

Life in Germany

Survey 2001
on the social situation
of households

Supplementary Questionnaire: "Youth"

F

This questionnaire booklet is directed towards the individual persons in the household who were born in **1982, 1983 and 1984**. This is a **supplement** to the questionnaire "Individual question form".

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

Living

1. Do you live now in your parents' home?

Yes
↓

No →

Skip to question 4!

2. Do you have your own room or do you share a room with other persons (e.g. with other brothers or sisters)?

Yes, I have my own room

No, I share my room

3. Do you have another room or apartment where you live in addition to the room at your parents?

Yes

No

Jobs and Money

4. Do you already earn money from jobs?

Yes
↓

No →

Skip to question 6!


5. Do you earn that money –

– as a trainee or intern

– as a regular (full-time) employee

– as a (part-time) employee?

6. Have you had a part-time job to earn some money before?

 What is meant here are relatively regular sources of income such as regular baby-sitting, tutoring younger children, delivering newspapers, etc.

Yes
↓

No →

Skip to question 9!

7. At which age did you have your first part-time job?

At the age of


8. Did you decide to work because the work interested you or because you wanted to earn a bit more pocket money?


The work interested me

I wanted to earn a little more pocket money

For other reasons (helping out in the neighborhood, community service, etc.)

9. What about right now:
do you receive pocket money or an allowance from your parents or other relatives?

Yes
 

No 

Skip to question 11!

10. How much pocket money or allowance do you receive each week or each month?


each week DM


or

each month DM

11. Can you save some money every now and then or regularly,
for example for purchases or trips?

Yes, every now and then ..

Yes, regularly
 

No 

Skip to question 12!


About how much do you save each month?

About DM each month

Hard to say,
very irregular

Relationships

12. Who is especially important in your life at this time?

 Please check off only **one** answer per line!


	Very important	Important	Less important	Not important at all	No such person in my life
Your father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your brother / your sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your steady boyfriend / your girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your best friend (male or female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your clique, circle of friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How often do you argue or fight with the following people?

 Please check just **one** per line!

	Very often	Often	Some-times	Seldom	Never	No such person in my life
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"/>
With your brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With your steady girlfriend / boyfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With your best friend (male or female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. How often do the following situations occur with your mother and father?

 Please provide the information for your mother and father separately.

If you have only a mother or only a father, please leave the corresponding line blank.

How often, . . .		Very often	Often	Some-times	Seldom	Never
do your parents talk to you about things you do or experience?	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
do your parents address things that bother or worry you?	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
do your parents ask you for your opinion before they decide something that affects you?	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
do your parents express their opinion when you do something that they like or approve of?	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
are you and your parents able to find a solution together to problems you might have with each other?	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
do your parents give you the impression that they really trust you?	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
do your parents ask for your opinion before they decide family matters or issues?	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
do your parents give you an explanation or reason for their decisions?	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
do your parents show you that they really love you?	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sports and Leisure


15. How often do you do the following activities?

 Please check just **one** per line!

	Daily	Every week	Every month	Less often	Never
Watch television, videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play computer games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen to music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do special hobbies like:					
– play music or sing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– do sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– dance or act, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– technical related activities, programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do nothing in particular, just hang out, daydream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spend time with my steady boyfriend or girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spend time with my best friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spend time with my clique or group of friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Are you active in music?

Do you play an instrument or pursue singing seriously?

Yes


No 

Skip to question 20!

17. What type of music do you make?

Classical

Pop / rock / techno / funk / rap / hip-hop

Folk music or another type of popular music

17a Do you do this alone or in some sort of group?

Alone or with a teacher in lessons

In an orchestra or choir

In a band

In another type of group


18. How old were you when you started to play an instrument or pursue singing seriously?


years old

19. Do you take or have you ever taken music lessons outside of school?

Yes No

20. Are you active in sports?

Yes 

No 

Skip to question 25!

