

Life in Germany

Survey 2001
on the social situation
of households

Supplementary Biography Questionnaire

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This questionnaire is intended for household members who were born **1981 or earlier**. It supplements the information provided in the green questionnaire "Individual question form".

Please pay attention to the fact that teenagers born in 1982, 1983, or 1984 should fill out the supplementary questionnaire "Youth".

Your cooperation is voluntary. The scientific meaningfulness of this investigation, however, 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 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 in the questionnaire booklet by

- **checking the box with an X**

Example: **Sex:** male
female


- **entering numbers in the larger lines
(flush right)**

Example: **Date of Birth: ...**

- **writing in the text boxes provided**

Example: Other reason


Change of Job

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

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

Example:

Are there children in your household?

Yes


No 

Skip to Question . . . !

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

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


Citizenship and Origin


1. When were you born?


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Year

2. Were you born in Germany?

 We are referring to the Federal Republic of Germany (West Germany), the German Democratic Republic (East Germany) or Germany as defined at the time of your birth.

Yes  Skip to question 17!

No 

3. In what country were you born?

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Please state the current name of the country!


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


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
Year


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

Person of German descent from Eastern Europe  Skip to question 7!

German who lived abroad for a long period of time  Skip to question 8!

Citizen of an EU country 

Asylum seeker or refugee 

Other foreigner 

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

Residence permit/visa for an unlimited period of time

Residence permit/visa for a limited period of time

German citizenship

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


Yes for weeks

for months


No


8. When you entered the country did you come as a family member of a family or person already living in Germany?

Yes  Skip to question 10!

No


9. Did you have any contact to relatives or friends in Germany before you entered the country?

Yes



No  Skip to question 11!

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

Yes

No

11. Did you attend school in Germany?

Yes


No  Skip to question 14!

12. What grade were you in when you started school in Germany?


Grade (please state the grade number)

13. Did you attend a special preparatory class for foreigners in Germany ahead of time?

Yes

No

14. There are many possible reasons for moving to Germany. Which of reasons listed here played a part in your decision?

 You can check off more than one!

I wanted a better life. I wanted to live better, be able to buy more, etc.

I wanted to work and earn money in Germany to support my family and save money

I wanted freedom

I wanted to live with my family (spouse, parents, children)

There was a lot of 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

please state:

15. Were your expectations of Germany fulfilled for the most part?

Yes

Partly

No, not at all

16. 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 colleagues	<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"/>

Childhood and Parental Home

17. Where did you spend most of your childhood up until the age of 15?


Was it:

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

18. Do you still live in this city or area?

- Yes, I still do
- Yes, I moved back here
- No

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

 Please round off to the whole year!

- With both your mother and father
(biological or adoptive) Years
 - With your mother (without a new partner) Years
 - With your mother (with a new partner) Years
 - With your father (without a new partner) Years
 - With your father (with a new partner) 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 father and mother live here in this household?

Yes, both ➔ Skip to question 29!

Only your father ➔ Please answer questions 21 – 28 only
for that parent who does **not** live with you!

Only your mother ➔

No, both do not ➔ Please answer questions 21 – 28
for father and mother separately!

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 is he/she? If no, when did he/she die?

Lives in this city or town	<input type="checkbox"/>	<input type="checkbox"/>
Lives somewhere else:			
– 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. **In what year was your father / mother born?**

<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 and/or mother have German citizenship?**

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


24. **What type of secondary school diploma/certificate do your parents have?**

No school leaving degree	<input type="checkbox"/>	<input type="checkbox"/>
Elementary school leaving degree ("Volksschulabschluss"), secondary general school leaving degree ("Hauptschulabschluss") or an 8 th grade school leaving degree from East Germany	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate school leaving certificate ("Mittlere Reife", "Realschulabschluss") or an 10 th grade school leaving degree from East Germany	<input type="checkbox"/>	<input type="checkbox"/>
Upper secondary school leaving certificate as qualification for university studies ("Abitur" or "Hochschulreife")	<input type="checkbox"/>	<input type="checkbox"/>
Another type of school leaving degree	<input type="checkbox"/>	<input type="checkbox"/>
I don't know	<input type="checkbox"/>	<input type="checkbox"/>

