

# Übersetzung – ENGLISCH

Haushaltsfragebogen  
Personenfragebogen für alle

Household question form  
Individual question form

# Living in Germany

## Erläuterung:

Auch Befragte mit ausländischer Staatsangehörigkeit werden mit dem deutschsprachigen Fragebogen befragt.

Die fremdsprachige Fragebogenfassung dient nur als Übersetzungshilfe in Fällen, in denen Verständigungsschwierigkeiten auftreten.

Zum Ausfüllen des Fragebogens bitte **nur** die deutschsprachigen Fassungen verwenden.

Non-German respondents are interviewed using the regular German version of the questionnaire.

The foreign language versions of the questionnaire are used as an additional translation aid only and should not be written on to fill in answers.

Please use **only** the German version of the questionnaire to fill in your answers.

# Living in Germany

Survey 2006  
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?

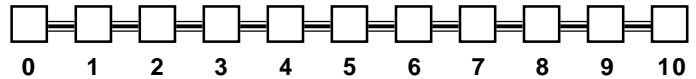
 Please answer by using the following scale:  
**0** means "**totally unhappy**",  
**10** means "**totally happy**".

How satisfied are you with . . .

totally  
unhappy

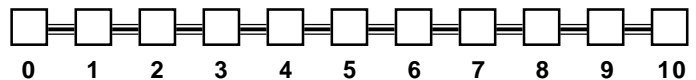
totally  
happy

– your health?



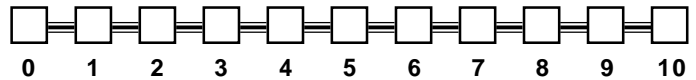
*(if employed)*

– your job?

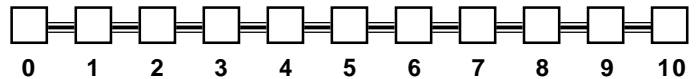


*(if working in household)*

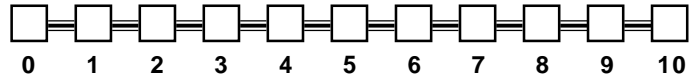
– your housework?



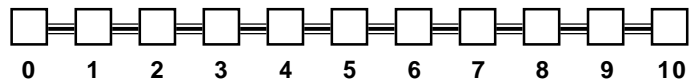
– your household income?



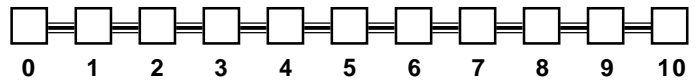
– your personal income?



– your place of dwelling?

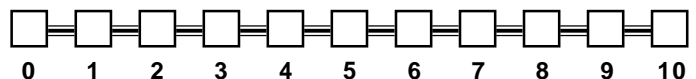


– your free time?

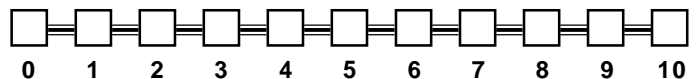


*(if you have small children)*

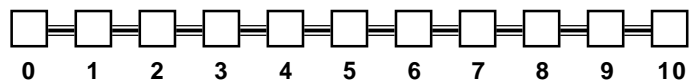
– the child care available?



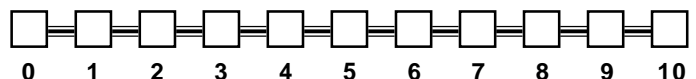
– your family life?




– your social life?



– your overall standard of living?



2. 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 .....

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

Yes, maternity leave .....

Yes, Elternzeit .....

No .....

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

Yes .....

No .....

5. Are you currently in some sort of education? In other words, do you attend a school or institution of higher education, are you engaged in an apprenticeship or are you participating in further education or training?

Yes .....

No .....  

Skip to question 7!



6. What type of education or continuing training is that?

**General school:**

Secondary general school ("Hauptschule") ...

Intermediate School ("Realschule") .....

Upper Secondary School ("Gymnasium") .....