21. What sport is most important to you?

22. How old were you when you started playing this sport?

years old

23. Where and with whom do you play this sport?

In a club

At commercial sport facilities (such as a fitness studio)

At school

In another organization (such as adult education [Volkshochschule] or at a company)

Together with others but not in an organization

By myself

24. Do you also take part in competitions in this sport?

Yes

No


School

25. Are you still in school?

 We are **not** referring to professional or vocational schools.

Yes 


Skip to question 28!

No 

26a When did you finish school?

Year

26b What type of school leaving degree did you obtain?


I quit school without a degree 

A degree from a secondary general school (Hauptschulabschluss)

Please state the type of school you attended

A degree from an intermediate school (Realschulabschluss or Mittlere Reife)

A degree from a vocational high school (Fachhochschulreife)

Another type of degree 

Please state the type of degree

27. Do you intend on receiving another school leaving degree in the future?

Yes, maybe
Yes, definitely

No **Skip to question 29!**

28. What is the highest level school leaving degree you wish do obtain?

A degree from a secondary general school (Hauptschulabschluss)
A degree from an intermediate school (Realschulabschluss or Mittlere Reife)
A degree from a vocational high school (Fachhochschulreife)
A degree which would qualify me for university studies (Abitur)

29. What foreign languages did you learn at school? What was your first foreign language at school? And what was your second foreign language at school, if you had one?

	First foreign language	Second foreign language
English	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>
Russian	<input type="checkbox"/>	<input type="checkbox"/>
Latin	<input type="checkbox"/>	<input type="checkbox"/>
Greek	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
No second foreign language		<input type="checkbox"/>

30. Have you ever attended school outside of Germany?

Yes, for a short period of time (up to one year)
Yes, for a longer period of time No

31. Have you ever attended a private school?

Yes, I currently attend a private school
Yes, I used to attend a private school No

32. There are many different ways of being active at school in addition to actual classes. Are you or have you ever been involved in one or more of the following areas?

Please check off all that apply!

Yes, I was:

- class president / class representative to the student council
- student body president / president of the student council
- involved in the school newspaper
- involved in a school theater or dance group
- involved in a school orchestra, chorus or other type of music group
- involved in a sports group at school
- involved in some other type of group

No, none of these

33. How satisfied are you with your school grades?

Please mark an X for each item.
 If you are completely unsatisfied, please mark the value 0.
 If you are completely satisfied, please mark the value 10.
 If you are somewhere in the middle, then mark a value in the middle.

I am ...	Un- satisfied	Satisfied								
	0 1 2 3 4 5 6 7 8 9 10									
- School grades in general	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> =									
- Grades in German	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> =									
- Grades in mathematics	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> =									
- Grades in your first foreign language	<input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> = <input type="checkbox"/> =									

34. Did your elementary school recommend you for a general secondary school (Hauptschule), an intermediate secondary school (Realschule) or a higher level academically oriented school (Gymnasium)?

Recommendation for a general secondary school (Hauptschule)

Recommendation for an intermediate secondary school (Realschule)

Recommendation for a higher level, academically oriented school (Gymnasium)

No such recommendation was given at our school

35. 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
or points on a 0 - 15 scale (15 being the highest)	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>

Please also provide the following information:

If you attended a comprehensive school:

Were those grades in level A, B or C?

If you attend the upper level of the highest level secondary school ("Gymnasium"):

Foundation course ("Grundkurs") or

in an higher level course of specialization
("Leistungskurs")

36. Did you ever stay back a grade at school?

Yes

No Skip to question 38!

37. What grade did you stay back in?

The first time in the grade

If applicable:
 The second time in the .. grade

38. Did you ever have a (paid) tutor give you extra help?

Yes

No

39. To what extent do or did you parents show interest in your grades and progress at school?

Very much

Quite a lot

Not very much

Not at all

40. Do or did your parents help you to do homework assignments or study for school?

Yes, both my mother and father

Yes, just my mother

Yes, just my father

No

41. Did you ever have disagreements/stress with your parents about your scholastic performance?

Yes, with my father and mother

Yes, but only with my mother

Yes, but only with my father

No

42. In which ways did your parents have contact with the school?

 Please check all that apply!

