

# Living in Germany

Survey 2011  
on the social situation  
of households

## Individual question form

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

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

Therefore, we ask that:

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

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

Household number:

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

First name:

*Please print*

# How is it done?

Please fill in the questionnaire booklet by

- **checking the box with an X**

*Example: Sex:*                 male .....    
   female .....

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

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

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

- **writing in the text boxes provided**

*Example:*                           Other reason .....

***Change of Job***

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

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

*Example:*

**Are there children in your household?**

Yes .....                  No .....  ***Skip to Question . . . !***

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

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

# Your current life situation

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

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

How satisfied are you with ...

totally  
unhappy

totally  
happy

– your health?

= = = = = = = = = = =

0 1 2 3 4 5 6 7 8 9 10

– your sleep?

= = = = = = = = = = =

0 1 2 3 4 5 6 7 8 9 10

*(if employed)*

– your job?

= = = = = = = = = = =

0 1 2 3 4 5 6 7 8 9 10

*(if working in household)*

– your housework?

= = = = = = = = = = =

0 1 2 3 4 5 6 7 8 9 10

– your household income?

= = = = = = = = = = =

0 1 2 3 4 5 6 7 8 9 10

– your personal income?

= = = = = = = = = = =

0 1 2 3 4 5 6 7 8 9 10

– your place of dwelling?

= = = = = = = = = = =

0 1 2 3 4 5 6 7 8 9 10

– your free time?

= = = = = = = = = = =

0 1 2 3 4 5 6 7 8 9 10

*(if you have small children)*

– the child care available?

= = = = = = = = = = =

0 1 2 3 4 5 6 7 8 9 10

– your family life?

= = = = = = = = = = =

0 1 2 3 4 5 6 7 8 9 10


– your social life?

= = = = = = = = = = =

0 1 2 3 4 5 6 7 8 9 10

**2. What is a typical day like for you?**

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

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

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


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

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

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

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

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

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

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

5. **Are you currently under maternity protection or in the legally regulated "Elternzeit"?**

Yes, maternity leave .....   
Yes, Elternzeit .....  No .....


5a **Are you currently using the nursing care time provided for under German law to care for a relative?**

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

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

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

7. **Are you currently in some sort of education? In other words, do you attend a school or institution of higher education (including doctorate / Ph.D.), are you engaged in an apprenticeship or are you participating in further education or training?**

Yes .....  No .....   Skip to question 9!

8. **What type of education or continuing training is that?**

**General school:**

- Secondary general school ("Hauptschule") ....
- Intermediate School ("Realschule") .....
- Upper Secondary School ("Gymnasium") .....
- Comprehensive School ("Gesamtschule") .....
- Evening Intermediate School ("Abendrealschule") .....
- "Fachoberschule" .....

**Vocational education:**

- Primary vocational training year, vocational preparatory year ("Berufsgrundbildungsjahr, Berufsvorbereitungsjahr") .....
- Vocational school without apprenticeship ...
- Apprenticeship .....
- Full-time vocational school ("Berufsfachschule, Handelsschule") .....
- School for health care professions .....
- Trade and technical school ("Fachschule", for example, "Meister-, Technikerschule") .....
- Education as public employee .....

Other:

**Higher Education:**

- "Fachhochschule" .....
- University, other higher education institution .....
- Promotion .....

**Do you receive a scholarship to pay for your undergraduate or graduate studies?**

 If so, from what organization?

- No .....
- Yes, BAföG .....
- Yes, other .....

**Further education ("Weiterbildung") / occupational retraining ("Umschulung"):**

- Professional or vocational retraining ("Umschulung") .....
- Further education in your profession .....
- Professional rehabilitation .....
- Further education in politics or general .....

Other:

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

 Pensioners with a job contract are considered employed.

- Full-time employed .....
- Part-time employed .....
- In occupational / professional education or retraining .....
- Marginally ("geringfügig") or irregularly employed .....
- Approaching retirement part-time employment  
with zero working hours .....
- Doing your compulsory military service .....
- Doing community service as substitute for compulsory  
military service ("Zivildienst") / Voluntary social year .....
- Not employed .....

**Skip to question 22!**

**Skip to question 73!**

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

- No, definitely not .....
- Probably not .....
- Probably .....
- Yes, definitely .....

**Skip to question 74!**

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

- As soon as possible .....
- Next year .....
- In the next two to five years .....
- In the distant future, in more than five years .....

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

- Full-time .....
- Part-time .....
- Either .....  I'm not sure yet ...

**13. If you were currently looking for a new job:  
Is it or would it be easy, difficult or almost impossible to find an appropriate position?**

- Easy .....
- Difficult .....
- Almost impossible .....

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

euros per month      Can't say, it depends ...

**Skip to question 16!**

**15. In your opinion how many hours a week would you  
have to work to earn this net income?**

hours per week

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

Yes .....

No .....

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

Yes .....   
↓

No .....  →

Skip to question 19!

18. Have you received a voucher „Vermittlungsgutschein“, and if so what was the value?

Yes .....  → value:  euros

No .....

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

Earn money .....

Other reasons .....

Both about the same .....

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

In my current/past profession or area of education/training .....

Something new .....

Doesn't matter .....

Does not apply, do not have a job (yet) .....

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

☞ Please estimate the probability of such a change according to a scale from 0 to 100.

0 means that such a change will definitely **not** take place.

100 means that such a change definitely will take place.

