave?

Yes, maternity leave

Yes, child rearing leave


No

10. Are you officially registered as unemployed at the Employment Office ("Arbeitsamt")?

Yes

No

**11. What does a typical weekday look like for you?
How many hours per day do you spend on the following activities?**

 Please give only whole hours.
Use zero if the activity does not apply!

**Number
of hours**

Job, apprenticeship, second job
(including travel time to and from work)

Errands (shopping, trips to government agencies, etc.)

Housework (washing, cooking, cleaning)

Child care

Care and support for persons in need of care

Education or further training (also school, university)

Repairs on and around the house, car repairs, garden work

Hobbies and other free-time activities


12. Do you have access, sometimes or always, to an car for your own personal use?

Yes, always

Yes, sometimes

No

13. Are you currently in some sort of education? In other words, do you attend a school or institution of higher education, are you engaged in an apprenticeship or are you participating in further education or training?

Yes
 

No 

Skip to question 15!

14. What type of education or continuing training is that?

General school:

Secondary general school ("Hauptschule") ...

Intermediate School ("Realschule")

Upper Secondary School ("Gymnasium")

Comprehensive School ("Gesamtschule")

Evening Intermediate School ("Abendrealschule")

"Fachoberschule"

Higher Education:

"Fachhochschule"

University, other higher education institution

Training, classes for further education and training:

Professional or vocational retraining ("Umschulung")

Further education in your profession

Professional rehabilitation

Further education in politics or general

Other:

Vocational education:

Primary vocational training year, vocational preparatory year ("Berufsgrundbildungsjahr, Berufsvorbereitungsjahr")

Vocational school without apprenticeship ...

Apprenticeship

Full-time vocational school ("Berufsfachschule, Handelsschule")

School for health care professions

Trade and technical school ("Fachschule", for example, "Meister-, Technikerschule")

Education as public employee

Other:

15. Are you currently engaged in paid employment? Which of the following applies best to your status?

 Pensioners with a job contract are considered employed.

Full-time employed

Part-time employed

In occupational / professional education or retraining

Marginally ("geringfügig") or irregularly employed

Approaching retirement part-time employment with zero working hours

Doing your compulsory military service

Doing community service as substitute for compulsory military service ("Zivildienst") / Voluntary social year

Not employed

Skip to question 23!

Skip to question 58!

Skip to question 16!

Only for those not employed

16. If you were currently looking for a new job:

Is it or would it be easy, difficult or almost impossible to find an appropriate position?

Easy

Difficult

Almost impossible

Not applicable, because I am retired

17. Do you intend to engage in paid employment (again) in the future?

No, definitely not



Skip to question 59!

Probably not

Probably

Yes, definitely



18. When, approximately, would you like to start with paid employment?

As soon as possible

Next year

In the next two to five years

In the distant future,
in more than five years

19. Are you interested in full-time or part-time employment, or would both suit you?

Full-time

Part-time

Either

I'm not sure yet

20. How high would your net income or salary have to be for you to take a position offered to you?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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EURO per month

Can't say, it depends

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

Yes

No

22. Have you actively looked for work within the last four weeks?

Yes



Skip to question 59!

No

Your current employment

23. Did you change your job or start a new one after December 31, 2000?

Yes
↓

No →


Skip to question **30!**

24. When did you start your current position?

2001, in the month

2002, in the month

25. What type of an employment change was that?

 *In the case that you have changed positions several times, please pick the appropriate reason for the most recent change.*

I have entered employment for the first time in my life →

Skip to question **28!**

I have started up with paid employment again after not having been employed for a while

I have started a new position with a different employer


I have become self-employed

I have been taken on by the company in which I did my apprenticeship / worked as part of a state employment program / was employed on a free-lance basis

I have changed positions within the same company

26. How do you view your current position compared to your previous one?

**In which of the following points has your new job improved or worsened your status?
Or has it stayed about the same?**

 Please check just **one** for each line!

How is this with regards to ...	Improved	About the same	Worse
- the type of work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- chances of promotion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- work load?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- commute?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- work hour regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- job security?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Are you able to use your professional skills and abilities today more, about the same, or less than in your previous position?