Comprehensive School ("Gesamtschule") .....

Evening Intermediate School ("Abendrealschule") .....

"Fachoberschule" .....

**Higher Education:**

"Fachhochschule" .....

University, other higher education institution .....

**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:

**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:


**7. 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 17!


Skip to question 59!

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

No, definitely not .....  

Probably not .....

Probably .....

Yes, definitely .....  

Skip to question 62!

**9. 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 .....

**10. 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 .....

**11. 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 .....

12. 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....

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

Yes .....

No .....

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

Yes .....



No .....

**Skip to question 62!**

15. What have you undertaken within the last four weeks in order to find a (different) job?

Please check all applicable answers.

Job search through the federal employment office ("Agentur für Arbeit", "Arbeitsamt") .....

Job search through a personnel service agency ("PSA") .....

Job search through a Job-Center (including "Sozialamt") .....

Job search through a private employment agency .....

Insertion of advertisements .....

Searched advertisements .....

Research on the internet .....

Job applications submitted in response to employment advertisements .....

Impulse applications .....

Job search through acquaintances, friends, relatives .....

Tests .....

Other .....

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


Yes .....  ⇒ value:  euros

No .....

**Skip to question 62!**

# Your current employment

17. Did you change your job or start a new one after December 31, 2004?

Yes .....  

No .....  


Skip to question 32!


18. When did you start your current position?

2005, in the month

2006, in the month

19. What type of an employment change was that?

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

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

Skip to question 22!

I have started up with paid employment again after not having been employed for a while .....

I have started a new position with a different employer (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, as an one-person company ("Ich-AG") .....

Yes, from other public programs ....

No .....

20. Are you able to use your professional skills and abilities today more, about the same, or less than in your previous position?


More .....

About the same .....

Less .....



**21. How do you view your current position compared to your previous one?  
In which of the following points has your new job improved or worsened your status?  
Or has it stayed about the same?**

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


How is this with regards to ...	Improved	About the same	Worse
- the type of work? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- income? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- chances of promotion? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- work load? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- commute? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- work hour regulations? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- benefits? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- security against loss of job? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**22. 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 .....

**23. How did you find out about this job?**

 Please check just **one**!

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

Through a so-called "Personalserviceagentur (PSA)" ...

Through an Employment Office .....

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 .....


**24. Was the Employment Office involved in finding the job?**

Yes, directly .....

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

No .....

**25. 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!*

**26. 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 .....

**27. 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 .....


**28. 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 ....

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

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

**30. 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!*

**31. 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 .....

**32. 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

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

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


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

Unlimited period .....   Skip to question 36!  
 Limited period .....   
 Not applicable,  
 do not have an employment contract .....

**35. 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 .....

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

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

**Blue-collar worker:**

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

**White-collar worker:**

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

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

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

**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 .....

37. 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 .....

38. 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? .....

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

Yes .....



Skip to question 41!

No .....



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

Every day .....

Once a week ...

Less often .....

41. 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  
or at the same ground .....

42. 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 ..... =====

**43a 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 .....	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/> =====	<input type="checkbox"/> =====	<input type="checkbox"/> =====	<input type="checkbox"/>
I am often interrupted and distracted while working .....	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/> =====	<input type="checkbox"/> =====	<input type="checkbox"/> =====	<input type="checkbox"/>
The amount of work has increased steadily over the last two years .....	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/> =====	<input type="checkbox"/> =====	<input type="checkbox"/> =====	<input type="checkbox"/>
The chances of promotion in my company are bad .....	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/> =====	<input type="checkbox"/> =====	<input type="checkbox"/> =====	<input type="checkbox"/>
I am undergoing – or I expect to undergo – a worsening in my working situation .....	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/> =====	<input type="checkbox"/> =====	<input type="checkbox"/> =====	<input type="checkbox"/>
My job is in jeopardy .....	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/> =====	<input type="checkbox"/> =====	<input type="checkbox"/> =====	<input type="checkbox"/>