All the values in between can be used for differentiation.

Definitely  
*not*

Definitely

– Start paid work ..... = = = = = = = = = = =   
0 10 20 30 40 50 60 70 80 90 100


– Become self-employed or work on a free-lance basis ..... = = = = = = = = = = =   
0 10 20 30 40 50 60 70 80 90 100

– Receive further education or training by means of courses or seminars ..... = = = = = = = = = = =   
0 10 20 30 40 50 60 70 80 90 100

Skip to question 74!

# Your current employment

22. Did you change your job or start a new one after December 31, 2009?

Yes .....  

No .....  


**Skip to question 28!**

23. When did you start your current position?

2010, in the month

2011, in the month

24. What type of an employment change was that?

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

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

I have returned to a past employer after a break in employment .....  

**Was your career interrupted by one or more children, e.g., maternity leave ("Mutterschutz") or parental leave ("Elternzeit")?**

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

I have started a new position with a different employer (for temporary workers this includes working in an temporary workplace) .....

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

I have changed positions within the same company .....

I have become self-employed .....  

**Did you receive funds from any government programs to start your own business?**

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



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

Actively looking for job .....

Just came up .....

26. How did you find out about this job?

 Please check just **one!**

Through the federal employment office  
("Arbeitsamt", "Agentur für Arbeit") .....

Through a Job-Center / ARGE / "Sozialamt" .....

Through a personnel service agency ("PSA") .....

Through a private recruitment agency .....

An advertisement in the newspaper .....

An advertisement in the internet .....

Through friends or relatives .....

I have returned to a former employer .....

Other or none of the above .....


27. Was the Employment Office involved in finding the job?

Yes, directly .....

Yes, provided a voucher ("Vermittlungsgutschein")  
for a private recruitment agency .....  ⇒ value  euros

No .....

28. What is your current position/occupation?

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

**Please write the German term only!**

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

Yes .....  Currently in education or training .....

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

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

- No completed vocational training/apprenticeship required .....
- Completed vocational training/apprenticeship required .....
- "Fachhochschule" degree required .....
- Completed education at a university or other institution of higher education .....


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

- Only a short introduction on the job .....
- A longer training period in the company .....
- Participation in special training or courses .....

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

- Yes .....
- No .....

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

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

*Please write the German term only!*


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

- less than 5 people ...
- from 5 up to 10 people ...
- from 11 up to, but less than 20 people ...
- from 20 up to, but less than 100 people ...
- from 100 up to, but less than 200 people ...
- from 200 up to, but less than 2,000 people ...
- 2,000 or more people .....
- Not applicable, because I am self-employed without further employees .....

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

- Yes .....
- No .....

**36. Is your own performance regularly assessed by a superior as part of an agreed procedure?**

- Yes .....
- No .....   Skip to question 38!



**37. Does this performance assessment influence ...**

- |                                    | Yes                      | No                       | Don't know               |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| – your monthly gross salary? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – a yearly bonus? .....            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – future salary increases? .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – potential promotion? .....       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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


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

Since        
 month year

**39. Is this work temporary or on a contractual basis?**

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


**40. Is your contract of employment for an unlimited or limited period?**

Unlimited period .....   Skip to question 42!  
 Limited period .....   
 Not applicable,  
 do not have an employment contract .....

**41. Is it an "ABM" Job (created through the government employment program) or a "1 Euro Job" (for non-profit work)?**

Yes, an ABM job (government employment program) ....   
 Yes, a 1 Euro job (non-profit work) .....   
 No .....

**42. What is your current occupational status?**

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

**Blue-collar worker:**

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

**White-collar worker:**

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

**Self-employed** (including family members working for the self-employed)

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

**Apprentices / trainees and interns:**


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

**Civil servant**

(including judges and professional soldiers)

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

43. In your position at work, do you supervise others?  
In other words, do people work under your direction?

Yes .....   


No .....  

**Skip to question 46!**

44. How many people work under your direction?

people

45. What kind of leadership position do you hold? Are you ...

- in top management  
(for example, executive board, business director, division manager) .....
- in middle management  
(for example, department head, regional director) .....
- in lower management  
(for example, group supervisor, section head,  
management of a small branch office / small business) .....
- in a highly qualified specialist position (for example, project head) .....

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

Easy .....


Difficult .....

Almost impossible .....

47. Is the income that you earn at your current job just, from your point of view?

Yes .....  

**Skip to question 50!**

No .....   


48. How high would your gross income have to be in order to be just?

euros per month      Don't know .....

49. How high would your net income have to be in order to be just?

euros per month      Don't know .....

50. Income earned varies in Germany. Therefore we would like to ask you where your place of work lies: Is it ...

- in one of the old federal states .....
- in one of the new federal states ...
- in the west of Berlin .....
- in the east of Berlin .....
- or abroad? .....

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

Yes .....



Skip to question 53!

No .....



52. How often do you commute from your apartment to your place of work?

Every day .....

Once a week .....

Less often .....

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

km

Difficult to say, location of workplace varies .....

Workplace and home are in the same building .....

54. How many days do you usually work per week?

days

Not applicable, because ...

– the number of days is not fixed .....

– the number of days changes from week to week .....

55. And how many hours do you work on a typical workday?

hours

Varying, irregular .....

56. Nowadays, there are a number of different types of working hours available. Which of the following possibilities is most applicable to your work?

Fixed daily working hours .....