25. **Did your father and/or mother get job training or an university degree?**

Yes, job training	<input type="checkbox"/>	<input type="checkbox"/>
Yes, university or higher education degree	<input type="checkbox"/>	<input type="checkbox"/>
No, no finished training or degree	<input type="checkbox"/>	<input type="checkbox"/>
Do not know	<input type="checkbox"/>	<input type="checkbox"/>

26. *If applicable:* **What type of job did your father and mother have when you were 15 years old?**

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

Father

Mother

27. What category of work were your parents involved in 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 farming)

- Untrained worker
- Trained worker
- Trained and employed as skilled worker
- Foreman
- Master craftsman

White-collar worker

- Industry or works foreman in a salaried position
- Employee with simple duties, without training or education degree
- Employee with simple duties, with training or education degree
- Employee with qualified duties
(e.g. bookkeeper, technical draftsman, etc.)
- Employee with highly qualified duties
(e.g., scientist, head of a department, etc.)
- Employee with extensive managerial or executive duties
(e.g., managing director, head of a large company or organization)

Civil servant (including judges and professional soldiers)

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

Self-employed (including family members)

- Self-employed farmer
- Free-lance professional (such as doctor or lawyer), independent scholar
- Other self-employed without employees
- with 1-9 employees
- with 10 employees or more
- Family member working for self-employed relative
- Was not employed at that time**
- Had already passed away**

28. Are or were your parents members of a church or religious group?

- Yes: member of the Catholic Church
- member of the (German) protestant church
- member of another Christian group
- member of another type of religious group
- No, no religious affiliation

29. If you think back to your time at school:
To what extent did your parents look after your grades and progress at school?

Very much

Quite a lot

Not very much

Not at all

30. Can you remember your last report card from school?
What grade or points did you get in your last report card in the three subjects listed here?

Please answer for the type of grade applicable.

	German Language	Mathematics	First Foreign
Grade based on the 1 - 6 scale (with 1 being the highest grade)	<input type="text"/>	<input type="text"/>	<input type="text"/>
or points on a 0 - 15 scale (15 being the highest)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Please also provide the following information:

If you attended a comprehensive school:

Were those grades in level A, B or C?

<input type="text"/>	<input type="text"/>	<input type="text"/>
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If you attend the upper level of the highest level secondary school ("Gymnasium"):

foundation course ("Grundkurs") or

<input type="text"/>	<input type="text"/>	<input type="text"/>
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in an higher level course of specialization
("Leistungskurs")

<input type="text"/>	<input type="text"/>	<input type="text"/>
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31. How often did you argue or fight with your parents when you were about 15 years old?

Please check just **one** per line!

	Very often	Often	Some- times	Seldom	Never	Parent was not there
With your father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With your mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Did you participate in sports outside of regular gym classes at school?

Yes No Skip to question 35!

33. What sport was the most important for you?

34. Did you also participate in competitions in this sport?

Yes No

35. Did you make music during your youth? Did you, for example,
play an musical instrument, sing in a choir, or take music lessons?

Yes No

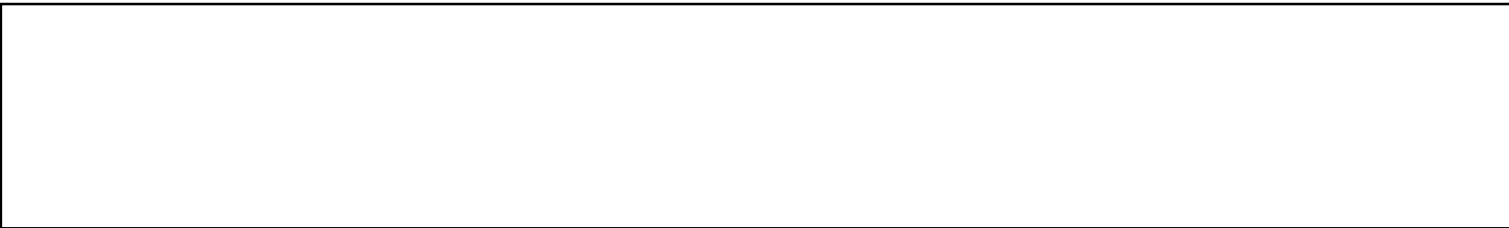
When you were 15 . . . and older

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

Please fill out the table listed below in the following manner:

- 1) Please fill in the years in which you turned 15, 20, 25, etc. (up until your current age) in the large boxes at the top.
- 2) Check off the appropriate box for each age. Starting with age 15, please indicate when you were attending school, in vocational training, working, etc. The most important thing is to make sure that at least one box is checked off for each age. If more than one of the options applies to you at a particular age, then you may check off all 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:																					
in 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, basic vocational training, in retraining of further education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 / civilian 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"/>
full-time employed, 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"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 to provide us with more detailed biographical information about your education und profession.