**43b 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 .....	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/> =====	<input type="checkbox"/> =====	<input type="checkbox"/> =====	<input type="checkbox"/>
When I consider all my accomplishments and efforts, the recognition of I've received seems fitting .....	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/> =====	<input type="checkbox"/> =====	<input type="checkbox"/> =====	<input type="checkbox"/>
When I consider all my accomplishments and efforts, my chances of personal advancement seem fitting .....	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/> =====	<input type="checkbox"/> =====	<input type="checkbox"/> =====	<input type="checkbox"/>
When I think about all my accomplishments, my pay seems appropriate .....	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/> =====	<input type="checkbox"/> =====	<input type="checkbox"/> =====	<input type="checkbox"/>

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

Yes.....  ↓

No .....  →

**Skip to question 46!**

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

Yes.....

No .....

46. 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

47. 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 ..

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

,  hours Varying, irregular .....

49. At what time do you generally start work?

Varying .....   
Hour Minute

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

,  hours per week No set hours ....

51. 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 54!



52. 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 .....

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

Yes .....


No .....

54. 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) .....


55. Do you work overtime?

Yes .....    


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

Skip to Question 59!


56. 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 .....



57. 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 .....

58. 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*

59. 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


60. Have you received the following types of special payments or bonuses during the last month?

 Please check all that apply!

Shift premium/late work bonus/weekend work bonus .....    
 Overtime pay .....    
 Bonus for work under difficult conditions .....    
 Additional regular payment due to the tasks / responsibilities of the position, or personal bonus .....    
 Tips .....    
 Other special payments / bonuses .....     
 None of the above .....

please state:

**61. Do you receive other benefits from your employer besides your pay?**

 Please check all that apply!

Discounted lunch in the company lunchroom or a meal stipend .....

Company vehicle for private use .....

Cellular phone for personal use, or reimbursement of telephone costs .....

Expense payments covering more than minimum costs .....

Personal computer or laptop for use at home .....

Other forms of additional benefits .....


please state:

None of the above .....

*Now questions which apply to everyone!*

**62. What does a typical weekday look like for you?**

**How many hours per day do you spend on the following activities?**

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

**Number  
of hours**

Job, apprenticeship, second job  
(including travel time to and from work) .....

Errands (shopping, trips to government agencies, etc.) .....

Housework (washing, cooking, cleaning) .....

Child care .....

Care and support for persons in need of care .....


Education or further training (also school, university) .....

Repairs on and around the house, car repairs, garden work .....

Hobbies and other free-time activities .....



63. 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 71!**

64. Which occupation is that? Please be as specific as possible.

*Please write the German term only!*

65. In which of the following categories does this work fit?

Agriculture / Forestry .....

Construction .....

Industry and vocational trade .....

Services .....

66. Whom do you work for in that regard? Is it –

 Several answers may be checked!

– a company (or several companies)? .....

– a private household (or several)? .....

– a public institution? .....

– other? .....

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

 days a month

68. How many hours on average on these days?

 hours a day

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

 months a year


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


 euros

**71. 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 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 type="text"/> euros
Unemployment pay ("Arbeitslosengeld")	<input type="checkbox"/>	<input type="text"/> euros
Unemployment pay II / social assistance payments ("Arbeitslosengeld II / Sozialgeld")	<input type="checkbox"/>	 <b>Please include the amount in the household questionnaire!</b>
Maintenance allowance received during further professional education / retraining / temporary allowance / other	<input type="checkbox"/>	<input type="text"/> euros
Early retirement pay from the former employer	<input type="checkbox"/>	<input type="text"/> euros
Maternity benefit during maternity leave ("Erziehungsgeld")	<input type="checkbox"/>	<input type="text"/> euros
BAföG (state support for higher education), grants, vocational training support	<input type="checkbox"/>	<input type="text"/> euros
Pay for compulsory military service, community service in place of military service ("Zivildienst")	<input type="checkbox"/>	<input type="text"/> euros
Alimony or child support from your former partner (including temporary child support from the state before the question of child support is decided)	<input type="checkbox"/>	<input type="text"/> euros
Other types of financial assistance from persons who do not live in the household	<input type="checkbox"/>	<input 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?