Working hours fixed by employer, which may vary from day to day .....

Working hours fixed by employer, which may vary from day to day .....

Flexitime within a working hours account and a certain degree of self-determination of daily working hours within this account .....

57. Do your work time regulations include special work time arrangements such as emergency service, on-call service, or standby duty?

Yes, emergency service .....

Yes, on-call service .....

Yes, standby duty .....

No, none of the above .....

58. Please indicate to what degree you agree with the following statements.

Strongly disagree    Disagree    Agree    Strongly agree

At work, I easily get into time pressure ..... =====

I often am already thinking about work-related problems when I wake up ..... =====

When I come home, it is very easy to switch off from thinking about work ..... =====

Those closest to me say I sacrifice myself too much for my career ..... =====

Work seldom lets go of me; it stays in my head all evening ..... =====

If I put off something that needs to be done that day, I can't sleep at night ..... =====

59. I will now read you some statements about possible job-related burdens of your current job. Please indicate whether each point applies to you and, if so, how much of a burden it is for you.

Applicable?    And how much does it burden you?  
 No    Yes    Not at all    Some-what    Heavily    Very heavily

Because of the high volume of work, there is often high time pressure .....  ⇒ =====

I am often interrupted and distracted while working .....  ⇒ =====

The amount of work has increased steadily over the last two years .....  ⇒ =====

The chances of promotion in my company are bad .....  ⇒ =====

I am undergoing – or I expect to undergo – a worsening in my working situation .....  ⇒ =====

My job is in jeopardy .....  ⇒ =====

60. And what about for the following points? Please indicate whether each applies to you and, if not, how much of a burden it is for you.

Applicable?    And how much does it burden you?  
 Yes    No    Not at all    Some-what    Heavily    Very heavily

I receive the recognition I deserve from my superiors .....  ⇒ =====

When I consider all my accomplishments and efforts, the recognition of I've received seems fitting .....  ⇒ =====

When I consider all my accomplishments and efforts, my chances of personal advancement seem fitting .....  ⇒ =====

When I consider all my accomplishments and efforts, my pay seems appropriate .....  ⇒ =====

61. Do you sometimes have to work in the evenings (after 7:00 PM) or nights (after 10:00 PM)?  
If so, how often?

	No, never	Yes			
		every day	several times a week	once a week (changing shifts)	less often, as needed
Evenings (after 7.00 PM) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nights (after 10:00 PM) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

62. Do you have to work weekends?  
If so, how often?

	No, never	Yes			
		every week	every two weeks	every 3 - 4 weeks	less often
Saturdays .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sundays .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

,  hours per week      No set hours .....

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

,  hours per week

If less than 30 hours:	If 30 hours or more:	Skip to question 67!
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65. Is it a marginal job in accordance with the 400/800 Euros Rule (mini-/midi-job)?

Yes, mini-Job (up to 400 Euros) .....   
 Yes, midi-Job (400 to 800 Euros) .....   
 No .....

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

Yes .....       No .....

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


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

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

How many hours would you want to work?

,  hours per week

69. Do you work overtime?

Yes .....  

No .....   
Not applicable, because I am self-employed .....

**Skip to Question 73!**

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

Yes .....  ⇒ with the collected hours to be used . . .  
No .....  - by the end of the year .....   
- within a shorter period of time .....   
- within a longer period of time .....



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

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

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

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

73. How high was your income from employment **last month**?

 If you received extra income such as vacation pay or back pay, please do **not** include this. Please do include overtime pay.  
 If you are self-employed: Please estimate your monthly income before and after tax.

Please fill in both:  
● **gross** income, which means wages or salary before deduction of taxes and social security  
● **net** income, which means the sum after deduction of taxes, social security, and unemployment and health insurance.

My income was: gross  euros  
net  euros



*Now questions which apply to everyone!*

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

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

Work in family business .....

No, none of these .....

Regularly paid secondary employment .....

Occasional paid work .....

**Skip to question 80!**

**75. Which occupation is that? Please be as specific as possible.**

*Please write the German term only!*

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

days a month

**77. How many hours on average on these days?**

hours a day

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

months a year

**79. How much was your gross income for this job for last month?**














euros


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

 Please check all that apply!

