

LIVING IN GERMANY

Survey 2005
on the social situation
of households

Supplementary Biography Questionnaire

This questionnaire supplements the information provided in the green questionnaire "individual question form". It contains information on individuals who were surveyed only once.

Please note that young people **born in 1988** should fill out the red supplementary questionnaire "youth" instead.

Your participation is voluntary. The scientific meaningfulness of this investigation, however, depends on the participation of **all** individuals in **all** households.

Therefore, we ask that you either:

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

Before handing over the questionnaire, please enter in accordance with the address log:

Household number:

Individual number:

First name:

Please print

How is it done?

Please fill out the questionnaire by

Example

- placing an X in the appropriate box

Example: **Sex:** male
female

- entering numbers in the slightly larger white boxes (flush right)

Example 1: **Rent** euros

Example 2: **Month** (= February)

- writing in the text boxes provided

Example: Other reason.....

change of job


Arrows point your attention to further explanations for some questions.

Please answer the questions in chronological order. Skip questions only when expressly told to do so.

Example:

Are there children in your household?

Yes.....


No..... 

Skip to question. . . !

If you answered "yes" to this question, go on to the next question!

If you answered "no" to this question, then go on to the question indicated as above right "Skip to question...!"

And one more request:

This answers you have entered in this questionnaire are recorded using modern scanner technology.

There is no doubt that you have seen this technology in use: at every large supermarket, the cashier at the checkout runs each product across a scanner that "reads" the bar code on the label and automatically records the price. We "read" this questionnaire in a very similar way. For this to work, the following is crucial:

- use only black or blue ball-point pen
- print clearly
- make sure that all marks stay within the boxes or spaces provided


Thank you! By doing this, you make our work much easier!


Citizenship and Origin


1. When were you born (year and month)?

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

2. Were you born in Germany?

 That is, within the Federal Republic of Germany (West Germany), the German Democratic Republic (East Germany) or the borders of Germany as they existed at the time of your birth.

Yes 

No..... 




3. In what country were you born?

Please use the current name of the country!

4. When did you move to the Federal Republic of Germany?

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

5. To which of the following immigrant categories did you belong when you moved to Germany?

Person of German descent from Eastern Europe.....	<input type="checkbox"/>		<input type="button" value="Skip to question 7!"/>
German who lived abroad for a long period of time.....	<input type="checkbox"/>		<input type="button" value="Skip to question 8!"/>
Citizen of an EU country.....	<input type="checkbox"/>		
Asylum-seeker or refugee.....	<input type="checkbox"/>		
Other foreigner.....	<input type="checkbox"/>		

6. Is your residence permit / visa for a limited or unlimited period of time?
Or have you acquired German citizenship?

Unlimited residence permit / visa.....	<input type="checkbox"/>
Limited residence permit / visa.....	<input type="checkbox"/>
German citizen	<input type="checkbox"/>


7. When you entered the country, did you first live in a refugee camp or other type of temporary housing for immigrants ?

If so, for how long?

Yes..... for weeks, or for months

No

8. Did you enter the country as the relative of a family or family member already living in Germany?

Yes 

Skip to question 10!


No



9. Before you entered the country, did you have any contact with relatives or friends in Germany who you could turn to?

Yes.....



No..... 

Skip to question 11!

10. Did you move to the same area of Germany where these friends or relatives lived?


Yes.....

No.....

11. Did you attend school in Germany?

Yes.....



No..... 

Skip to question 14!

12. When you started school in Germany, what grade were you placed in?


Grade (please state the grade number)

13. Did you attend a special preparatory class for foreigners in Germany before entering school?

Yes.....

No.....

14. There are many possible reasons for moving to Germany. Which of the following reasons played a role in your decision?

 You can check off as many as are applicable!

- I wanted a better life: I wanted a better home, to be able to buy more, etc.
- I wanted to work and earn money in Germany in order to support my family and save money.....
- I wanted freedom.....
- I wanted to live with my family (spouse, parents, children)
- There was severe poverty in my native country.....
- I could not live in safety in my native country (persecution, war)
- I just wanted to live in Germany.....
- Other reasons.....

If there are other reasons, please state:

15. Have your expectations about Germany been fulfilled on the whole?

- Yes.....
- Partly.....
- No, not at all.....

15a Which areas were easier or harder than you thought?