72. Did you end school, vocational training, or university education after December 31, 2004?

Yes .....    


No .....  


Skip to question 76!

When?

2005, in the month

2006, in the month

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

Yes .....    


No .....  

Skip to question 76!

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

In Germany .....

In another country .....

75. What kind of a degree was that?

**General school certificate:**

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

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

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

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

Other school leaving certificate .....

Please specify:

**Higher Education Degree**

Fachhochschule .....

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

Please also state the degree and subject:

**Vocational Degree**

**Name of the vocation:**

**Type of education or training:**

Apprenticeship .....

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

School for health care professions .....

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

Training for public employees .....


Company retraining .....

Other, for example further training .....

**76. And now think back on all of 2005.**

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

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

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

I was ...	2005											
	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"/>
part-time employed .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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 2005

77. We have already asked for your current income.

In addition, please state what sources of income you received in the past calendar year 2005, 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 2005 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 2005	Months in 2005	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"/>	<input type="text"/>
Income from self-employment, free-lance work	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Additional employment	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Own pension	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Widower's pensin, orphan's pension	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Unemployment pay ("Arbeitslosengeld")	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Unemployment pay II / social assistance payments ("Arbeitslosengeld II" / Sozialgeld")	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Support for further training and education ("Unterhaltsgeld bei Fortbildung") / Transition pay ("Übergangsgeld")	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Maternity benefit during maternity leave ("Erziehungsgeld")	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
BAföG (state support for higher education), grants, vocational training support	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Pay for compulsory military service, community service in place of military service ("Zivildienst")	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Alimony or child support from your former partner (including temporary child support from the state before the question of child support is decided)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Other types of financial assistance from persons who do not live in the household	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

**Additional questions 78 - 79**

**Additional question 80**

**Additional question 80**

**Please include the amount in the household questionnaire!**

I received no income from the sources named in 2005 .....

**Skip to question 81!**

### Additional questions for employed persons

78. Did you receive any of the following additional payments from your employer last year (2005)?  
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"/>	


79. Last year (2005), 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 .....


### Additional question for retirees, pensioners

80. Who pays your pension and how high were the monthly payments in 2005?

 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
Gesetzliche Rentenversicherung (LVA, BfA, Knappschaft) ....	<input type="text"/> euros	<input type="text"/> euros
Beamtenversorgung .....	<input type="text"/> euros	<input type="text"/> euros
Kriegsopferversorgung .....	<input type="text"/> euros	<input type="text"/> euros
Unfallversicherung (z.B. der Berufsgenossenschaft) .....	<input type="text"/> euros	<input type="text"/> euros
Zusatzversorgung des öffentlichen Dienstes (z.B. VBL) .....	<input type="text"/> euros	<input type="text"/> euros
Betriebliche Altersversorgung (z.B. Werkspension) .....	<input type="text"/> euros	<input type="text"/> euros
Private pension scheme .....	<input type="text"/> euros	<input type="text"/> euros
Other: <input type="text"/>	<input type="text"/> euros	<input type="text"/> euros

81. Did you leave a job after December 31, 2004 (one which you also had before this date)?

Yes .....  

No .....  

Skip to question **87!**

82. When did you leave the last job?


2005, in the month

2006, in the month

83. How long were you employed in that position?

years months

84. 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 .....

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

Yes .....   How much in total?       euros

No .....

86. 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 .....

# Health and Illness

87. How would you describe your current health?

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

88. When you ascend stairs, i.e. go up several floors on foot:  
Does your state of health affect you greatly, slightly or not at all?

- Greatly .....
- Slightly .....
- Not at all .....

89. And what about having to cope with other tiring everyday tasks,  
i.e. where one has to lift something heavy or where one requires agility:  
Does your state of health affect you greatly, slightly or not at all?