More

About the same


Less

28. Were you actively looking for a job when you received your current position, or did it just come up?

Actively looking for job

Just came up

29. How did you find out about this job?

 Please check just **one**!

Through the Employment Office ("Arbeitsamt")

Through a private employment agency

An advertisement in the newspaper


An advertisement in the internet

Through friends or relatives

I have returned to a former employer

Other or none of the above

30. What is your current position/occupation?

 Please give the exact title. For example, do not write "clerk", but "shipping clerk"; not "blue-collar worker", but "machine metalworker". If you are engaged in public employment, please give your official title, for example, "police chief" or "Studienrat". If you are an apprentice or in vocational training, please state the profession associated with your training.

Please write the German term only!

31. Is this position the same as the profession for which you were educated or trained?

Yes Currently in education or training

No I have not been trained or educated for a particular profession

32. What type of education or training is usually necessary for this type of work?

No particular education or training necessary

Completed vocational education in this area

Completed education at a "Fachhochschule"

Completed education at a university or other institution of higher education

33. What type of introduction or introductory training is usually necessary for this type of work?

Only a short introduction on the job

A longer training period in the company


Participation in special training or courses

34. Does the company in which you are employed belong to the public sector?

Yes

No

35. In which branch of business or industry is your company or institution active for the most part?

 Please state the branch as exactly as possible, for example, not "industry", but "electronics industry"; not "trade", but "retail trade"; not "public service", but "hospital".

Please write the German term only!

36. Approximately how many people does the company employ as a whole?

less than 5 people ...

from 5 up to, but less than 20 people ...

from 20 up to, but less than 100 people ...


from 100 up to, but less than 200 people ...

from 200 up to, but less than 2,000 people ...

2,000 or more people

Not applicable, because I am self-employed without further employees

48. Are you currently observing the legal regulation concerning part-time work while approaching retirement?

Yes  Reduced working-hours
No Reduced salary for temporarily unchanged working-hours (in saving phase)

49a How many days do you usually work per week?

days Not applicable, because . . .
● the number of days is not fixed
● the number of days changes from week to week ..

49b And how many hours do you work on a typical workday?

, hours Varying, irregular

50. At what time do you generally start work?


 Varying
Hour Minute


51. How many hours are stipulated in your contract (excluding overtime)?

, hours per week No set hours

52. And how many hours do your actual working-hours consist of including possible over-time?

, hours per week

If less than 30 hours:	If 30 hours or more: 	Skip to question 53!
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52a Is this part-time employment in accordance with the old 630-DM-regulation (now 325 EURO)?

Yes No

52b Is this part-time occupation in accordance with the latest law concerning parental part-time (Federal Child Benefit Law)?

Yes No

52c Do you share your job with another worker (i.e. job-sharing)?


Yes No

53. If you could choose your own number of working hours, taking into account that your income would change according to the number of hours:

How many hours would you want to work?

, hours per week


54. Do you work overtime?

Yes 

No
Not applicable, because
I am self-employed

Sie springen auf Frage 58!

55. Can you also collect this over-time in a so-called working-hours account, which allows you time off to be taken within a year or longer?


Yes  with the collected hours to be used . . .
No

- by the end of the year
- within a shorter period of time
- within a longer period of time




56. If you do work overtime, is the work paid, compensated with time-off, or not compensated at all?

Compensated with time-off
Partly paid, partly compensated with time-off ..
Paid
Not compensated at all

57. How was your situation with regards to overtime last month?
Did you work overtime? If yes, how many hours?

Yes  hours, of which: hours were paid
No
Please enter "00" if unpaid

58. How high was your income from employment last month?

-  If you received extra income such as vacation pay or back pay, please do **not** include this. Please do include overtime pay.
-  Please do **not** include "Kindergeld", even if this is paid by the employer.
-  If you are self-employed: Please estimate your monthly income before and after tax.


Please fill in both:

- gross income, which means wages or salary before deduction of taxes and social security
- net income, which means the sum after deduction of taxes, social security, and unemployment and health insurance.

My income was: gross EURO
net EURO

Now questions which apply to everyone!