	Easier		As expected		Harder		Not applicable
Finding a place to live.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being accepted by co-workers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being accepted by neighbors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Where did you live before German reunification, that is, before 1989?

- In East Germany (GDR, including East Berlin).....
- In West Germany (FRG, including West Berlin)
- In another country.....

Childhood and Parental Home

17. Where did you spend the majority of your child up to age 15?

Was it

- in a large city.....
- in a medium-sized city.....
- in a small town.....
- in a rural area

17a Do you still live in the same city or area today?


- Yes, I still do.....
- Yes, I have moved back.....
- No.....

18. Do you or did you have brothers and sisters?

If yes: how many brothers and how many sisters?


- Yes ³ I have/had: brothers sisters
- No.....




19. How many years of your childhood (up to age 15) did you live with the following persons?

 Please round off to the full year!

- With both of your (biological) parents..... | years (Note: adoptive parents count as biological parents)
 - With your mother (without a new companion)..... | years
 - With you mother and her (new) companion..... | years
 - With your father (without a new companion)..... | years
 - With your father and his (new) companion..... | years
 - With other relatives..... | years
 - With foster parents..... | years
 - In an orphanage..... | years
-
- Total sum of all years (please check total!) | years

20. Do your mother and father live in this household?

- Yes, both..... 

Skip to question 29!
 - Only my father..... 
 - Only my mother 
- Please answer questions 21 - 28 only for the parent who does **not** live with you in this household!
- No, both do not..... 
- Please answer questions 21 - 28 separately for both father **and** mother!

Father if not living in household	Mother if not living in household
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21. Is your father / mother still alive? If yes, where does he / she live? If no, when did he / she die?

Lives in this city / town.....	<input type="checkbox"/>	<input type="checkbox"/>
Lives elsewhere:			
- in West Germany.....	<input type="checkbox"/>	<input type="checkbox"/>
- in East Germany.....	<input type="checkbox"/>	<input type="checkbox"/>
- in another country / not in Germany.....	<input type="checkbox"/>	<input type="checkbox"/>

Died in the year.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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22. When was your father / mother born (year)?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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23. Does or did your father / mother have German citizenship?

Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

24. From what type of secondary school did your father / mother graduate from with attainment of a school completion certificate?

None.....	<input type="checkbox"/>	<input type="checkbox"/>
Lower-track ("Volksschule " / "Hauptschule" / 8 th grade in the GDR)	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate-track ("Mittlere Reife" / "Realschule" / 10 th grade in the GDR)..	<input type="checkbox"/>	<input type="checkbox"/>
Upper-track qualifying for university entry ("Abitur" / "Hochschulreife", "EOS")	<input type="checkbox"/>	<input type="checkbox"/>
Other type of school.....	<input type="checkbox"/>	<input type="checkbox"/>
Do not know.....	<input type="checkbox"/>	<input type="checkbox"/>

25. Did your father / mother complete vocational training or a university degree?

Yes, vocational training.....	<input type="checkbox"/>	<input type="checkbox"/>
Yes, university degree.....	<input type="checkbox"/>	<input type="checkbox"/>
No, he / she did not complete training or a university degree.....	<input type="checkbox"/>	<input type="checkbox"/>
Do not know.....	<input type="checkbox"/>	<input type="checkbox"/>

26. If applicable: What occupation was your father / mother employed in when you were 15 years old?

 Please state **specific occupation or job title:**

Father

Mother

27. Which of the following categories describes your father's / mother's occupation when you were 15 years old?

Father if not living in household	Mother if not living in household
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Blue-collar (including agricultural work)

Unskilled worker.....	<input type="checkbox"/>	<input type="checkbox"/>
Semi-skilled worker.....	<input type="checkbox"/>	<input type="checkbox"/>
Skilled worker / Craftsperson.....	<input type="checkbox"/>	<input type="checkbox"/>
Foreman / Forewoman.....	<input type="checkbox"/>	<input type="checkbox"/>
Master craftsperson.....	<input type="checkbox"/>	<input type="checkbox"/>

White-collar worker

Industrial or factory foreman / forewoman in salaried position.....	<input type="checkbox"/>	<input type="checkbox"/>
Salaried employee with menial duties – without occupational training degree.....	<input type="checkbox"/>	<input type="checkbox"/>
Salaried employee with menial duties – with occupational training degree.....	<input type="checkbox"/>	<input type="checkbox"/>
Salaried employee with duties requiring skilled training (e.g. bookkeeper, technical draftsman, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Salaried employee with duties requiring highly skilled training, or supervisory responsibilities (e.g. research associate, engineer, department head)	<input type="checkbox"/>	<input type="checkbox"/>
Salaried employee with extensive management responsibilities (e.g. director, business manager, head of large company or organization).....	<input type="checkbox"/>	<input type="checkbox"/>