**For all the applicable sources of income, please indicate how large an amount is each month.**

**If you are unable to state the exact amount, please estimate.**


Source of income	Yes	Gross amount per month <sup>★</sup> )
Own pension <i>If you have more than one, please add them together! .....</i>	<input type="checkbox"/> 	<input style="width: 150px; height: 25px;" type="text"/> euros
Widower's pension, orphan's pension <i>If you have more than one, please add them together! .....</i>	<input type="checkbox"/> 	<input style="width: 150px; height: 25px;" type="text"/> euros
Unemployment pay ("Arbeitslosengeld") .....	<input type="checkbox"/> 	<input style="width: 150px; height: 25px;" type="text"/> euros
Unemployment pay II / social assistance payments ("Arbeitslosengeld II / Sozialgeld") .....	<input type="checkbox"/> 	<b><i>Please include the amount in the household questionnaire!</i></b>
Support for further training and education ("Unterhaltsgeld bei Fortbildung") / Transition pay ("Übergangsgeld") .....	<input type="checkbox"/> 	<input style="width: 150px; height: 25px;" type="text"/> euros
Maternity benefit during maternity leave ("Elterngeld", "Erziehungsgeld") .....	<input type="checkbox"/> 	<input style="width: 150px; height: 25px;" type="text"/> euros
Child support ("Kinderunterhalt") .....	<input type="checkbox"/> 	<input style="width: 150px; height: 25px;" type="text"/> euros
Caregiver alimony ("Betreuungsunterhalt") .....	<input type="checkbox"/> 	<input style="width: 150px; height: 25px;" type="text"/> euros
Divorce alimony ("Nachehelicher Unterhalt"), alimony during separation ("Trennungsunterhalt") .....	<input type="checkbox"/> 	<input style="width: 150px; height: 25px;" type="text"/> euros
Support payment paid through a ending program for support payments ("Unterhaltszahlung aus Unterhaltsvorschusskassen") .....	<input type="checkbox"/> 	<input style="width: 150px; height: 25px;" type="text"/> euros
BAföG (state support for higher education), grants, vocational training support ("Stipendium, Berufsausbildungsbeihilfe") .....	<input type="checkbox"/> 	<input style="width: 150px; height: 25px;" type="text"/> euros
Pay for compulsory military service, community service in place of military service ("Wehrsold, Zivildienst") .....	<input type="checkbox"/> 	<input style="width: 150px; height: 25px;" type="text"/> euros
Other types of financial assistance from persons who do not live in the household .....	<input type="checkbox"/> 	<input style="width: 150px; height: 25px;" type="text"/> euros
None of these .....	<input type="checkbox"/>	

**★)  The gross amount means before any deductions for taxes, social security, etc.  
This is only of relevance to pensioners and potentially to those on company pensions.**

# How were things last year?

81. Did you end school, vocational training, or university education after December 31, 2009?

 Here we also mean higher academic degrees!

Yes .....   


No .....  


Skip to question 85!

When?

2010, in the month

2011, in the month

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

Yes .....   


No .....  

Skip to question 85!

83. Did you complete this degree / certificate / diplome in Germany or in another country?

In Germany .....

In another country .....

84. What kind of a degree was that?

**General school certificate:**

Secondary general school leaving certificate ("Hauptschulabschluss") .....

Intermediate school leaving certificate ("Mittlere Reife", "Realschulabschluss") .....

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

Upper secondary leaving certificate ("Abitur") .....

Other school leaving certificate .....

**Higher Education Degree**

Fachhochschule .....

University, technical university, other higher education institution .....

Promotion / Habilitation .....

Please state degree:

Please also state major field of study:

**Vocational Degree**

**Name of the vocation:**

**Type of education or training:**

Apprenticeship .....

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

School for health care professions .....

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


Training for public employees .....


Company retraining .....

Other, for example further training .....

85. Did you leave a job after December 31, 2009 (one which you also had before this date)?

 Here we also mean suspension / on maternity leave / child rearing leave ("Elternzeit")

Yes .....   


No .....  

Skip to question 91!

86. When did you leave the last job?

2010, in the month

2011, in the month

87. How long were you employed in that position?

years months

88. How was this job terminated?

 Please check only **one!**

Because your place of work or office has closed .....

My resignation .....

Dismissal .....

Mutual agreement .....

A temporary job or apprenticeship had been completed .....

Reaching retirement age / pension .....

Suspension .....

Purpose of your self-employment / business .....

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

Yes .....  

How much in total?

euros

No .....

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

Yes, a prospective job .....

Yes, a new contract .....


No, I didn't have anything lined up .....

I didn't look for a new job .....

**91. And now think back on all of 2010.**

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

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

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

I was ...	2010											
	Jan.	Febr.	Mar.	April	May	June	July	Aug.	Sept.	Okt.	Nov.	Dec.
full-time employed (including State employment programs "ABM" / "SAM") .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in temp work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I held a Mini-Job (up to 400 €)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in first-time company training / apprenticeship .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in further training, retraining, further professional education ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
registered as unemployed .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in retirement or early retirement "Vorruhestand" .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
on maternity leave / child rearing leave / "Elternzeit" .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in school, at university or "Fachschule" .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military Service / Reserve Duty Training Exercise ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Service .....												
Voluntary Social Year .....												
housewife, houseman .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Income in 2010

92. We have already asked for your current income.

In addition, please state what sources of income you received in the past calendar year 2010, independent of whether the income was received all year or only in certain months.

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

For all sources that apply please indicate how many months you received this income in 2010 and how much this was on average per month.

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

 Please answer all the questions on this page and if necessary, the additional questions.