- Greatly .....
- Slightly .....
- Not at all .....

90. Please think about the last four weeks.  
How often did it occur within this period of time, ...

Always    Often    Some-  
times    Almost    Never

- that you felt rushed or pressed for time? ..... =====
- that you felt run-down and melancholy? ..... =====
- that you felt relaxed and well-balanced? ..... =====
- that you used up a lot of energy? ..... =====
- that you had strong physical pains? ..... =====
- that due to physical health problems
  - you achieved less than you wanted to at work  
or in everyday tasks? ..... =====
  - you were limited in some form at work or in  
everyday tasks? ..... =====
- that due to mental health or emotional problems
  - you achieved less than you wanted to at work  
or in everyday tasks? ..... =====
  - you carried out your work or everyday tasks  
less thoroughly than usual? ..... =====
- that due to physical or mental health problems you  
were limited socially, i.e. in contact with friends,  
acquaintances or relatives? ..... =====



**91. To what extent do you follow a health-conscious diet?**

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


**92. How often do you drink the following alcoholic beverages?**

	Regularly	Occasio- nally	Seldom	Never
Beer .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wine, Champagne .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirits (schnaps, brandy etc.) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed drinks (alcopops, cocktails etc.) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**93. Do you currently smoke, be it cigarettes, a pipe or cigars?**


- No .....
- Yes .....  ➔

**How many cigarettes, pipes or cigars do you smoke per day?**

 Please give the daily average of the previous week.


- Cigarettes .....   per day
- Pipes .....   per day
- Cigars/Cigarillos .....   per day

**94. How tall are you?**

 If you don't know, please estimate.

cm

**95. How many kilograms do you currently weigh?**

 If you don't know, please estimate.

kg

**96. 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?**

**97. 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 .....

**98. And how was that with regards to stays in the hospital?  
Were you ever admitted to a hospital for at least one night in 2005?**

Yes .....   


No .....  

**Skip to question 100!**

**99. 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 2005?**

times


**100. If you were employed in 2005:**

**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 2005 .....  

**Skip to question 102!**

**101. How many days were you not able to work in 2005 because of illness?**

 Please state all the days, not just those for which you had an official note from your doctor.

None .....

A total of .....  days

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

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

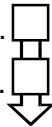
Yes .....

No .....

**103. Have you changed to a different health insurance provider after December 31, 2004?**

Yes .....

No .....



I do not have any medical insurance .....

**Skip to question 114!**

**104. 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 105.

In compulsory health insurance .....



Almost exclusively privately insured .....

**Skip to question 110!**

**105. Which of the following is your health insurance provider?**

AOK .....       TKK .....       GEK .....

Barmer ....       IKK .....       Knappschaft...

DAK .....       KKH .....       LKK .....

Company health insurance ..

others .....

please state:

**106. 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")? .....

107. Do you have additional private health insurance?

Yes .....  

No .....  

**Skip to question 114!**

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

euros per month

Don't know ....

109. 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 114!**

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

Other family member .....  

**Skip to question 114!**

Your own .....



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

euros per month

Don't know ....

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

Just for me .....

In additional to myself  persons are covered  
Number

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

Yes .....


No .....

114. Now for a question concerning your provisions for old age:  
Did you sign a contract for a Riester pension plan after 31.12.2001?

Yes .....

No .....

115. 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 three 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)

116. 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 .....  .....  .....

**117. 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

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

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

119. 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 121!*

120. Toward which party do you lean?

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

And to what extent?

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

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

Very concerned      Somewhat concerned      Not concerned at all

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| General economic development .....                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your own economic situation .....                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your health .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Environmental protection .....                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintaining peace .....                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crime in Germany .....                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Consequences of the expanding the EU to the east .....      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Immigration to Germany .....                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hostility towards foreigners or minorities in Germany ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If you are employed:</i>                                 |                          |                          |                          |
| Your job security .....                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Or what else are you concerned about?