Civil servant or public administration employee (incl. judges and professional soldiers)

Lower-level.....	<input type="checkbox"/>	<input type="checkbox"/>
Middle-level.....	<input type="checkbox"/>	<input type="checkbox"/>
Upper-level.....	<input type="checkbox"/>	<input type="checkbox"/>
Executive-level.....	<input type="checkbox"/>	<input type="checkbox"/>

Self-employed (including work for a self-employed family member)

Self-employed farmer:without employees.....	<input type="checkbox"/>	<input type="checkbox"/>
with employees.....	<input type="checkbox"/>	<input type="checkbox"/>
Freelance professional (e.g. doctor, lawyer, unaffiliated academic):...	<input type="checkbox"/>	<input type="checkbox"/>
without employees.....	<input type="checkbox"/>	<input type="checkbox"/>
with employees.....	<input type="checkbox"/>	<input type="checkbox"/>
Other self-employed:.....without employees.....	<input type="checkbox"/>	<input type="checkbox"/>
with employees.....	<input type="checkbox"/>	<input type="checkbox"/>

Work for self-employed relative.....	<input type="checkbox"/>	<input type="checkbox"/>
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Never employed	<input type="checkbox"/>	<input type="checkbox"/>
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Had already passed away	<input type="checkbox"/>	<input type="checkbox"/>
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28. Does or did your father / mother belong to a church or religious group?

Yes:	member of the catholic church.....	<input type="checkbox"/>	<input type="checkbox"/>
	member of the (German) protestant church.....	<input type="checkbox"/>	<input type="checkbox"/>
	member of another Christian religious group.....	<input type="checkbox"/>	<input type="checkbox"/>
	member of another religion.....	<input type="checkbox"/>	<input type="checkbox"/>
No, no religious affiliation.....	<input type="checkbox"/>	<input type="checkbox"/>	

When you were 15. . . . and older

36. We would now like to ask you for some information about your personal history starting at age 15.

Please fill out the table below as follows:

- 1) In the large boxes at the top, please fill in the years in which you turned 15, 20, 25, etc., up to your current age.
- 2) Please make an X in the appropriate box for each age. Please indicate when you were attending school, in vocational training, working, etc, for each year of your life since age 15. The most important thing is to make sure that at least one box is marked for each age. If more than one of the options applies to you at a particular age, then please mark all those that apply.

	Year					Year					Year					Year					Year				
	▲					▲					▲					▲					▲				
At the age of...	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35				
I was:																									
attending school / university / night school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
doing an apprenticeship / vocational training / further education / retraining.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
performing military or civil service / soldier in war / prisoner of war.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
employed full-time (including regular / professional soldier)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
employed part-time or minimally 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
a housewife / house- husband.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
retired / in early retirement....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				



Year					Year					Year					Year					Year									
36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your education

37. _ We would now like to ask you for some more detailed biographical information about your education and profession.

What was the last year you attended school?

--	--	--	--

Year

I am still attending school.....

Skip to question 43!

38. **Where did you last attend school? Was it . . .**

in one of the federal states of the Federal Republic of Germany?

Skip to question 41!

in the former East Germany?.....

Skip to question 42!

in another country (not Germany)?



39. **How many years did you attend school?**

--	--

years

40. **What level of school-leaving certificate did you attain?**

Left school without graduating.....

Graduated from mandatory schooling with school-leaving certificate

Skip to question 44!

Graduated from higher-level secondary school with school-leaving certificate

41. **In which German federal state did you attend school last?**

(Please enter!)

42. **What type of school did you graduate from?**

Left school without graduating.....

Lower-track secondary ("Volksschule", Hauptschule", GDR: 8th grade).....

Intermediate-track secondary ("Mittlere Reife", Realschule", GDR: 10th grade)...

Vocational school ("Fachoberschule")....

Upper-track secondary qualifying for university entry ("Gymnasium").....

Other type.....

Please enter the last type of school you attended

Please enter the type of school-leaving certificate you attained

43. **If you think back to the last grade of school you attended, how many of your fellow students were foreigners or born outside of Germany?**

All.....

