

Infratest Burke Sozialforschung
Landsberger Str. 338
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Tel.: 089 / 56 00 0

Living in Germany

Survey 2001
on the social situation
of households

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

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

– the supply of goods and services in your area?

= = = = = = = = = = =

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. What is a typical day like for you?

How many hours do you spend on the following activities on a typical weekday, Saturday, and Sunday?

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

	Typical weekday Number of hours	Typical Saturday Number of hours	Typical Sunday Number of hours
Job, apprenticeship, second job (including travel time to and from work)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Errands (shopping, trips to government agencies, etc.)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Housework (washing, cooking, cleaning)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Child care	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Care and support for persons in need of care	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Education or further training (also school, university)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Repairs on and around the house, car repairs, garden work	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Hobbies and other free-time activities	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

3. Which of the following activities do you take part in during your free time?

**Please check off how often you do each activity:
at least once a week, at least once a month, less often, never.**

 Please check just one for each line!

	At least once a week	At least once a month	Less often	Never
Going to cultural events (such as concerts, theater, lectures, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to the movies, pop music concerts, dancing, disco, sports events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing sports yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artistic or musical activities (playing music/singing, dancing, acting, painting, photographie)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting with friends, relatives or neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping out friends, relatives or neighbors	<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"/>
Involvement in a citizens' group, political party, local government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending church, religious events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Are you a member of any of the following organizations?

- | | Yes | No |
|---|--------------------------|--------------------------|
| - A union? | <input type="checkbox"/> | <input type="checkbox"/> |
| - A professional organization? | <input type="checkbox"/> | <input type="checkbox"/> |
| - A group or organization which works for environmental protection? | <input type="checkbox"/> | <input type="checkbox"/> |

**5. Do you use a computer and the internet for activities not related to work?
If so, since when?**

- Computer Yes ⇒ since the year
No
- Internet Yes ⇒ since the year
No

**6. Do you use a computer and the internet at work or in your education?
If so, since when?**

- Computer Yes ⇒ since the year
No
- Internet Yes ⇒ since the year
No

7. 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

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

- Yes, maternity leave
Yes, child rearing leave
No

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

- Yes
No

10. 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 12!

11. 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:

12. 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

Doing your compulsory military service

Doing community service as substitute for compulsory military service ("Zivildienst")

Not employed

Skip to question 23!

Please continue with question 13!

Only for those not employed

**13. 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

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

- No, definitely not  *Skip to question 59!*
- Probably not
- Probably
- Yes, definitely 

15. 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

16. 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

**17. Would you like to work in your current / past profession or in the area of your education / training,
or would you rather do something new? Or does it not matter to you?**

- In my current/past profession
or area of education/training
- Something new
- Doesn't matter Not applicable, because I do not
yet have a specific profession

18. There are different reasons for being employed. Which is for you the main reason: to earn money or are other reasons important?

Earn money

Other reasons

Both about the same

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

DM per month Can't say, it depends

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

Yes No

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

Yes No

22. How likely is it that one or more of the following occupational changes will take place in your life within the next two years?

Please estimate the probability of such a change according to a scale from 0 to 100.
0 means that such a change will definitely **not** take place.
100 means that such a change definitely will take place.
 All the values in between can be used for differentiation.

	Definitely <i>not</i>	Definitely
- Start paid work?	<input type="checkbox"/> = <input type="checkbox"/>	0 10 20 30 40 50 60 70 80 90 100
- Become self-employed or work on a free-lance basis?	<input type="checkbox"/> = <input type="checkbox"/>	0 10 20 30 40 50 60 70 80 90 100
- Receive further education or training by means of courses or seminars?	<input type="checkbox"/> = <input type="checkbox"/>	0 10 20 30 40 50 60 70 80 90 100

Skip to question 59!

Your current employment

23. Did you change your job or start a new one after December 31, 1999?

Yes
↓

No →

Skip to question **37!**

24. When did you start your current position?

2000, in the month

2001, 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

37. Since when have you been working for your current employer?

 If you are self-employed, please indicate when you started your current work.