When was the last year you attended school?

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Year

I am still attending school →

Skip to question 65!

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

in one of the republics of the German Federal Republic? →

Skip to question 41!

in the former East Germany? →

Skip to question 42!

in a foreign country (not Germany)?
↓

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

40. **What type of school leaving degree did you attain?**

I left school without a school leaving degree

I finished mandatory schooling with a leaving degree →

Skip to question 44!

I attended a higher level secondary school with a degree

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

(Please enter!)

42. **What type of school leaving degree did you receive?**

I left school without a degree ⇒

Please enter the last type of school you attended

Elementary school leaving degree ("Volksschulabschluss"), secondary general school leaving degree ("Hauptschulabschluss") or an 8th grade school leaving degree from East Germany

Intermediate school leaving certificate ("Mittlere Reife"), "Realschulabschluss") or a 10th grade school leaving degree from East Germany

Leaving degree from a professionally oriented secondary school (from a "Fachoberschule")

Upper secondary school leaving certificate as qualification for university studies ("Abitur" or "Hochschulreife")

Another type of school leaving degree ⇒

Please enter the type of degree

43. **If you think back to the last grade you attended, how many of your fellow students were foreigners or hadn't been born in Germany?**

All of them <input type="checkbox"/>	About half of them <input type="checkbox"/>	Less than one-quarter <input type="checkbox"/>
Most of them <input type="checkbox"/>	About one-quarter of them <input type="checkbox"/>	None of them <input type="checkbox"/>

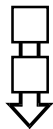
44. Do you intend to obtain a school degree in the future?

Yes, maybe

No ➔

Skip to question **46!**

Yes, definitely



45. What is the highest degree you plan on getting?

General school leaving certificate ("Hauptschulabschluss")

Secondary (modern) school degree ("Mittlere Reife" or "Realschulabschluss")...

Technical secondary school degree

Upper secondary school leaving certificate as qualification for university studies ("Abitur" or "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 that?

Please check all that apply!

Apprenticeship
(in East Germany: "Facharbeiterabschluss") ➔

Please state in which profession:

Full-time vocational school ("Berufsfachschule"), school for health care professions .. ➔

Please state in which profession:

Higher level trade or technical school
("Meisterschule"), including ➔

Please state in which profession:

Education as a civil servant ➔

Please state the profession and career direction:

Technical or professionally oriented college,
engineering school ("Fachhochschule") ➔

Please state in which subject and the type of degree:

University or university level degree ➔

Please state in which subject and the type of degree:

Other ➔

Please elaborate:

48. When did you complete your (most recent) degree?

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Year

49. Have you ever studied or receive professional training outside of Germany?

Yes
↓

No →

Skip to question 53!

50. What type of education or training was that?

☞ Please check all that apply, but answer question 51 and 52 for the highest level training or degree.

I did short-term training in a company

I did a longer apprenticeship in a company

I attended a vocational or professional school

I attended a university or higher education 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 →
No

Has this degree or certificate been recognized in Germany?

Yes
No

53. Do you intend on completing vocational/professional training or a university degree in the future?

Yes, maybe
Yes, definitely
↓

No →

Skip to question 55!

54. Which of the following degrees do you plan on getting?

☞ Please check all that apply!

Certificate for completion of an apprenticeship

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

A degree from a higher level trade or technical school ("Meisterschule")

A degree for education as a civil servant

A degree from an accredited professional school ("Berufsakademie")


A degree from a technical or professional college ("Fachhochschule")

A degree from a university

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 that time?

Blue-collar (including farming)

Untrained worker

Trained worker

Trained and employed as skilled worker ...

Self-employed (including family members)

Number of employees
none 1 – 9 10 or more

Self-employed farmer

Free-lance professional, independent scholar

Other self-employed

Family member working for self-employed relative

White-collar worker

Employee with simple duties

– without training or education degree

– with training or education degree

Employee with qualified duties

(e.g. bookkeeper, technical draftsman, etc.)

Employee with highly qualified duties

(e.g., scientist, head of a department, etc.)