Most.....

Approximately half...

Approximately one-fourth

Less than one-fourth

None

44. Do you intend to obtain a secondary school diploma in the future?

Yes, maybe.....

No



Skip to question **46!**

Yes, definitely.....



45. What is the highest degree you plan to attain?

Lower-track secondary ("Volksschule" / "Hauptschule")

Intermediate-track secondary ("Mittlere Reife", "Realschule")

Vocational secondary ("Fachoberschule"..)

Upper-track secondary qualifying for university entry

("Hochschulreife")

46. Did you complete vocational training or higher education in Germany?

Yes.....



No



Skip to question **49!**

47. What type of vocational or university degree was it?

Please check all that apply!

Apprenticeship
(GDR: "Facharbeiterabschluss") ³

Please state the occupation:

Full-time vocational school (e.g. "Berufsfachschule").. ³

Please state the occupation:

Trade or technical school ("Meisterschule") ³

Please state the occupation:

Training for the civil service..... ³

Please state the occupation and career path:

Technical or professionally oriented college
(“Fachhochschule”) ³

Please state subject and degree:

University or university-level degree..... ³

Please state subject and degree:

Other..... ³



Please elaborate:

48. When did you complete your most recent degree?


--	--	--	--	--

Year

49. Have you ever attended an institution of higher education or received professional training outside of Germany?

Yes  No  Skip to question 53!

50. What kind of education or training was it?

 Please check all that apply, but answer questions 51-52 for the highest level of training or degree.

I received in-house training at a company.....

I went through a longer apprenticeship at a company.....

I attended a vocational school.....

I attended a university or higher educational institution


Other.....

51. When did you complete this education or training?

--	--	--	--


Year


52. Did you receive a transcript or certificate documenting the successful completion of this training or education ?

Yes  **Has this degree or certificate been recognized in Germany?** Yes.....


No No

53. Do you intend to complete vocational / occupational training or a university degree in the future?

Yes, maybe.... No.....  Skip to question 55!

Yes, definitely 

54. Which of the following degrees do you plan to attain?

 Please check all that apply!

certificate for completion of an apprenticeship.....

degree from full-time vocational school ("Berufsfachschule") or school for health care professionals.....

degree from higher-level trade or technical school (e.g. "Meisterschule" "Technikerschule")

degree for education as a civil servant.....

degree from accredited professional school ("Berufsakademie").....

degree from technical or professional college ("Fachhochschule")

university degree.....

Work and career

55. If you have already been gainfully employed, how old were you when you entered the job market?

— Please do **not** include training, just the actual job!

years old



I have never been gainfully employed.

Skip to question **68!**

56. Are you still employed in the same job and at the same place?

Yes

Skip to question **68!**

No

57. What position did you have at this time?

Blue-collar (including farming)

- Unskilled worker.....
- Semi-skilled worker.....
- Skilled worker / craftsman.....

Self-employed (including family members)

number of employees
none 1 - 9 10 and more

- Self-employed farmer.....
- Free-lance professional, unaffiliated academic.....
- Other self-employed.....
- Employed by a self-employed relative.....

White-collar

- Salaried employee with menial duties
 - without occupational training degree.....
 - with occupational training degree.....
- Salaried employee with duties requiring skilled training (e.g. bookkeeper, technical draftsman)
- Salaried employee with duties requiring highly skilled training or supervisory responsibilities (e.g. research assistant, engineer, department head).....

Civil servant or employee of the state (including judges and professional soldiers)

- Lower-level.....
- Middle-level.....
- Upper-level.....
- Executive-level.....

58. What was your occupation at that time (your first job)?

— Please give the **exact official title** of your occupation. For example, do not write “clerk” but rather “shipping clerk”; not “blue-collar worker” but rather “machine metalworker”

Please print clearly!


59. What kind of training is usually required for this kind of work?

- No specific training or education.....
- Completed vocational training for this type of job.....
- Degree from a technical or professional college ("Fachhochschule").....
- Degree from a university or similar institution of higher education.....

60a Was the company you worked for at that time part of the public sector or public administration?


- Yes No.....

60b In what branch of business or industry was the company or institution mainly active?



 Please state the branch as precisely as possible; for example, not "industry" but rather "electronics industry", not "trade" but rather "retail trade", not "health care" but rather "hospital".

Please print clearly!