59. It is possible to work in addition to regular employment, household work, education and also as pensioner. Do you engage in any of the following activities?

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

Work in family business

Regular second job

Occasional paid work

No,
none of these



Skip to question 66!

60. Which occupation is that? Please be as specific as possible.

Please write the German term only!

61. In which of the following categories does this work fit?

Agriculture / Forestry

Construction

Industry and vocational trade

Services

62. Whom do you work for in that regard? Is it –

 Several answers may be checked!

● a company (or several companies)?

● a private household (or several)?

● a public institution?

● other?

63. How many days a month do you engage in this additional employment?

days a month

64. How many hours on average on these days?

hours a day

65. How many months a year do you engage in this additional employment?


months a year

66. From which of the following income sources do you personally receive money at this time?

 Please check all that apply!


**For all the applicable sources of income, please indicate how large an amount is each month.
If you are unable to state the exact amount, please estimate.**

Source of income	Yes	Gross amount per month ^{*)}
Additional employment	<input type="checkbox"/>	<input type="text"/> EURO
Statutory pension, disability pension or civil servant pension (due to one's own employment)	<input type="checkbox"/>	<input type="text"/> EURO
Statutory widows pension, orphans pension	<input type="checkbox"/>	<input type="text"/> EURO
Company pension or company surviving dependants pension	<input type="checkbox"/>	<input type="text"/> EURO
Private pension (due to age accident, disability or surviving dependant)	<input type="checkbox"/>	<input type="text"/> EURO
Support from the Arbeitsamt in the form of:		
● Unemployment pay ("Arbeitslosengeld")	<input type="checkbox"/>	<input type="text"/> EURO
● Unemployment assistance ("Arbeitslosenhilfe")	<input type="checkbox"/>	<input type="text"/> EURO
● Support for further training and education ("Unterhaltsgeld bei Fortbildung") / Transition pay ("Übergangsgeld"), other	<input type="checkbox"/>	<input type="text"/> EURO
Early retirement pay from the former employer	<input type="checkbox"/>	<input type="text"/> EURO
Payment as part of maternity leave or child rearing leave	<input type="checkbox"/>	<input type="text"/> EURO
BAföG (state support for higher education), grants, vocational training support	<input type="checkbox"/>	<input type="text"/> EURO
Pay for compulsory military service, community service in place of military service ("Zivildienst")	<input type="checkbox"/>	<input type="text"/> EURO
Alimony or child support from your former partner (including temporary child support from the state before the question of child support is decided)	<input type="checkbox"/>	<input type="text"/> EURO
Other types of financial assistance from persons who do not live in the household	<input type="checkbox"/>	<input type="text"/> EURO
None of these	<input type="checkbox"/>	

^{*)}  The gross amount means before any deductions for taxes, social security, etc.
This is applicable only for income from additional employment, retirement pay, or company pensions.

How were things last year?

67. Did you end school, vocational training, or university education after December 31, 2000?

Yes
 

No 


Skip to question **69!**

When?

2001, in the month

2002, in the month

68. Did you conclude this education with a degree, certificate or diploma?

Yes
 

No 

Skip to question **69!**

What kind of a degree was that?

General school certificate:

Secondary general school leaving certificate ("Hauptschulabschluß")

Intermediate school leaving certificate ("Mittlere Reife", "Realschulabschluß")

Leaving certificate from a Fachoberschule ("Fachhochschulreife" – qualification for studies at a Fachhochschule)

Upper secondary leaving certificate ("Abitur")

Other school leaving certificate

Please specify:

Higher Education Degree

Fachhochschule

University, technical university, other higher education institution

Please also state the degree and subject:

Vocational Degree

Name of the vocation:

Type of education or training:

Apprenticeship

Full-time vocational school ("Berufsfachschule, Handelsschule")

School for health care professions


Trade and technical school for vocational education ("Meister-, Technikerschule" etc.)