Civil servant

(including judges and professional soldiers)


Lower level

Middle level

Upper level

Executive level

58. Which occupation did you have at that time (your first job)?

 Please give the exact title. For example, do not write "clerk", but rather "shipping clerk"; not "blue-collar worker", but rather "machine metalworker".

Please print:

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

No specific training or education

Completed vocational training for this type of job

A degree from a technical or professional college ("Fachhochschule") ...


A 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 which branch of business or industry was the company or institution active for the most part?

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

Please print:

--

61. Have you changed your occupation once or several times since then so that the type of work you do has changed very much?

Yes, once

Yes, several times

No

When did you change to your current occupation or the occupation that you worked in at your last job?

--	--	--	--

Year

62. Are you gainfully employed at the current time?

Yes

No



Skip to question 68!

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 had 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 active for the most part?

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

Please print:

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

 If you had more than one job at that time, please answer the following in reference to your main job.

Blue-collar (including farming)

- Untrained worker
- Trained worker
- Trained and employed as skilled worker ...
- Foremanr
- Master craftsman

Self-employed (including family members)

Number of employees
none 1 – 9 10 or more

- Self-employed farmer
- Free-lance professional, independent scholar
- Other self-employed
- Family member working for self-employed relative

Intern / apprentice

- Apprentice or trainee
- Volunteer, intern, etc.

White-collar worker

- Industry or works foreman in a salaried position

White-collar worker

- Employee with simple duties
 - without training or education degree
 - with training or education degree

- Employee with qualified duties (e.g. bookkeeper, technical draftsman, etc.)

- Employee with highly qualified duties (e.g., scientist, head of a department, etc.)

- Employee with extensive managerial or executive duties (e.g. managing director, head of a large company or organization) .

Civil servant (including judges and professional soldiers)

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

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

We are referring to children by birth or adoption, **not** foster children or step children.

Yes, I have child(ren) No, I have never had a child Skip to question 69!

Please provide us with the following information on each of your children.

	Year of birth	Gender		Where does your son or daughter live today?					Has died
		Son	Daughter	In this household	In this town	Elsewhere in western Germany	in eastern Germany	Abroad	
child 1	<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"/>
child 2	<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"/>
child 3	<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"/>
child 4	<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"/>
child 5	<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"/>
child 6	<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"/>
child 7	<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"/>
child 8	<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"/>

69. Are you married or have you ever been married?

Yes, I am or was married No, I was never married Skip to question 71!

70. When did you get married or when were you married?

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

	First Marriage	Second Marriage	Third Marriage
Married in the year	<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"/>
– by means of divorce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– due to the death of your partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

71. *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 of the length of time stipulated by law

Military service beyond the length of time stipulated by law, as a professional soldier with a short-term or long-term contract

Community service

Similar work in an emergency service agency ...

Why were you exempted from military or community service?

I am still too young

For medical or physical reasons

For other reasons

72. **Did you do a year of voluntary community service?**

Yes

No

73. **Now we are going to change the subject: When did you move into this home?**

--	--	--	--

Year

74. **Do you have another home in which you yourself reside or spend your vacation?**

No

Yes →

Is this second home in western Germany (including West Berlin), in eastern Germany (including East Berlin) or abroad?

Western Germany

Eastern Germany

Abroad

Which home is your main residence?

This one

The other one

I use both about the same

From which residence do you usually get to work?

From this one

From the other one

Not applicable

Please make sure that you have filled out the green "Individual question form" .

Thank you for your cooperation!

Interviewer's remarks

A How was the interview carried out?

Spoken interview

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

– with the interviewer present

– without the interviewer present

Part spoken, part filled out by the target person

B Duration of the interview:

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

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

C Further comments:

List number

Serial number

I confirm that this interview was carried out correctly:

Day

Month

Interview number

Signature of the Interviewer

Infratest Burke Sozialforschung
Landsberger Str. 338
80687 München
Tel.: 089 / 56 00 0

Life in Germany

Survey 2001
on the social situation
of households

Supplementary Biography Questionnaire

This questionnaire booklet is directed towards the individual persons in the household who are participating in the survey of the **first time**. This is a **supplement** to the questionnaire "Individual question form".

Please pay attention to the fact that teenagers born in 1984 should fill out the supplementary questionnaire "Youth".

Your cooperation is voluntary. The scientific meaningfulness of this investigation, however, 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 over the questionnaire,
please enter in accordance with the address log:**

Household number

Individual number:

First name:

Please print