Source of income	Received in 2010	Months in 2010	Gross amount per month euros	
Wages or salary as employee (including wages for training, "Vorruhestand", wages for sick time ("Lohnfortzahlung") .....	<input type="checkbox"/> ⇒	<input type="text"/>	<input type="text"/>	<b>Additional questions 93 - 95</b>
Income from self-employment, free-lance work .....	<input type="checkbox"/> ⇒	<input type="text"/>	<input type="text"/>	
Additional employment .....	<input type="checkbox"/> ⇒	<input type="text"/>	<input type="text"/>	
Own pension .....	<input type="checkbox"/> ⇒	<input type="text"/>	<input type="text"/>	<b>Additional question 96</b>
Widower's pensin, orphan's pension .....	<input type="checkbox"/> ⇒	<input type="text"/>	<input type="text"/>	<b>Additional question 96</b>
Unemployment pay ("Arbeitslosengeld") .....	<input type="checkbox"/> ⇒	<input type="text"/>	<input type="text"/>	
Unemployment pay II / social assistance payments ("Arbeitslosengeld II" / Sozialgeld) .....	<input type="checkbox"/> ⇒	<input type="text"/>	<input type="text"/>	<b>Please include the amount in the household questionnaire!</b>
Support for further training and education ("Unterhaltsgeld bei Fortbildung") / Transition pay ("Übergangsgeld") .....	<input type="checkbox"/> ⇒	<input type="text"/>	<input type="text"/>	
Maternity benefit during maternity leave ("Elterngeld", "Erziehungsgeld") .....	<input type="checkbox"/> ⇒	<input type="text"/>	<input type="text"/>	
BAföG (state support for higher education), grants, vocational training support .....	<input type="checkbox"/> ⇒	<input type="text"/>	<input type="text"/>	
Pay for compulsory military service, community service in place of military service ("Zivildienst") .....	<input type="checkbox"/> ⇒	<input type="text"/>	<input type="text"/>	
Legal spousal support, child support, child care support .....	<input type="checkbox"/> ⇒	<input type="text"/>	<input type="text"/>	
Support payment paid through a ending program for support payments .....	<input type="checkbox"/> ⇒	<input type="text"/>	<input type="text"/>	
Other types of financial assistance from persons who do not live in the household .....	<input type="checkbox"/> ⇒	<input type="text"/>	<input type="text"/>	
I received no income from the sources named in 2010 .....	<input type="checkbox"/> ⇒	<input type="text"/>	<input type="text"/>	<b>Skip to question 97!</b>

### Additional questions for employed persons

93. Did you receive any of the following additional payments from your employer last year (2010)?

If yes, please state the gross amount.

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

94. Last year (2010), did you receive money to cover traveling expenses or an allowance for use of local public transit (e.g. "Jobticket")? If so, please indicate the value thereof:

Yes .....  ⇨ please state:  euros

No .....


95. Did you receive short-time compensation ("Kurzarbeitergeld") in 2010? If yes, for how many weeks?

Yes, short-time compensation ("Kurzarbeitergeld") ...  for  weeks

No .....

### Additional question for retirees, pensioners

96. Who pays your pension and how high were the monthly payments in 2010?

 Please state the gross amount, **excluding** taxes. If you receive more than one pension, please check each that applies. If you do not know the exact amount, please estimate.

	Own pension		Widower's pension, orphan's pension
Deutsche Rentenversicherung (formerly LVA, BfA, Knappschaft) .....	<input type="text"/>	euros	<input type="text"/>
Beamtenversorgung (Public Service) .....	<input type="text"/>	euros	<input type="text"/>
Zusatzversorgung des öffentlichen Dienstes (Accident insurance for public employees, VBL for example) .....	<input type="text"/>	euros	<input type="text"/>
Betriebliche Altersversorgung (Company retirement plan, "Werkspension" for example) .....	<input type="text"/>	euros	<input type="text"/>
Private pension scheme (including Arbeitgeberdirektversicherung) .....	<input type="text"/>	euros	<input type="text"/>
Unfallversicherung (Accident insurance, "Berufsgenossenschaft" for example) .....	<input type="text"/>	euros	<input type="text"/>
Kriegsopferversorgung (War Victims Benefits) .....	<input type="text"/>	euros	<input type="text"/>
Other: <input type="text"/>	<input type="text"/>	euros	<input type="text"/>

# Health and Illness

97. How would you describe your current health?

- Very good .....
- Good .....
- Satisfactory .....
- Poor .....
- Bad .....

98. How many hours of sleep do you average on a normal day during the working week?  
How many hours on a normal weekend day?

Please give only whole hours.

Normal working day ....  hours      Normal weekend day ....  hours

99. Have you been limited in your ability to perform normal daily activities for at least half a year due to a health problem?

- Yes, severely limited .....
- Yes, somewhat limited .....
- No, not limited .....

100. Has a doctor ever diagnosed you to have one or more of the following illnesses?

- Sleep disorder .....
- Diabetes .....
- Asthma .....
- Cardiac disease  
(also cardiac insufficiency, weak heart) .....
- Cancer .....
- Heart attack .....
- Migraine .....
- High blood pressure .....
- Depression .....
- Dementia .....
- Joint diseases (including arthritis, rheumatism) .....
- Chronic back trouble .....
- Other illness .....
- No illness diagnosed .....

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

- Yes .....  What is the extent of this capability reduction or handicap according to the most recent diagnosis? .....  %
- No .....  What type of handicap is that?

102. Have you gone to a doctor within the last three months? If yes, please state how often.

- Number of trips to the doctor's in the last three months .....
- I haven't gone to the doctor's in the last three months .....



103. And how was that with regards to stays in the hospital?  
Were you ever admitted to a hospital for at least one night in 2010?

Yes .....

No .....  ➔

Skip to question 105!

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

nights

And how often were you admitted to a hospital in the year 2010?

times

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

Yes, once .....

Yes, several times .....


No .....

I was not employed in 2010 .....  ➔

Skip to question 107!

106. Leaving aside sick leave and vacation:

Did you not work at some point during 2010 for other personal reasons?

 Possible reasons may include, for example, a sick child, having to take care of business with the authorities that could not be postponed, or important family celebrations.

Yes, because of a sick child .....  How many days en total?  days

Yes, for other reasons .....  How many days en total?  days

No .....

107. Now some questions about your health insurance. First the question:

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

Yes .....