Please state:



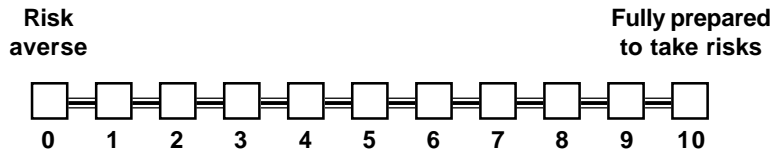
122. In politics, you can't have everything roght away.  
 We now name four goals that can be pursued in political policy.  
 If you had to choose, which of these goals do you see as having  
 first, second, third and fourth priority (in order of importance)?

Please make <b>one X</b> per line.			
1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>

- Maintaining peace and order throughout the country .....  .....  .....  .....
- Allowing more influence of citizens in governmental decisions .....  .....  .....  .....
- Fighting rising prices .....  .....  .....  .....
- Protecting the right to freedom of thought and expression .....  .....  .....  .....

123. 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.



## And finally:

124. Your sex and year of birth:

- male .....
- female .....

Year of birth: 

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

125. What is your marital status?

- Married, living together with my spouse .....
- Married, living (permanently) separated from my spouse ...
- Single .....
- Divorced .....
- Widowed .....

Skip to question 127!

126. Are you in a serious/permanent relationship?


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


Skip to question 127!

Does your partner live in the same household?

- Yes .....  First name:
- No .....

127. Is your nationality German?

Yes .....  

No .....  

*Skip to question 130!*

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

Yes .....   please state:

No .....

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

Since birth .....   *Skip to question 140!*

At a later date .....   *Skip to question 133!*

130. What is your citizenship?

131. Were you born in Germany?

Yes .....

No .....

132. Do you intend to apply for Germany citizenship in the next two years?

Yes, definitely .....

Yes, probably .....

Probably not .....

Definitely not .....

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

Often .....

Seldom .....

Never .....

**134. When you read the newspaper: do you read ...**

- only newspapers from your country of origin? .....
- mostly newspapers from your country of origin? .....
- both German newspapers and newspapers from your country of origin about equally? .....
- mostly German newspapers? .....
- only German newspapers? .....
- Doesn't apply, I don't read newspapers .....

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

- Yes .....  → Skip to question 137!
- No .....  ↓

**136. 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

**137. Since you have come to Germany to live, have you ever gone back to your country of origin?**

- Yes .....  ↓
- No .....  → Skip to question 140!

**138. How long were you there in the last two years?**

- Not at all .....
- Up to three weeks .....
- One to three months .....
- Four to six months .....
- Longer .....

**139. When some people have lived for a long time in Germany and visit their (former) home country, things may have changed.**

**How is that for you? How do you feel in that situation?**

- I feel at home right away on the first day, as if I hadn't even been away .....
- I feel at home within a short time .....
- At first I feel like a stranger, but after a few days I feel at home .....
- It takes quite a long time until I feel more or less at home .....
- I feel like a stranger in my own land .....

**140. Have you personally given payments or support during the last year (2005) to relatives or other persons outside of your household?**

Please check all appropriate answers!

		How much in the year as a whole?	Where does the recipient live?	
			Germany	Abroad
To parents / step parents .....	<input type="checkbox"/> →	<input type="text"/> euros	<input type="checkbox"/>	<input type="checkbox"/>
To my children (also step children) .....	<input type="checkbox"/> →	<input type="text"/> euros	<input type="checkbox"/>	<input type="checkbox"/>
To spouse or ex-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 other persons not related to me .....	<input type="checkbox"/> →	<input type="text"/> euros	<input type="checkbox"/>	<input type="checkbox"/>
No, I have not given any payment or support .....	<input type="checkbox"/>			

**141. Has your family situation changed after December 31, 2004?**

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

	Yes	in 2005 in month	in 2006 in month
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"/>
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 died .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Father deceased .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Mother deceased .....	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Other: <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
There have been no changes in my family .....	<input type="checkbox"/>		

**142. 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?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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