Training for public employees

Company retraining

Other, for example further training

69. Did you leave a job after December 31, 2000 (one which you also had before this date)?

Yes 

No 

Skip to question **75!**

70. When did you leave the last job?


2001, in the month

2002, in the month

71. How long were you employed in that position?

years months

72. How was this job terminated?

 Please check only **one!**

Because your place of work or office has closed

My resignation

Dismissal

Mutual agreement

A temporary job or apprenticeship had been completed

Reaching retirement age / pension

Suspension

For self-employed persons: closing business

73. Did you receive any sort of compensation or severance package from the company?

Yes  How much in total?

EURO

No

74. Did you have a new contract or a prospective job before you left your last position?

Yes, a prospective job

Yes, a new contract


No, I didn't have anything lined up

I didn't look for a new job

75. And now think back on all of 2001.

We've drawn up a type of calendar below. Listed on the left are various employment characteristics that may have applied to you last year.

Please go through the various months and check all the months in which you were employed, unemployed, etc.

 *Please note that one must be checked for each month!
Even if you were unemployed for less than one month, please check off that month.*

I was . . .	2 0 0 1											
	Jan.	Febr.	März	April	Mai	Juni	Juli	Aug.	Sept.	Okt.	Nov.	Dez.
full-time employed (including State employment programs "ABM" / "SAM")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
part-time employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 company training / apprenticeship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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, retraining, further professional education ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 as 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 or 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 or child rearing leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 school, at university or "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"/>
Military Service / Reserve Duty Training Exercise <input type="checkbox"/>	}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Service												
Voluntary Social Year												
Housewife, houseman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 (please specify): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income in 2001

76. We have already asked for your current income.

In addition, please state what sources of income you received in the past calendar year 2001, independent of whether the income was received all year or only in certain months.

Look over the list of income sources and check all that apply.

For all sources that apply please indicate how many months you received this income in 2001 and how much this was on average per month.

(Please state the gross amount which means not including deductions for taxes or social security).

Source of income	Received in 2001	Months in 2001	Gross amount per month EURO
Wages or salary as employee (including wages for training, "Vorruhestand", wages for sick time ("Lohnfortzahlung"))	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Income from self-employment, free-lance work	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Additional employment	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Statutory pension, disability pension or civil servant pension (due to one's own employment)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Statutory widows pension, orphans pension	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Company pension or company surviving dependants pension	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Privat pension, due to age, accident, disability or surviving dependant)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Support from the "Arbeitsamt" in the form of:			
● Unemployment pay ("Arbeitslosengeld")	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
● Unemployment assistance ("Arbeitslosenhilfe")	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
● Support for further training and education ("Unterhaltsgeld bei Fortbildung") / Transition pay ("Übergangsgeld"), other	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Payment as part of maternity leave or child rearing leave	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
BAföG (state support for higher education), grants, vocational training support	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Pay for compulsory military service, community service in place of military service ("Zivildienst")	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Alimony or child support from your former partner (including temporary child support from the state before the question of child support is decided)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Other types of financial assistance from persons who do not live in the household	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

Additional quest. 77

**Please convert all amounts into EURO:
1.000 DM = ca. 500 EURO (exactly: 511 EURO)**

I received no income from the sources named

Skip to question 78!

Additional questions for employed persons

**77. Did you receive any of the following additional payments from your employer last year (2001)?
If yes, please state the gross amount.**

13th month salary	<input type="checkbox"/> in total	<input type="text"/>	EURO
14th month salary	<input type="checkbox"/> in total	<input type="text"/>	EURO
Additional Christmas bonus	<input type="checkbox"/> in total	<input type="text"/>	EURO
Vacation pay	<input type="checkbox"/> in total	<input type="text"/>	EURO
Profit-sharing, premiums, bonuses	<input type="checkbox"/> in total	<input type="text"/>	EURO
Other	<input type="checkbox"/> in total	<input type="text"/>	EURO
No, I received none of these		<input type="checkbox"/>	

Now questions which apply to everyone!

78. The social security system in the FRG is split into several branches: Health care, unemployment insurance, and pension insurance. The social security and its corresponding private businesses are there to provide for emergencies and old age.

How financially secure are you in the following situations?