Parents took part regularly at parent-teacher night

Parents came to regularly scheduled teacher 'office hours'

Parents visited teacher outside of regularly scheduled events

Involvement as parents' representative

None of the above

43. If you think back to the last school you attended, or the one you are attending now, how many of your fellow students were either foreigners or not born in Germany?

All

Most

Around one-half


Around one-quarter

Less than one-quarter

Nobody

Career and Job Plans

44. Have you already started/finished (after having finished secondary school) job training, including apprenticeships or voluntary non-paid trainee jobs?


Yes 






No 

Skip to question 46!


45. What kind of training is/was that?

If you are no longer in such training, please indicate whether or not you completed it as planned.

 Please check off all that apply.
You can check more than one!

	Currently involved in such training	No longer in such training	Completed as planned?	
			Yes	No
Primary vocational training year, vocational preparatory year ("Berufsgrundschuljahr / Berufsvorbereitungsjahr")	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Integration Year	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="checkbox"/>	<input type="checkbox"/>
Apprenticeship	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="checkbox"/>	<input type="checkbox"/>
Specialized vocational school or health care school	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary or non-paid trainee jobs	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="checkbox"/>	<input type="checkbox"/>


46. Do you intend on acquiring a vocational or university degree in the future?

Yes, maybe
Yes, definitely 

No 

Skip to question 48!

47. Which of the following do you intend on acquiring?

 You can check off more than one!

- Completed apprenticeship
- Full-time vocational school or health care school
- Higher level trade and technical school ("Meister-, Technikerschule")
- Public employee training certificate
- A degree from an accredited career training academy
- A degree from a polytechnical college ("Fachhochschule")
- A university degree

48. At what age at the latest do you want to 'stand on your own two feet' financially?

At the age of years

I already am financially independent

49. Do you already know what you want to be, i.e. what job/career you would like to have?

Yes, to some degree

No, it is still not clear ➔

Skip to question 52!

Yes, with certainty



50. What is the career or job that you hope to have one day?
Please give as detailed a description as possible.

Please state the name / description!

51. How well do you keep yourself informed about your future occupation?

Very well informed

Well informed

Not very well informed

Poorly informed

52. Which of the following statements apply to your choice of (future) occupation?

Please check just **one** per line!

Applies completely	Applies to a certain degree	Doesn't really apply	Doesn't apply at all
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My parents' advice and suggestions played an important part in my choice of occupation =====

My goal isn't to find the one true occupation for me. I'm going to take things as they come =====

I put a lot of thought and effort into making this decision =====

I am still trying to find out what my talents are and what would be the right job for me =====

53. Different things can be important when deciding what type of occupation you want to pursue. Please indicate whether the following aspects were

- very important,
- important,
- less important,
- or not important at all

with regards to your choice of occupation.

How important was	Very important	Important	Less important	Not important at all
- future job security?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- high income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- the opportunity to move up the ladder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- finding an occupation which is well-respected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- finding an occupation which leaves you with a lot of time for leisure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- finding an occupation which interests you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- finding an occupation which you can pursue independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- a high degree of interaction with people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- finding an occupation which makes a contribution to society?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- a safe and healthy work climate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- finding an occupation which leaves you with enough time for the family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- finding an occupation in which you can help others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Origins

55. When were you born?

--	--	--	--

Year

56. Were you born in Germany?

Yes →

Skip to question 67!

No



57. In what country were you born?

--

Please state the current name of the country!

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

--	--	--	--

Year

59. 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 61!

German who lived abroad for a long period of time →

Skip to question 62!

Citizen of an EU country

Asylum seeker or refugee

Other foreigner



60. 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

61. 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

62. 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 64!

No


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

Yes



No  Skip to question 65!