Since

--	--

--	--	--	--

 month year

38. Is this an employment agency specializing in temporary help?

Yes No

39. Do you have a temporary or unlimited contract?

Temporary 
 Unlimited
 Not applicable, do not have an employment contract

Is this part of a state employment program ("ABM")?

Yes No

40. What is your current occupational status?

 If you are employed in more than one position, please answer the following questions for your **main** position only.

Blue-collar worker:

Untrained worker
 Trained worker ("angelernt")
 Trained and employed as skilled worker
 Foreman ("Vorarbeiter")
 Master craftsman ("Meister")

White-collar worker:

industry and works foreman in a salaried position
 employee with simple duties, without training/education certificate
 employee with simple duties, with training/education certificate
 employee with qualified duties (e.g. executive officer, bookkeeper, technical draftsman)
 employee with highly qualified duties or managerial function (e.g. scientist, attorney, head of department)
 employee with extensive managerial duties (e.g. managing director, manager, head of a large firm or concern)

Self-employed

(including family members working for the self-employed)

	Number of employees		
	None	1 – 9	10 and more
Self-employed farmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free-lance professional, independent scholar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other self-employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family member working for self-employed relative	<input type="checkbox"/>		

Civil servant

(including judges and professional soldiers)

lower level
 middle level
 upper level
 executive level

Apprentices / trainees and interns:

Apprentice / trainee in industry of technology
 Apprentice / trainee in trade and commerce
 Volunteer, intern, etc.

41. We would like to know more about your work and the conditions at your place of employment.

Please answer the following questions by stating whether it applies to your work

- completely
- partly
- not at all.

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

Completely Partly Not at all

Is your job varied?	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
Do you have to do hard manual labor at your job?	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
Do you decide yourself how to complete the tasks involved in your work?	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
Do your working hours vary according to the work load in your company as a whole?	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
Is your work strictly monitored?	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
Do you work the night shift or another type of special shift?	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
Do you often have conflicts and difficulties with your boss?	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
Do you get along well with your colleagues?	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
Do you have an influence in determining whether employees receive more pay or a promotion?	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
Do you often learn something new on the job, something which is relevant for your career?	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
Are you exposed to hazardous substances or unhealthy conditions such as cold, moisture, heat, or chemicals at work?	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
Does your work involve a high level of stress?	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
Are you exposed to a higher risk of accidents at your workplace?	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>
Do you work with a computer screen to an extent which is unhealthy?	<input type="checkbox"/>	=====	<input type="checkbox"/>	=====	<input type="checkbox"/>

42. Does an employees' council exist at your place of work?

Yes


No 

Skip to question 44!

43. Are you yourself a member of the employees' council?

Yes

No

Not applicable, because I am self-employed

44. If you lost your job today, would it be easy, difficult, or almost impossible for you to find a new position which is at least as good as your current one?

Easy

Difficult

Almost impossible

45. Is your current job in the city where you live?

Yes →

Skip to question 48!

No



46. Is your job in –

one of the old Bundesländer (including West Berlin)

one of the new Bundesländer (including East Berlin)

a foreign country

47. How often do you commute to work?

Every day

Once a week

Less often

48. How far (in kilometers) is your job from your place of residence?

km

Difficult to say, location of workplace varies

Workplace and home are in the same building

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

,

hours per week

No set hours

50. And how many hours do you actually work on average and including overtime?

,

hours per week

If less than 30 hours:



If 30 hours or more: →

Skip to question 53!