	Very good	Good	Satisfactory	Poor	Bad	Don't know/ does not apply
When sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When unemployed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In old age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When needing nursing care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

79. Do you think the social security contributions or premiums that you pay are –

- too high
- appropriate
- too low
- Don't know
- Does not apply

79a What would be the minimum net household income needed to get by

EURO


Don't know

80. At present a multitude of social services are provided not only by the state but also by private freemarket enterprises, organizations, associations, or private citizens. What is your opinion on this?

Who should be responsible for the following areas:

- only the state
- mostly the state
- state and private forces
- mostly private forces
- only private forces

zuständig sein?

 Please check only **one** item per line!

	Only the state	Mostly the state	State and private forces	Mostly private forces	Only private forces
Financial security of families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring for pre-schoolers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring for school children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial security in case of unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job creation measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial security in case of illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care and help for the sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial security for old-age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care and help for the aged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial security for persons needing care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care and help for persons needing care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

81. Now for some questions regarding the provision for old age.

From January 2002 onwards the pension reform will take effect, which places a greater burden on private contribution towards the provision for old age. How do you personally see this for yourself:

How much have you concerned yourself with setting up a private pension plan in order to supplement the statutory pension?

- Very strongly
- Strongly
- Moderately
- Hardly
- Not at all

82. Provided that you are not yet retired or drawing your pension:

How well to you think you will be able to support yourself on the statutory pension or your private pension?

- Very well
- Well
- Ok
- Badly
- Very badly

Does not apply,
as I am retired or
drawing my pension ..

Skip to question 85!

83. In the future, will you make a greater effort than before towards contributing to your private pension when state contributions are introduced?


- Yes, definitely
- Yes, possibly
- Do not know yet
- No

84. How important to you are the state contributions in order to save money and invest money for old age?

- Very important
- Important
- Not very important
- Not at all important

85. The following questions are under the subtitle of “Your personal assets and liabilities”

The accumulation of wealth is an important subject in all levels of society nowadays, especially in view of the future for provisions for old age and the reform of pensions. The German Institute For Economic Research (DIW) in Berlin is currently undertaking a large research project in this field. It is aiming to produce an accurate picture of the financial circumstances of the nation’s citizens. We would like to invite you to take part in this project. In order to do so, together with you, we would like to create your own personal “assets and liabilities statement”, which may also be able to help you gain a better view of your finances. You can be absolutely sure that your details will be handled with confidentiality and will only be used for economic evaluation.

 Please continue to questions **(A)** to **(G)** on the following pages.

If you have no information regarding to these questions, then please proceed to question 86 which deals with “health”.

Your personal assets and liabilities statement

Do you possess the following types of property or wealth?
If yes, then please estimate its current value.

A Are you personally the owner of the house or apartment in which you live?

Yes

No

Value:	
If you were to sell today, how much would you receive for your house/apartment including land?	EURO <input type="text"/>
Burden:	
If you still have a loan taken out on your house/apartment, how high is the remaining debt (excluding interest)?	EURO <input type="text"/>
Personal share of property:	
Are you the sole owner (100%) or co-owner (e.g. with your spouse)?	Sole Owner <input type="checkbox"/>
If the latter, how high is your own share?	Share in % <input type="text"/> <input type="text"/>



B Apart from the property you live in, do you possess another house or more land?

Yes

No



Type and number of properties:	
What type of property is it?	
One family house / Free hold flat (not used by yourself)	<input type="checkbox"/>
Multiple family house / Apartment house	<input type="checkbox"/>
Holiday home / Weekend home	<input type="checkbox"/>
Undeveloped land	<input type="checkbox"/>
Other property	<input type="checkbox"/>
How many of this type of property do you have ? (excluding the one used by yourself)	Amount <input type="text"/> <input type="text"/>
Value:	
If you were to sell your property today (excluding the one used by yourself), how much would you receive?	EURO <input type="text"/>
Personal share of property:	
Are you the sole owner (100%) or co-owner (e.g. with your spouse)?	Sole Owner <input type="checkbox"/>
If the latter, how high is your own share?	Share in % <input type="text"/> <input type="text"/>
Burden:	
If you still have a loan taken out on your property, how high is the remaining debt (excluding interest)?	EURO <input type="text"/>

C Do you possess financial assets over the value of 2500 EURO in the form of a savings balance, savings bonds, bonds, shares or investments?