No .....


108. Have you changed to a different health insurance provider after December 31, 2009?

Yes .....

No .....

109. How are you insured for sickness:

Do you have state health insurance or are you almost exclusively privately insured?

 Please answer also if you do not pay for the insurance yourself, but are covered by another family member. Compulsory health insurance providers are listed in Question 110.

In compulsory health insurance .....

Almost exclusively privately insured .....  ➔

Skip to question 116!

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

AOK .....  DAK .....  IKK/BIG .....  Knappschaft ...

Barmer/GEK ...  TK .....  KKH/Allianz ...  LKK .....

Company health insurance ...  ➔

Other .....  ➔

**111. Are you personally in this health insurance ...**

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

**112. Public health insurance funds can require payment of additional contributions or pay out refunds to members. Do you currently pay additional contributions or receive refunds?**

- Yes, I already pay additional contributions ...
- Yes, I already receive refunds .....
- No .....  →

**Would you change to a different public health insurance fund if your current fund required payment of additional contributions?**

- Yes .....
- No .....

**113. Do you have additional private health insurance?**

- Yes .....  ↓
- No .....  → *Skip to question 121!*

**114. What do you pay for private insurance per month?**

euros per month      Don't know ....

**115. Which of the following are covered by your additional health insurance?**

 Please check all that apply!

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

*Skip to question 121!*

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

- Other family member .....  → *Skip to question 121!*
- Your own .....  ↓


**117. What do you pay per month for health insurance?**


euros per month      Don't know ....

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

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

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

Yes .....    
 

No .....  

Skip to question **121!**


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

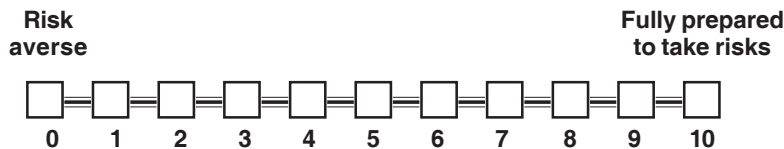
Co-payment of .....  %

General deductible in the amount of .....  euros

121. How do you see yourself:


**Are you generally a person who is fully prepared to take risks or do you try to avoid taking risks?**

 Please tick a box on the scale, where the value 0 means: "risk averse" and the value 10 means: "fully prepared to take risks". You can use the values in between to make your estimate.



122. Are you a member of a church or religious community?

If so, are you ...

- Catholic .....
- Protestant .....
- a member of a different Christian denomination or religious community .....
- a member of an Islamic religious community .....
- a member of another religious community .....  
- No, I am not a member of a religious community .....

123. Are you a member of one of the following organisations or unions?

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| – trade union? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| – professional body? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| – works or staff council at your place of work? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| – group or organisation that supports the conservation and protection of the environment and/or nature? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| – club or similar organisation? .....   | <input type="checkbox"/> | <input type="checkbox"/> |

124. What would you say: How many close friends do you have?

close friends

125. The following list is composed of people who could be important for you in some way. How do you feel about the following?

 Please name up to five people from the list per question.

a) With whom do you talk about personal thoughts and feelings, or about things you wouldn't tell just anyone?

Code number:

With no one .....

b) (Only for persons under 65 years of age)  
Who supports your advancement in your career or educational training and fosters your progress?

Code number:

No one .....

c) Now a hypothetical question:  
If you were to need long-term care (for example, in the case of a bad accident), who would you ask for help?

Code number:

No one .....

d) With whom do you occasionally have arguments or conflicts that weigh upon you?

Code number:

With no one .....

e) Who can you tell the truth even when it is unpleasant?

Code number:

No one .....

Code number



**Marriage / partnership:**

- 01 (Marital) partner
- 02 Former (marital) partner

**Family:**

- 03 Mother
- 04 Father
- 05 Step mother or foster mother
- 06 Step father or foster father
- 07 Mother-in-law
- 08 Father-in-law
- 09 Daughter
- 10 Son
- 11 Sister
- 12 Brother
- 13 Grandmother
- 14 Grandfather
- 15 Grandchild
- 16 Aunt / niece
- 17 Uncle / nephew
- 18 Other female relative
- 19 Other male relative

**Other Persons (friends / acquaintances)**

- 20 Work colleagues
- 21 Superiors at work
- 22 People from school / training / education
- 23 Neighbors
- 24 People from clubs or recreational activities
- 25 Paid assistants, outpatient care providers, social workers
- 26 Other(s)

126. Now a question about your circle of friends / acquaintances:  
 Please think of **three people** outside of your household who are important for you, personally.  
 They can be relatives or non-relatives.

Respond for the first, second and third person:

First person	Second person	Third person
--------------	---------------	--------------

a) Are you related? ..... yes .....  .....  .....   
 no .....  .....  .....

b) Is he or she ... ..... a man .....  .....  .....   
 a woman ..  .....  .....

c) How old is he or she?  
 🗣️ If you are not exactly sure, please guess! ..... Years ...   .....   .....

d) Where does this person come from?  
 From the former West Germany .....  .....  .....   
 From the former East Germany .....  .....  .....   
 From another country .....  ↗ .....  ↗ .....  ↗  
 Are you from the same country? ..... yes .....  .....  .....   
 no .....  .....  .....


e) Is he or she ...  
 – in full-time paid employment? .....  .....  .....   
 – in part-time paid employment? .....  .....  .....   
 – registered as unemployed? .....  .....  .....   
 – en school / professional training / tertiary education? .....  .....  .....   
 – retired or on a pension plan? .....  .....  .....   
 – other? .....  .....  .....

f) Which is the highest educational degree he or she has attained?  
 No degree .....  .....  .....   
 Volks-/Hauptschulabschluss (DDR: 8. Klasse) .....  .....  .....   
 Mittlere Reife, Realschulabschluss (DDR: 10. Klasse) .....  .....  .....   
 Abitur/Hochschulreife (DDR: EOS) / Fachhochschulreife .....  .....  .....   
 Don't know .....  .....  .....