51. Is that marginal employment according to the 630 DM regulations?

Yes

No

52. Are you taking advantage of regulations on part-time work in the last few years before retirement?

Yes

No

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"/> DM
Social security, disability pay, company pension (due to own employment)	<input type="checkbox"/>	<input type="text"/> DM
Social security payments for widow, widower pension, orphan support ("Waisenrente")	<input type="checkbox"/>	<input type="text"/> DM
Support from the Arbeitsamt in the form of:		
● Unemployment pay ("Arbeitslosengeld")	<input type="checkbox"/>	<input type="text"/> DM
● Unemployment assistance ("Arbeitslosenhilfe")	<input type="checkbox"/>	<input type="text"/> DM
● Support for further training and education ("Unterhaltsgeld bei Fortbildung")	<input type="checkbox"/>	<input type="text"/> DM
● Transition pay ("Übergangsgeld"), other	<input type="checkbox"/>	<input type="text"/> DM
Early retirement pay from the former employer	<input type="checkbox"/>	<input type="text"/> DM
Payment as part of maternity leave or child rearing leave	<input type="checkbox"/>	<input type="text"/> DM
BAföG (state support for higher education), grants, vocational training support	<input type="checkbox"/>	<input type="text"/> DM
Pay for compulsory military service, community service in place of military service ("Zivildienst")	<input type="checkbox"/>	<input type="text"/> DM
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"/> DM
Other types of financial assistance from persons who do not live in the household	<input type="checkbox"/>	<input type="text"/> DM
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, 1999?

Yes


No 

Skip to question **69!**

When?

2000, in the month

2001, 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, 1999 (one which you also had before this date)?

Yes 

No 

Skip to question 75!

70. When did you leave the last job?

2000, in the month

2001, 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? DM

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 2000.

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 0											
	Jan.	Febr.	Mar.	April	May	June	July	Aug.	Sept.	Okt.	Nov.	Dec.
full-time employed (including State employment programs "ABM")	<input type="checkbox"/>											
part-time employed	<input type="checkbox"/>											
in first-time company training / apprenticeship	<input type="checkbox"/>											
in further training, retraining, further professional education ..	<input type="checkbox"/>											
registered as unemployed	<input type="checkbox"/>											
in retirement or early retirement "Vorruhestand"	<input type="checkbox"/>											
On maternity leave or child rearing leave	<input type="checkbox"/>											
in school, at university or "Fachschule"	<input type="checkbox"/>											
in compulsory military service or community service as a substitute for military service ("Zivildienst")	<input type="checkbox"/>											
Housewife, houseman	<input type="checkbox"/>											
Other (please specify): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/>											

Income in 2000

76. We have already asked for your current income.

In addition, please state what sources of income you received in the past calendar year 2000, 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 2000 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 2000	Months in 2000	Gross amount per month DM
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"/>
Social security, disability pay, company pension (from own employment)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Social security payments for widow's, widow's pension, orphan support ("Waisenrente")	<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")	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
● 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 - 78!**

⇒ **Additional question 79!**

⇒ **Additional question 79!**

I received no income from the sources named ⇒ **Skip to question 80!**

Additional questions for employed persons

77. Did you receive any of the following additional payments from your employer last year (2000)?
If yes, please state the gross amount.

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

78. Did you receive short-time compensation ("Kurzarbeitergeld") or bad-weather pay ("Schlechtwettergeld") in 2000? If yes, for how many weeks?

Yes, short-time compensation ("Kurzarbeitergeld")	<input type="checkbox"/> for	<input type="text"/> <input type="text"/>	weeks
Yes, bad-weather pay ("Schlechtwettergeld")	<input type="checkbox"/> for	<input type="text"/> <input type="text"/>	weeks
No, neither of these		<input type="checkbox"/>	

Additional question for retirees, pensioners

79. Who pays your pension and how high were the monthly payments in 2000?

 Please state the gross amount, **excluding** taxes. If you receive more than one pension, please check each that applies. In that case, please also make sure you didn't forget any of them in Question 76. If you do not know the exact amount, please estimate.

	Old age pension/ disability pay ("Invalidenrente")		Widow or widower pension, Orphan pension ("Waisenrente")	
Rentenversicherung der Arbeiter und Angestellten (Blue and White Collar Worker Retirement Pension)	<input type="text"/>	DM	<input type="text"/>	DM
Knappschaft (Mining)	<input type="text"/>	DM	<input type="text"/>	DM
Beamtenversorgung (Public Service)	<input type="text"/>	DM	<input type="text"/>	DM
Kriegsopferversorgung (War Victims Benefits)	<input type="text"/>	DM	<input type="text"/>	DM
Old age assistance for farmers	<input type="text"/>	DM	<input type="text"/>	DM
Accident insurance (for example, from "Berufsgenossenschaft") ..	<input type="text"/>	DM	<input type="text"/>	DM
Accident insurance for public employees (VBL for example) ..	<input type="text"/>	DM	<input type="text"/>	DM
Company retirement plan ("Werkspension" for example)	<input type="text"/>	DM	<input type="text"/>	DM
Other <input type="text" value="please state:"/>	<input type="text"/>	DM	<input type="text"/>	DM