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

Yes

No

65. Did you attend school in Germany?

Yes


No  Skip to question 67!

66a What grade were you in when you started school in Germany?

Grade (please state the grade number)

66b Did you attend a special preparatory class for foreigners in Germany ahead of time?

Yes

No

Childhood and Parental Home


67. Where did you spend most of your childhood?
Was it in:

- a big city
- a medium sized city
- a small city
- in the country

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


- Yes, I still live there
- Yes, I have come back to this area
- No



69. With whom did you live up to the age of 15?


 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 a 'home' Years
- Total sum of all years** (Please check total) ... Years

70. Do your father and mother live here in this household?

Yes, both  Skip to question 79!

Only your father 
 Only your mother  Please answer questions 71 – 78
for that parent who does **not** live with you!

No, both do not  Please answer questions 71 – 78
for father and mother separately!

Father if not living in household	Mother if not living in household
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**71. 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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72. 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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**73. 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"/>

74. 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", "Realschul- abschluss") 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"/>

75. 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"/>

76. If applicable: What occupation do your parents now have, or did they have last?

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

Father

Mother

Father if not living in household	Mother if not living in household
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77. What position your parents have now or did they have last?

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
- Never worked**

78. Does your father / mother belong to a church or other type of 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

Opinions and Beliefs

79. Do you believe it is necessary to have a partner (steady boy / girl-friend, husband / wife) to be happy in life, or can one be just as happy without?


- One needs a partner
- One can be just as happy without a partner
- One can be **even happier** without a partner
- Undecided / don't know

80. Do you think that it is necessary to have children to be truly happy in life or do you believe that one can be just as happy or even happier without children?

- Having one's own children is necessary for happiness
- One can be just as happy without children
- One can be even happier without children
- Undecided / don't know

81. Wovon hängt es Ihrer Meinung nach in Deutschland tatsächlich ab, ob jemand Erfolg hat und sozial aufsteigt?

Bitte geben Sie zu jeder der folgenden Aussagen an, in welchem Maße Sie ihr zustimmen.

 Please check off **one** answer in each line!

I agree completely	I agree for the most part	I don't really agree	I don't agree at all
-----------------------	---------------------------------	----------------------------	----------------------------

- | | | | | | | | |
|---|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|
| Working hard | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> |
| Exploiting others | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> |
| Being gifted and intelligent | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> |
| Being from the 'right' family | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> |
| Having good training in a specialized field | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> |
| Having a lot of money and wealth | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> |
| Having good grades at school | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> |
| Being tough and ruthless | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> |
| Having connections to the 'right' sort of people | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> |
| Being politically active in the 'right' party | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> |
| Being of the 'right' sex; men have better chances
of getting ahead | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> |
| Being dynamic and exhibiting initiative | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> | ===== | <input type="checkbox"/> |

82. Now to something entirely different:

The following statements characterize different beliefs about life in general and the future. Please indicate if you agree with each of them:

- completely,
- for the most part,
- not really,
- not at all.

I agree completely I agree for the most part I don't really agree I don't agree at all

I have control over my own destiny ===== ===== =====

Compared to others, I haven't attained what I deserve ===== ===== =====

Success or failure in life is largely a question of fate or luck ===== ===== =====

I have often had the experience that others have control over my life ===== ===== =====

One has to work hard to obtain success ===== ===== =====

I tend to doubt my abilities if I am faced with difficulties in life ===== ===== =====