Yes 
No




Value: How high do you estimate the value of your financial assets?	EURO	<input type="text"/>
Personal share of property: Are these financial assets in your name or do they stretch over joint accounts, i.e. with your spouse?	Sole Owner	<input type="checkbox"/>
If the latter, how high is your share?	Share in %	<input type="text"/> <input type="text"/>

D Do you currently possess life insurance or a private pension plan or a buildings savings account?

Yes 
No




Value: How high do you estimate the cash surrender value of these policies or financial assets to be?	EURO	<input type="text"/>
---	------	----------------------

E Are you the owner of a commercial enterprise, i.e. a company, a shop, an office, a practice or an agricultural enterprise, or are you involved in an enterprise such as the above forementioned?

Yes 
No




Personal share of property: Are you the sole owner or co-owner of this enterprise, e.g. GBR, GmbH or KG?	Sole Owner	<input type="checkbox"/>
	Co-owner	<input type="checkbox"/>
Value: How high do you estimate the current value of your enterprise or of your share to be? This is the price before tax, which you would receive at the sale of your enterprise or your share, taking into account any remaining financial burdens.	EURO	<input type="text"/>

F Do you possess any tangible assets over 2,500 EURO (excluding motor vehicles) in the form of gold, jewellery, coins or valuable collections?

Yes 
No


Value: If it were possible to estimate the value of these tangible assets: How high would the total value be?	EURO	<input type="text"/>
---	------	----------------------

G Leaving aside any mortgages on house or property or house-building loan:
Do you at the present time have any debts relating to credit that you as a private individual have taken on at a bank or a similar institution or a another individual, for which you are accountable?
This is limited to debts greater than 2,500 EURO. This does not include mortgages or house-building loans!

Yes 
No


Burden: Current remaining debt (without interest):	EURO	<input type="text"/>
--	------	----------------------

**Question 86
next page!**

Health and Illness

86. How would you describe your current health?

- Very good
- Good
- Satisfactory
- Poor
- Bad

87. When you ascend stairs, i.e. go up several floors on foot:
Does your state of health affect you greatly, slightly or not at all?

- Greatly
- Slightly
- Not at all

88. And what about having to cope with other tiring everyday tasks, i.e. where one has to lift something heavy or where one requires agility: Does your state of health affect you greatly, slightly or not at all?

- Greatly
- Slightly
- Not at all

89. Please think about the last four weeks.
How often did it occur within this period of time, . . .

Always Often Some-
times Almost Never

- | | Always | Often | Some-
times | Almost | Never |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ● that you felt rushed or pressed for time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ● that you felt run-down and melancholy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ● that you felt relaxed and well-balanced? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ● that you used up a lot of energy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ● that you had strong physical pains? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ● that due to physical health problems | | | | | |
| – you achieved less than you wanted to at work
or in everyday tasks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – you were limited in some form at work or in
everyday tasks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ● that due to mental health or emotional problems | | | | | |
| – you achieved less than you wanted to at work
or in everyday tasks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – you carried out your work or everyday tasks
less thoroughly than usual? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ● that due to physical or mental health problems you
were limited socially, i.e. in contact with friends,
acquaintances or relatives? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

90. How tall are you?

If you don't know, please estimate.

cm

91. How many kilograms do you currently weigh?

If you don't know, please estimate.

kg

92. Have you ever smoked before, i.e. have you smoked at least 100 cigarettes or other tobacco products in your life.

Yes

No

Skip to question **95!**

93. How old were you when you began to smoke regularly?

years old

Have never smoked on a regular basis ...

Skip to question **95!**

94. Do you currently smoke, be it cigarettes, a pipe or cigars?

Yes

No

How many cigarettes, pipes or cigars do you smoke per day?

Please give the daily average of the previous week.

Cigarettes per day

Pipes per day

Cigars/Cigarillos per day

When did you give up smoking?

Please provide the year and, if possible, the month.

Year Month

95. Are you legally classified as handicapped or capable of gainful employment only to a reduced extent due to medical reasons?