Health and Illness

**80. How are you insured for sickness:
Are you in compulsory health insurance (with or without additional private coverage),
are you insured privately, or neither of these?**

 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 81.

In compulsory health insurance 

Insured privately 

Not insured 

Skip to question **87!**

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

AOK TKK GEK

Barmer IKK Knappschaft...

DAK KKH LKK

Company health insurance .. 

Other 

please state:

82. Are you yourself –

- 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")?

83. Do you have additional private health insurance?

Yes 

No 

Skip to question **86!**

84. What do you pay for private insurance per month?

DM per month Don't know

85. 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 ...

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

Yes 

No 

Skip to question **94!**

If you are not a member of public health insurance:

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

Yes

No

88. Do you have private health insurance?

Yes
↓

No →

Skip to question 94!

89. Are you covered as a family member or are you yourself the paying member?

Covered as family member .. →

Skip to question 94!

Paying member myself
↓

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

--	--	--	--

DM per month

Don't know

91. Is that amount just for you or are other people covered?

Just for me

In additional to myself persons are covered
Number

92. Is it health insurance with a deductible or co-payment?

Yes
↓

No →

Skip to question 94!

93. What type of deductible or co-payment do you have?

Co-payment of %

General deductible in the amount of ... DM

Combination of the two

94. Have you changed to a different health insurance provider after December 31, 1999?

Yes

No

95. How would you describe your current health?

Very good

Good

Satisfactory

Poor

Bad

96. Aside from minor illnesses, does your health prevent you from completing everyday tasks like work around the house, employed work, studies, etc.? To what extent?

Not at all

A little

Very much so

97. 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? %

What type of handicap is that?

No

98. 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

99. And how was that with regards to stays in the hospital? Were you ever admitted to a hospital for at least one night in 2000?

Yes
↓

No →

Skip to question 101!

100. 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 2000?

times

101. *If you were employed in 2000:*

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 2000 ➔

Skip to question 103!

102. **How many days were you not able to work in 2000 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

103. **Do you smoke? Or did you used to smoke?**

☞ *We are referring to smokers of cigarettes, cigars or pipes.*

Yes, I smoke ➔

How much do you smoke a day?

About cigarettes, cigars, pipes

I used to smoke

No, I don't smoke

104. **Do you have pets that you take care of yourself?**

If so, what kind of an animal?

Yes, dog

cat

bird

fish

horse

other

No

105. The following list includes people that you might turn to if you need help.
What applies to you?

A. If you had the flu and had to stay in bed for a couple of days, who would you turn to for help?
Who would be the first person you ask to look after you or take care of errands?
And who would be the second?

	First		Second	
Code number:	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	
No one	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	

B. Who would you turn to first for long-term care as a result of a disease or accident?
Who would you turn to second?

	First		Second	
Code number:	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	
No one	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	

Code Number



- 1 Spouse
- 2 Mother
- 3 Father
- 4 Son
- 5 Daughter
- 6 Brother
- 7 Sister
- 8 Grandchild
- 9 Grandparents
- 10 Other relatives (such as a brother-in-law, sister-in-law, aunt or uncle)
- 11 Friends
- 12 Neighbors
- 13 Colleagues, other acquaintances
- 14 Household helper, social worker, outpatient services, paid help, etc.
- 15 Others

106. Now a question about your friends and acquaintances:
Please think of three friends or relatives whom you go out with or meet often.
Please do not include relatives or other people who live in the same household as you.
Please provide us with the following information about these friends or relatives:

	Person A	Person B	Person C
Is he or she			
a man?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a woman?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you related?			
yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where does this person come from?			
From the former West Germany	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From the former East Germany	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From another country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you from the same country?			
yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

107. And now on to those members of your family that do not live in this household:

Which of the following relatives do you have (who do not live in the household)?