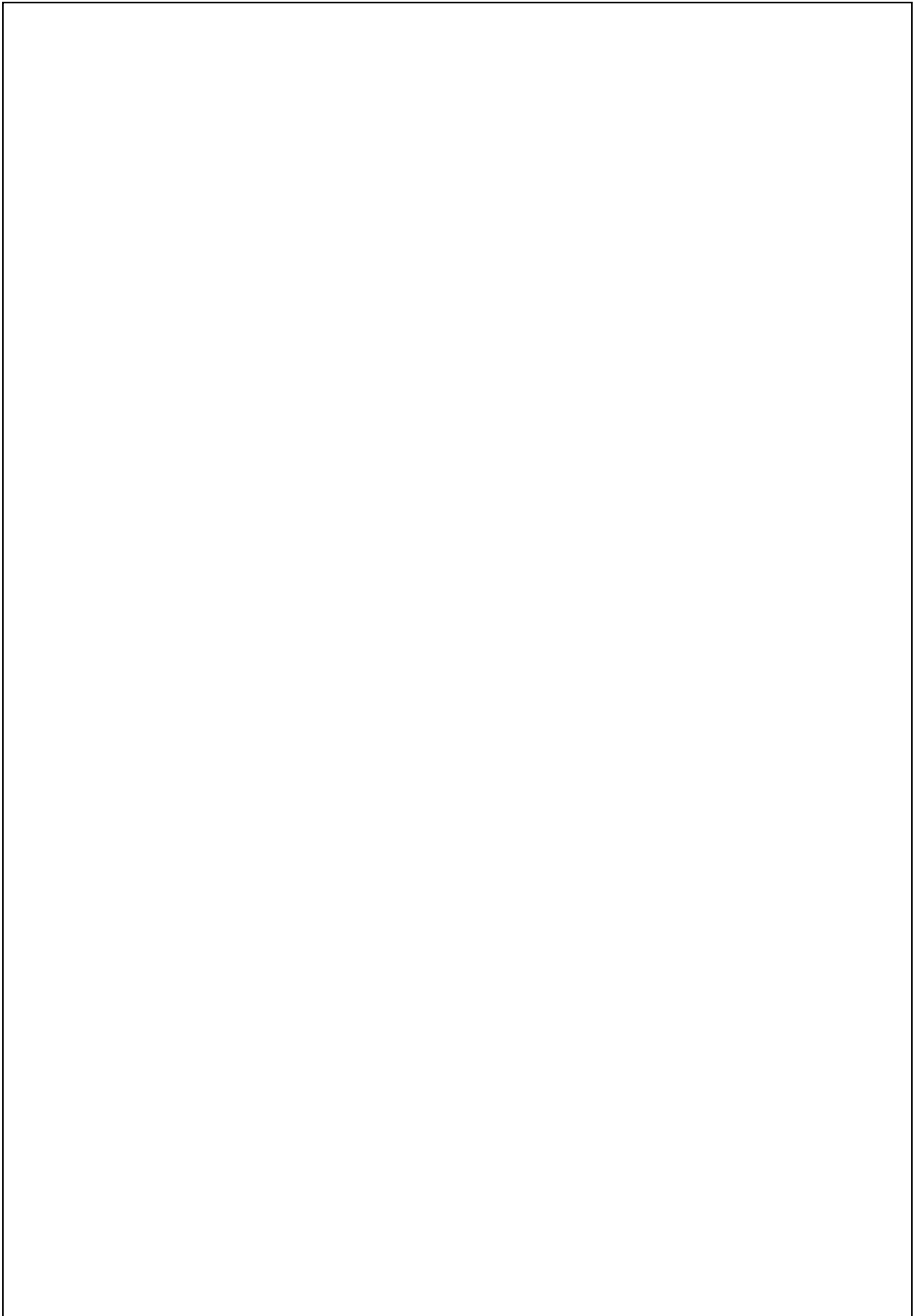
The opportunities open to me depend on my social circumstances ===== ===== =====