**127. And now about your close and extended family.**

**Which of the following family members do you have?**

**For each, indicate how many such relatives you have, whether they live in your household, and if not, how far away they reside.**

 *If you have more than one relative in a category, please give only the location of the nearest-residing relative.*

	Available yes		Code number from the list:
(Marital) partner .....	<input type="checkbox"/> ⇒		Where do they live: <input type="text"/>
Former (marital) partner .....	<input type="checkbox"/> ⇒	Number: <input type="text"/>	Where do they live: <input type="text"/>
Mother .....	<input type="checkbox"/> ⇒		Where do they live: <input type="text"/>
Father .....	<input type="checkbox"/> ⇒		Where do they live: <input type="text"/>
Step mother or foster mother .....	<input type="checkbox"/> ⇒		Where do they live: <input type="text"/>
Step father or foster father .....	<input type="checkbox"/> ⇒		Where do they live: <input type="text"/>
Daughter(s) .....	<input type="checkbox"/> ⇒	Number: <input type="text"/>	Where do they live: <input type="text"/>
Son(s) .....	<input type="checkbox"/> ⇒	Number: <input type="text"/>	Where do they live: <input type="text"/>
Sister(s) (including half-sisters) .....	<input type="checkbox"/> ⇒	Number: <input type="text"/>	Where do they live: <input type="text"/>
Brother(s) (including half-brothers) .....	<input type="checkbox"/> ⇒	Number: <input type="text"/>	Where do they live: <input type="text"/>
Grandmother(s) .....	<input type="checkbox"/> ⇒	Number: <input type="text"/>	Where do they live: <input type="text"/>
Grandfather(s) .....	<input type="checkbox"/> ⇒	Number: <input type="text"/>	Where do they live: <input type="text"/>
Grandchild(ren) .....	<input type="checkbox"/> ⇒	Number: <input type="text"/>	Where do they live: <input type="text"/>
Aunt(s) / niece(s) .....	<input type="checkbox"/> ⇒	Number: <input type="text"/>	Where do they live: <input type="text"/>
Uncle(s) / nephew(s) .....	<input type="checkbox"/> ⇒	Number: <input type="text"/>	Where do they live: <input type="text"/>
Other relatives with whom you have close contact .....	<input type="checkbox"/> ⇒	Number: <input type="text"/>	Where do they live: <input type="text"/>



**List**


Where does this person live?	Code number
In the same household	<input type="text" value="0"/>
In the same house	<input type="text" value="1"/>
In the same neighborhood	<input type="text" value="2"/>
In the same town, but more than 15 minutes away by foot	<input type="text" value="3"/>
In another town, but within a one hour drive	<input type="text" value="4"/>
Farther away (but in Germany)	<input type="text" value="5"/>
Abroad	<input type="text" value="6"/>

# Attitude and opinions

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

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

129. Many people in Germany lean towards one party in the long term, even if they occasionally vote for another party. Do you lean towards a particular party?

Yes .....  

No .....  

*Skip to question 131!*

130. Toward which party do you lean?

- SPD .....
  - CDU .....
  - CSU .....
  - FDP .....
  - Bündnis '90/Grüne .....
  - Die Linke .....
  - DVU/Republikaner/NPD .....
  - Other .....
- 

And to what extent?

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

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

**Very concerned**      **Somewhat concerned**      **Not concerned at all**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| General economic development .....                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your own economic situation .....                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The stability of the financial markets .....                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your health .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Environmental protection .....                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The impacts of climate change .....                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintaining peace .....                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Global terrorism .....                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crime in Germany .....                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Immigration to Germany .....                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hostility towards foreigners or minorities in Germany ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The introduction of the euro in place of the D-mark .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If you are employed:</i> Your job security .....         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Or what else are you concerned about? Please state:

# Family situation and background

132. Your sex and year of birth:

male .....

female .....

Year of birth:

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

133. What is your marital status?

Married, living together with my spouse .....  →

**Skip to question 135!**

Registered partnership, living together .....

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

Registered partnership, living separately .....

Single .....

Divorced / registered partnership annulled .....

Widowed / life partner from registered partnership deceased .....

134. Are you in a serious/permanent relationship?

Yes .....

No .....  →

**Skip to question 135!**



Does your partner live in the same household?

Yes .....  ⇒

First name:

No .....

135. Now some questions on your native language, the language spoken by the family you grew up in. Is German the native language of you and **both** of your parents?

No .....

Yes .....  →

**Skip to question 138!**



136. What's the case with you personally:

How well do you know German?

How well do you know the language of your country of origin, or your parents' language?

Speaking Writing Reading Speaking Writing Reading

Very well .....  .....  .....  .....  .....  .....

Well .....  .....  .....  .....  .....  .....