Please state how many of each type of relative you have as well as how far away from you they live and how close your relationship to them is.

 Please use the codes from the list below in answering the questions about distance and the closeness of the relationship. If you have more than one of a certain type of relative, then please answer the additional questions for the person who lives the closest to you.

Relatives not living in household	Exist Yes		Code number 1 - 6 according to list	Code number 11 - 15 according to list
Mother	<input type="checkbox"/> ⇒	Distance: <input type="text"/>	closeness of the relationship: <input type="text"/>	<input type="text"/>
Father	<input type="checkbox"/> ⇒	Distance: <input type="text"/>	closeness of the relationship: <input type="text"/>	<input type="text"/>
Ex-spouse	<input type="checkbox"/> ⇒	Distance: <input type="text"/>	closeness of the relationship: <input type="text"/>	<input type="text"/>
Spouse who does not live in the household	<input type="checkbox"/> ⇒	Distance: <input type="text"/>	closeness of the relationship: <input type="text"/>	<input type="text"/>
Son(s)	<input type="checkbox"/> ⇒	Number: <input type="text"/>	Distance: <input type="text"/>	closeness of the relationship: <input type="text"/>
Daughter(s)	<input type="checkbox"/> ⇒	Number: <input type="text"/>	Distance: <input type="text"/>	closeness of the relationship: <input type="text"/>
Brother(s)	<input type="checkbox"/> ⇒	Number: <input type="text"/>	Distance: <input type="text"/>	closeness of the relationship: <input type="text"/>
Sister(s)	<input type="checkbox"/> ⇒	Number: <input type="text"/>	Distance: <input type="text"/>	closeness of the relationship: <input type="text"/>
Grandchild(ren)	<input type="checkbox"/> ⇒	Number: <input type="text"/>	Distance: <input type="text"/>	closeness of the relationship: <input type="text"/>
Grandparent(s)	<input type="checkbox"/> ⇒	Number: <input type="text"/>	Distance: <input type="text"/>	closeness of the relationship: <input type="text"/>
Other relatives with whom you have close contact (aunts, uncles, cousins, nieces, nephews)	<input type="checkbox"/> ⇒	Number: <input type="text"/>	Distance: <input type="text"/>	closeness of the relationship: <input type="text"/>

Code number **Distance**



The person lives:

- in the same house
- in the same neighborhood
- in the same town,
but more than 15 minutes away by foot
- in another town,
but within a one hour drive
- farther away (but in Germany)
- abroad

Code number **Closeness of the relationship**



The relationship to this person is:

- very close
- close
- average
- only occasional contact
- no contact whatsoever

108. Have you yourself ever inherited something or received a gift of great value?
We are referring to gifts or inheritance of house or land, securities, investments, other forms of wealth or large amounts of money.

Yes 

No 

Skip to question 109!

 Please answer the additional questions a) to e) for each inheritance or gift.
 If you have received an inheritance or other type of large gift more than once,
 then please list the first gift or inheritance under the heading "1st Time", the second one under
 "2nd Time" and the third under "3rd Time".

1 st Time	2 nd Time	3 rd Time
----------------------	----------------------	----------------------

a) What year was that?

Year:

--	--	--	--

--	--	--	--

--	--	--	--

b) Was it –

– an inheritance?

– a gift or other form of transfer?

c) What type of wealth was that?

House, land, condominium

Securities
 (treasury obligations, stocks, investment funds, etc.)

Cash, bank deposits, etc.

Shares or ownership of a company

Another type of wealth or material gift

d) What was the value of this inheritance or gift at the time you received it

 Please state the market value of house or land.

DM

--	--	--

--	--	--

--	--	--

Don't know

e) From whom did you receive this inheritance or gift?

One or both parents

Parents-in-law

Grandparents

Husband or wife

Other(s)

109. What do you think, are you going to inherit something or receive a gift of substantial value (again) in the future?

Yes, that is certain 

Will the value be more or less than DM 50,000?