Yes

What is the extent of this capability reduction or handicap according to the most recent diagnosis? %

No

What type of handicap is that?

96. Have you gone to a doctor within the last three months?

If yes, please state how often.

Number of trips to the doctor's in the last three months

I haven't gone to the doctor's in the last three months


97. Do you visit doctors, therapists or non-medical practitioners for whose services you have to pay for yourself?

Yes, regularly

Yes, occasionally

No

98. And how was that with regards to stays in the hospital? Were you ever admitted to a hospital for at least one night in 2001?

Yes


No 

Skip to question 100!

99. How many nights altogether did you spend in the hospital last year?

nights

And how often were you admitted to a hospital in the year 2001?

times

100. If you were employed in 2001:

Were you sick from work for more than six weeks at one time last year?

Yes, once


Yes, several times

No

I was not employed in 2001 

Skip to question 102!

101. How many days were you not able to work in 2001 because of illness?

 Please state all the days, not just those for which you had an official note from your doctor.

None

A total of days


102. Health insurance. First the question:




Do you qualify for additional allowances (such as "Beihilfe" or "Heilvorsorge") for public employees?

Yes
No

103. How are you insured for sickness:


Do you have state health insurance, are you almost exclusively privately insured or do you not have any health insurance?

 Please answer also if you do not pay for the insurance yourself, but are covered by another family member. Compulsory health insurance providers are listed in Question 104.

In compulsory health insurance  Almost exclusively privately insured  Skip to question 107!
No health insurance  Skip to question 109!

104. Which of the following is your health insurance provider?

AOK <input type="checkbox"/>	TKK <input type="checkbox"/>	GEK <input type="checkbox"/>
Barmer <input type="checkbox"/>	IKK <input type="checkbox"/>	Knappschaft... <input type="checkbox"/>
DAK <input type="checkbox"/>	KKH <input type="checkbox"/>	LKK <input type="checkbox"/>

Company health insurance ..  please state:
Other



104a Have you changed to a different health insurance provider after December 31, 2000?

Yes
No

105. Are you personally in this health insurance –

- a mandatory paying member
- a voluntary paying member
- covered by the insurance of a family member
- insured as pensioner, unemployed, student, or draft soldier or through your community service work ("Zivildienst")?

106. Do you have additional private health insurance?

Yes  No  Skip to question 109!

106a What do you pay for private insurance per month?

EURO per month Don't know



106b Which of the following are covered by your additional health insurance?

 Please check all that apply!

- Hospital stay
- Dentures
- Corrective devices (glasses, for examples) .
- Coverage abroad
- Other Don't know

Skip to question 109!

**107. In whose name is your private health insurance:
another family member's or your own?**

- Other family member  *Skip to question 109!*
 - Your own
- 

108. What do you pay per month for health insurance?

EURO per month Don't know

108a Is that amount just for you or are other people covered?

- Just for me
- In additional to myself persons are covered
Number

108b Is it health insurance with a deductible or co-payment?


- Yes
- No


**109. There are plans to reform the health sector, which would mean an increase in private contributions in order for general contributions to health insurance companies to remain at the same level.
Would you agree to contribute more privately to the financing of health services?**

- I am fully in favour
- I am possibly prepared to pay more
- I am prepared to pay more only in exceptional circumstances
- I fully reject any such plans

Citizenship and Origins

114. Is your nationality German?


Yes 

No 

Skip to question 119!


115. Do you have a second citizenship in addition to your German?


No

Yes 

Please state

116. Have you had German nationality since birth or did you acquire it at a later date?

Since birth 


At a later date 

Skip to question 130!

117. What nationality did you have before?

Please state

118. In what year did you receive German nationality?

In 

Skip to question 123!

119. What is your citizenship?

Please state

120. Were you born in Germany?

Yes

No

121. Do you intend to apply for Germany citizenship in the next two years?

Yes, definitely

Yes, probably

Probably not

Definitely not

122. If it were possible for you to receive German citizenship in addition to your current one, would you take advantage of the opportunity?