61. Have you changed your occupation one or more times since then, such that the type of work you do has changed significantly?

- Yes, once.....  **When did you change to your current occupation or the one that you worked in at your last job?**
Yes, more than once
No Year

62. Are you gainfully employed at the present time?

- Yes  Skip to question 68!
No 

63. When was the last time you were gainfully employed?

Year


64. Were you last employed full-time, part-time, or marginally at your last job?

- Full-time (at least 35 hours per week).....
- Part-time (20 to 34 hours per week)
- Marginally or irregularly

65. Was the company where you held your last job part of the public sector or public administration ?


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

66. In which branch of business or industry was the company or institution mainly active?

 Please state the branch as precisely as possible; for example, not "industry" but rather "electronics industry", not "trade" but rather "retail trade", not "health care" but rather "hospital".

Please print clearly!

67. What position did you hold at your last job?

 If you had more than **one** job at the time, please answer the following for your **main** job only!

**Blue-collar
(also farming)**

- Unskilled worker.....
- Semi-skilled worker.....
- Skilled worker / craftsperson.....
- Foreman / forewoman.....
- Master craftsperson.....

**Self-employed
(including work for self-employed family members)**

- | | number of employees | | |
|---|--------------------------|--------------------------------|--------------------------------|
| | None | 1 - 9 | 10 or more |
| Self-employed farmer..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Freelance professional,
unaffiliated academic..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other self-employed..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work for self-employed
relative..... | <input type="checkbox"/> | | |

Apprentice / Intern

- Apprentice / trainee.....
- Intern / unpaid intern.....

White-collar

- Industrial or factory foreman / forewoman in
salaried position.....
- Salaried employee with menial duties
- without occupational training degree.....
- with occupational training degree.....
- Salaried employee with duties requiring skilled
training
(e.g. bookkeeper, technical draftsman).....
- Salaried employee with duties requiring highly
skilled training, or supervisory responsibilities
(e.g. research assistant, engineer, department
head).....

Salaried employee with extensive managerial
responsibilities (e.g. director, business manager,
head of large company or organization)
.....


**Civil servant or public administration
(including judges and professional soldiers)**

- Lower-level.....
- Middle-level.....
- Upper-level.....
- Executive-level.....

68. To change the subject, how long have you lived in your current home?

since (please enter year)

69. Do you have any other apartment or house where you live as well, for example, a summer home?

No Yes..... 

Is this second home in West Germany (including West Berlin), in East Germany (including East Berlin), or outside Germany?

West Germany.....

East Germany

other country.....

Where do you reside the majority of the time?

at this home.....

at the other home.....

both approximately the same....


From which home do you commute to work / school / the university most of the time?


this one.....

the other one.....

not applicable

70. Do you or did you have children? If so, how many?

 Both biological and adoptive children are included (but **not** foster or stepchildren).

Yes: children No, I never had children.... 

Skip to question 71!

_ Please provide the following information for each of your children:

	Year of birth	Sex		Where does the son / daughter live today?						
		son	daughter	in this household	in this town	Elsewhere in West-Germany-	in East-Germany	abroad	has died	
child 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
child 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
child 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
child 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
child 5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
child 6	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
child 7	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
child 8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

71. Are you or have you ever been married?

Yes, I am or was married.....




No, I was never married.....

Skip to question 73!

72. When did you get married, or from when to when were you married?

 If you have been married more than once, please provide information on your previous marriages.

	first marriage	second marriage	third marriage
Married in the year.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Still married.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage ended in the year.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- through divorce.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- through death of spouse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


73. Did you do a year of voluntary community service?

Yes.....

No.....

74. This question applies to men only:

Did you do compulsory military service or community service in place of military service?

Yes.....


No.....


What type of service did you do?

Compulsory military service

- for the legally stipulated period of time
- for an extended period of time as a professional soldier with short-term or long-term contract

Community service

Similar work in an emergency service agency

Why were you exempted from military service?

I am still too young.....

For medical or health reasons....

For other reasons.....

Please make sure you have filled out the green “individual question form”!

Thank you for your participation!

Interviewer's remarks

A How did you conduct the interview?

- Spoken interview.....
- Target person filled out the questionnaire booklet himself / herself:
- with the interviewer present.....
 - without the interviewer present
- Part spoken, part filled out by target person

B Duration of the interview:

The spoken (part of) the interview lasted minutes

To fill out the questionnaire, the target person needed 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