Okay .....  .....  .....  .....  .....  .....

Poorly .....  .....  .....  .....  .....  .....

Not at all .....  .....  .....  .....  .....  .....

137. What language do you speak here ...

– mostly German .....

– mostly the language of my native country .....

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



**138. The following questions deal with contact between people of different nationalities in Germany. So we'd like to ask you:**

**In the last 12 months, have you ...**

**Yes      No**

– visited people of German origin in their home? .....  .....

– visited people of foreign origin in their home? .....  .....

**139. In the last 12 months, did you receive a visit in your home from ...**

**Yes      No**

– people of German origin? .....  .....

– people of foreign origin? .....  .....

**140. Is your nationality German?**

Yes .....



No .....  ➔

*Skip to question 143!*

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

Yes .....  ➔ please state:

No .....

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

Since birth .....  ➔

*Skip to question 148!*

At a later date .....  ➔

*Skip to question 145!*

**143. What is your citizenship? please state:**

**144. Were you born in Germany?**

Yes .....

No .....

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

Often .....

Seldom .....

Never .....

**146. Do you want to stay in Germany forever?**

Yes .....  ➔

*Skip to question 148!*

No .....



**147. How long do you want to remain in Germany?**

A year at the most .....

A few years more .....  ➔

**How many years?**  years

Don't know

**148. In the last year, that is, in 2010, have you personally given payments or financial support to relatives or other people outside this household?**

Please check all appropriate answers!

		How much in the year as a whole?	Where does the recipient live?	
			Germany	Abroad
To parents / parents-in-law .....	<input type="checkbox"/> →	<input type="text"/> euros	<input type="checkbox"/>	<input type="checkbox"/>
To children (also son-inlaw/daughter-in-law) .....	<input type="checkbox"/> →	<input type="text"/> euros	<input type="checkbox"/>	<input type="checkbox"/>
To spouse or divorced spouse .....	<input type="checkbox"/> →	<input type="text"/> euros	<input type="checkbox"/>	<input type="checkbox"/>
To other relatives .....	<input type="checkbox"/> →	<input type="text"/> euros	<input type="checkbox"/>	<input type="checkbox"/>
To unrelated persons .....	<input type="checkbox"/> →	<input type="text"/> euros	<input type="checkbox"/>	<input type="checkbox"/>
No, I have not given any payment of this kind .....	<input type="checkbox"/>			

**149. In the last year, that is, in 2010, have you personally received payments or financial support from relatives or other people outside this household?**

Please check all appropriate answers!

		How much in the year as a whole?	Where does the giver live?	
			Germany	Abroad
From parents / parents-in-law .....	<input type="checkbox"/> →	<input type="text"/> euros	<input type="checkbox"/>	<input type="checkbox"/>
From children (also son-inlaw/daughter-in-law) .....	<input type="checkbox"/> →	<input type="text"/> euros	<input type="checkbox"/>	<input type="checkbox"/>
From spouse or divorced spouse .....	<input type="checkbox"/> →	<input type="text"/> euros	<input type="checkbox"/>	<input type="checkbox"/>
From other relatives .....	<input type="checkbox"/> →	<input type="text"/> euros	<input type="checkbox"/>	<input type="checkbox"/>
From unrelated persons .....	<input type="checkbox"/> →	<input type="text"/> euros	<input type="checkbox"/>	<input type="checkbox"/>
No, I have not received any payment of this kind .....	<input type="checkbox"/>			

**150. I will now read to you a number of feelings. Please indicate for each feeling how often or rarely you experienced this feeling in the last four weeks.**

How often have you felt ...	Very rarely	Rarely	Occasionally	Often	Very often
- angry? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- worried? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- happy? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- sad? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**151. Has your family situation changed after December 31, 2009?**

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

	Yes	in 2011 in month	in 2010 in month
Have a new partner .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
I married .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
I moved in with my partner .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Had a child .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
A child moved in .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
My son or daughter left the household .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
I separated from my spouse / partner .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
I got divorced .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
My spouse / partner has died .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Father has died .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Mother has died .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Child has died .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Another person who lived here in the household has died .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Other family changes .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>			
There have been no changes in my family .....	<input type="checkbox"/>		

Please complete the questionnaire "The deceased person"

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

 Please answer according to the following scale:

0 means "completely dissatisfied", 10 means "completely satisfied".

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

=  =  =  =  =  =  =  =  =  =  =

0 1 2 3 4 5 6 7 8 9 10

completely dissatisfied completely satisfied

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

=  =  =  =  =  =  =  =  =  =

0 1 2 3 4 5 6 7 8 9 10

completely dissatisfied completely satisfied

**Thank you for your cooperation!**

# Durchführung des Interviews

## A Wie wurde die Befragung durchgeführt?

Mündliches Interview .....

Befragter hat den Fragebogen selbst ausgefüllt,  
und zwar:

– in Anwesenheit des Interviewers .....

– in Abwesenheit des Interviewers .....

Teils mündlich, teils selbst ausgefüllt .....

## B Interviewdauer:

Das mündliche (Teil-)Interview dauerte .....  Minuten

Befragter brauchte zum Selbstausfüllen .....  Minuten

*(bitte erfragen)*

## C Sonstige Hinweise:


Listen-Nr.

Lfd. Nr.

Ich bestätige die korrekte Durchführung  
des Interviews:

Tag

Monat

Abrechnungs-Nummer

Unterschrift des Interviewers