Yes, probably  Less than 50,000 DM More than 50,000 DM ...

No

Don't know

Attitude and opinions

110. Generally speaking, how much are you interested in politics?

- Very much
- Much
- Not so much
- Not at all

111. Many people in Germany lean towards one party in the long term, even if they occasionally vote for another party.

Do you lean towards a particular party?

Yes
↓

No →

Skip to question **114!**

112. Toward which party do you lean?

- SPD
- CDU
- CSU
- FDP
- Bündnis '90/Grüne
- PDS
- DVU/Republikaner
- Other

113. And to what extent?

- Very strongly
- Rather strongly
- Somewhat
- Weakly
- Very weakly

114. What is your attitude towards the following areas – are you concerned about them?

Very concerned Somewhat concerned Not concerned at all

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| General economic development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your own economic situation | <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"/> |
| Maintaining peace | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crime in Germany | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Introduction of the Euro in place of the D-Mark | <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"/> |
| <i>If you are employed:</i> | | | |
| Your job security | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Or what else are you concerned about?

Please state:

Citizenship and Origins

115. Is your nationality German?

Yes
 ↓

No →

Skip to question **119!**

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

No

Yes ⇒

Please state

117. Were you born in Germany?

Yes →

Skip to question **130!**

No
 ↓

In which country were you born?

Please state the current name of the country!

118. Did you live in Germany already in 1984?

Yes →

Skip to question **130!**

No →

Skip to question **123!**

119. What is your citizenship?

120. Were you born in Germany?

Yes

No

121. Have you visited Germans in their home within the last 12 months?

Yes

No

122. Have you received German visitors in your home within the last 12 months?

Yes

No

123. What language do you speak here –

Mostly German

Mostly the language of my native country

German half the time and my native language half of the time

124. It isn't necessarily easy for foreigners and immigrants to learn German when they come to Germany. But on the other hand, foreigners and immigrants who have lived in Germany for an extended period of time might also not be able to speak the language of their native country of their parents as well any more. What applies to you?

	In your opinion, how well do you speak and write German?		In your opinion, how well do you speak and write your native language?	
	Speaking	Writing	Speaking	Writing
Very well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Okay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poorly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

125. How often have you experienced discrimination or disadvantages in Germany because of your origins?

Often

Seldom

Never

126. Do you want to stay in Germany forever?

Yes  Skip to question 128!

No 

127. 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

128. To what extent do you view yourself as a German?

Completely

For the most part

In some respects

Hardly at all

Not at all

129. To what extent do you feel that you belong to the culture of the country where you or your family comes from?

To a very large extent

To a large extent

In some respects

Hardly

Not at all

And finally:

130. Your sex and year of birth:

male

female

Year of birth:

1	9		
---	---	--	--

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, 1999?

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

	Yes	in 2000 in month	in 2001 in month				
I married	<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></tr></table>			<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></tr></table>		
I moved in with my partner	<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></tr></table>			<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></tr></table>		
I got divorced	<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></tr></table>			<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></tr></table>		
I separated from my spouse / partner	<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></tr></table>			<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></tr></table>		
My spouse / partner died	<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></tr></table>			<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></tr></table>		
My son or daughter left 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></tr></table>			<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></tr></table>		
Had a child	<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></tr></table>			<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></tr></table>		
Other	<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></tr></table>			<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></tr></table>		

please state:

There have been no changes in my family

Durchführung des Interviews

A Wie wurde die Befragung durchgeführt?

Mündliches Interview

Befragter hat den Fragebogen selbst ausgefüllt,
und zwar:

– in Anwesenheit des Interviewers

– in Abwesenheit des Interviewers

Teils mündlich, teils selbst ausgefüllt

B Interviewdauer:

Das mündliche (Teil-)Interview dauerte Minuten

Befragter brauchte zum Selbstausfüllen Minuten

(bitte erfragen)

C Sonstige Hinweise:

Listen-Nr.

Lfd. Nr.

Ich bestätige die korrekte Durchführung
des Interviews:

Tag

Monat

Abrechnungs-Nummer

Unterschrift des Interviewers