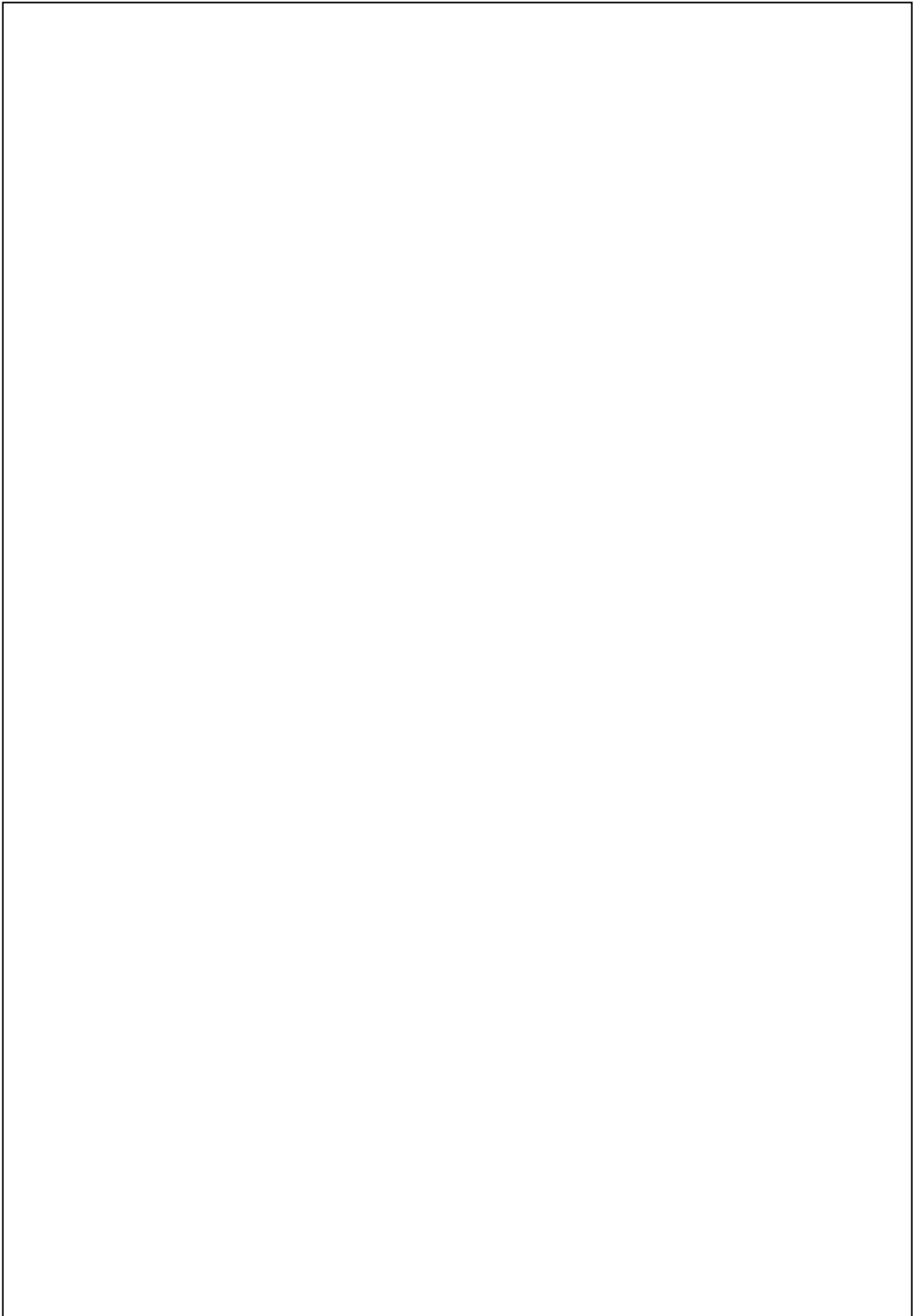
The talents one is born with are more important than any type of hard work and effort ===== ===== =====

I have little control over events in my life ===== ===== =====

One can change the social structure if one is active in a social or political context ===== ===== =====

Thank you very much 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

Life in Germany

Survey 2001
on the social situation
of households

Supplementary Questionnaire: "Youth"

F

This questionnaire booklet is directed towards the individual persons in the household who were born in 1984 and who are participating in the survey of the **first time**. This is a **supplement** to the questionnaire "Individual question form".

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