Yes, definitely

Yes, probably

Probably not

Definitely not



123. How often have you experienced disadvantages in the last two years because of your origins?

- Often
- Seldom
- Never


124. When you read the newspaper: do you read –

- only newspapers from your country of origin?
- mostly newspapers from your country of origin?
- both German newspapers and newspapers from your country of origin about equally?
- mostly German newspapers?
- only German newspapers?
- Doesn't apply, I don't read newspapers



125. Do you want to stay in Germany forever?

- Yes  Skip to question 127!
- No 

126. How long do you want to remain in Germany?

- A year at the most
- A few years more  How many years? years Don't know

127. Since you have come to Germany to live, have you ever gone back to your country of origin?

- Yes 
- No  Skip to question 130!

128. How long were you there in the last two years?

- Not at all
- Up to three weeks
- One to three months ...
- Four to six months
- Longer

129. When some people have lived for a long time in Germany and visit their (former) home country, things may have changed.

How is that for you? How do you feel in that situation?

- I feel at home right away on the first day, as if I hadn't even been away
- I feel at home within a short time
- At first I feel like a stranger, but after a few days I feel at home
- It takes quite a long time until I feel more or less at home
- I feel like a stranger in my own land

And finally:

130. Your sex and year of birth:

male

female

Year of birth:

Month:

131. What is your marital status?

Married, living together with spouse →

Skip to question 133!

Married, living (permanently) separated from my spouse ...

Single

Divorced

Widowed

132. Are you in a serious/permanent relationship?

Yes

No



Does your partner live in the same household?

Yes →

First name:

No


133. Has your family situation changed after December 31, 2000?

Please indicate if any of the following apply to you and if so, when this change occurred.

	Yes	in 2001 in month	in 2002 in month
I married	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
I moved in with my partner	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
I got divorced	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
I separated from my spouse / partner	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
My spouse / partner died	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
My son or daughter left the household	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Had a child	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Other	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>


There have been no changes in my family

134. Have you personally given payments or support during the last year (2001) to relatives or other persons outside of your household?

 Please check all appropriate answers!

		How much in the year as a whole?		Where does the recipient live?	
			EURO	Germany	Abroad
To parents / step parents	<input type="checkbox"/> ⇒	<input style="width: 100px; height: 20px;" type="text"/>	EURO	<input type="checkbox"/>	<input type="checkbox"/>
To my children (also step children)	<input type="checkbox"/> ⇒	<input style="width: 100px; height: 20px;" type="text"/>	EURO	<input type="checkbox"/>	<input type="checkbox"/>
To spouse or ex-spouse	<input type="checkbox"/> ⇒	<input style="width: 100px; height: 20px;" type="text"/>	EURO	<input type="checkbox"/>	<input type="checkbox"/>
To other relatives	<input type="checkbox"/> ⇒	<input style="width: 100px; height: 20px;" type="text"/>	EURO	<input type="checkbox"/>	<input type="checkbox"/>
To other persons not related to me	<input type="checkbox"/> ⇒	<input style="width: 100px; height: 20px;" type="text"/>	EURO	<input type="checkbox"/>	<input type="checkbox"/>
No, I have not given any payment or support	<input type="checkbox"/>				

135. In conclusion, we would like to ask you about your satisfaction with your life in general.

 Please answer according to the following scale:
"0" means completely dissatisfied, "10" means completely satisfied.

How satisfied are you with your life, all things considered?

= = = = = = = = = =

0 1 2 3 4 5 6 7 8 9 10

completely dissatisfied completely satisfied

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

= = = = = = = = = =

0 1 2 3 4 5 6 7 8 9 10

completely dissatisfied completely satisfied

Thank you for your cooperation!

Interviewer's remarks

A How was the interview carried out?

Spoken interview

The target person filled out the questionnaire booklet him/herself:

– with the interviewer present

– without the interviewer present

Part spoken, part filled out by the target person

B Duration of the interview:

The spoken (part-)interview lasted how many minutes minutes

The target person needed how many minutes to fill out the questionnaire booklet him/herself minutes
(please ask)

C Further comments:

List number

Serial number

I confirm that this interview was carried out correctly:

Day

Month

Interview number

Signature of the Interviewer