

1247²⁰²³

SOEP Survey Papers
Series A – Survey Instruments (Erhebungsinstrumente)

SOEP-Core – 2021: Youth (16-17-year-olds, A-L3, M1-M2 + N-Q)

SOEP Group and infas

Running since 1984, the German Socio-Economic Panel study (SOEP) is a wide-ranging representative longitudinal study of private households, located at the German Institute for Economic Research, DIW Berlin.

The aim of the SOEP Survey Papers Series is to thoroughly document the survey's data collection and data processing. The SOEP Survey Papers is comprised of the following series:

Series A – Survey Instruments (Erhebungsinstrumente)

Series B – Survey Reports (Methodenberichte)

Series C – Data Documentation (Datendokumentationen)

Series D – Variable Descriptions and Coding

Series E – SOEPmonitors

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SOEP-Core – 2021: Youth (16-17-year-olds, A-L3, M1-M2 + N-Q)

SOEP Group and infas

2023

The variable names mentioned in this document belong to a collection of datasets, which is released with doi:10.5684/soep.core.v38eu.

Questionnaire

Youth

Dear Participant,

This questionnaire addresses household members born in 2004 and who are participating for the first time ever.

Researchers know relatively little about young people and their situation at home, in school, and in society. We appreciate your participation in this survey!

Of course, your participation is completely voluntary. For our study to produce scientifically valid results, it is important that every member of your household takes part.

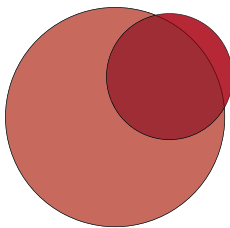
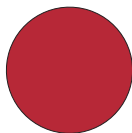
We cordially request you

- to answer the questions for our Interviewer
- or to fill out the questionnaire by yourself accurately.

This questionnaire is to be filled out by
(may also be filled out by Interviewer):

First name:







Questionnaire


Youth

We also offer an online questionnaire as an alternative to the paper version.

To complete the questionnaire online, please enter the following address into your Internet browser:

Your personal access code is:

If you completed the questionnaire online, you don't need to return this printed questionnaire.

 *If an interviewer is present, please enter:*

LFD

Interviewernummer



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7701/JU-EN/2021

<LFD/Personen-Nr>

How should the questionnaire be filled out?

Make an X in the box next to the answer option that you think comes the closest. If you make a mistake, clearly cross out the wrong answer and make an X in the correct box.

Example:

Yes ~~☒~~
No ☒

If you change your mind and decide that you want to select the answer that you just crossed out, you will need to clearly cross out the second mistake and then make a circle around the box you had crossed out first.

Example:

Yes ~~☒~~
No ~~☒~~


When filling out the questionnaire, please pay attention to the instructions for each question:

Example:

 Please select one answer only.

If there is a blank for you to write your answer in, please print your answer in the blank:

Example:

Country: 

Sometimes you are asked to give numerical answers.

Please enter your answer by aligning numbers to the right in the spaces provided:

Example:

Number:


If you should skip certain questions, there will be specific instructions:

Example:

Yes → **Continue with question 11**

Please make sure:

 that you fill out the questionnaire in black pen only.

 that your answers are clearly legible.

 and that your answers are inside the boxes.

This makes our work much easier. Thank you very much!

Further information

If you have any questions about filling out the questionnaire or about your participation in the study, you are welcome to contact us at infas.

You can call us during normal business hours at our toll-free number, 0800–6677876, or send us an e-mail at LiD@infas.de. We will respond to e-mails as quickly as possible. For more information on the study, please see the infas homepage at: www.leben-in-deutschland.de

Living

1 Do you currently live with your parents?

j10005

Yes ¹ No ² → Continue with question 4



2 Do you have a room of your own? Or do you share your room (for example, with siblings)?

j10006

Yes, I have my own room ¹

No, I share the room ²

3 Do you have an apartment or room somewhere else besides your parent's home where you live too?

j10009

Yes ¹

No ²

Relationship

4 How important are the following people to you?

j10026
j10027
j11863
j11864
j10028
j10029
j10030
j10031
j10032
j10033
j10034

Very important Important Less important Un-important Person not present in my life

Please select one answer only per line.

| | 1 | 2 | 3 | 4 | 5 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| My father | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My mother | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| With same-sex parents: My second, social father | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| With same-sex parents: My second, social mother | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My brother / my sister | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Another relative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My steady boyfriend / girlfriend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My best friend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My group of friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A teacher | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Another person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5 What is your circle of friends like: How many of your friends or their parents are not from Germany?

jl0499_v1

Please select one answer only.

- All of them have a migration background 1
- Most 2
- About half 3
- About a quarter 4
- Less than a quarter 5
- None of them has a migration background 6

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

jl0537

If not applicable, please enter "0".

Friends

Friends, Siblings, Parents

7 The next question is about how your friends, your siblings and your parents behave towards you.

jl1758
jl1759
jl1760
jl1761
jl1867

If you don't have one of these people in your life, for example, if you don't have any siblings, answer "person not present in my life".

How often do you turn to the following people when you have concerns?

| | Very often | Often | Sometimes | Seldom | Never | Person not present in my life |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------|
| Friends | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Siblings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mother | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Father | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| With same-sex parents: Second, social mother / father | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How often do the following people encourage or help you when something is important to you?

jl1763
jl1764
jl1765
jl1766
jl1868

| | Very often | Often | Sometimes | Seldom | Never | Person not present in my life |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------|
| Friends | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Siblings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mother | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Father | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| With same-sex parents: Second, social mother / father | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How often are you bossed around by the following people?

jl1768
jl1769
jl1770
jl1771
jl1870

| | Very often | Often | Sometimes | Seldom | Never | Person not present in my life |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------|
| Friends | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Siblings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mother | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Father | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| With same-sex parents: Second, social mother / father | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How often do the following people tell you that it is important that you do well at school and learn a lot?

jl1773
jl1774
jl1775
jl1776
jl1872

| | Very often | Often | Sometimes | Seldom | Never | Person not present in my life |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------|
| Friends | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Siblings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mother | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Father | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| With same-sex parents: Second, social mother / father | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How often do you find yourself arguing with the following people?

jl1778
jl0037_v2
jl0036_v2
jl0035_v2
jl1873

| | Very often | Often | Sometimes | Seldom | Never | Person not present in my life |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------|
| Friends | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Siblings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mother | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Father | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| With same-sex parents: Second, social mother / father | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Leisure and sport

8 How often do you take part in the following recreational activities?

j10058
j10059_v2
j10060_v4
j11782
j11783
j10060_v2
j10061
j10062
j10063
j10064
j10065
j10066
j10072
j10067
j10068
j10069
j10070
j11787
j10073

Please select one answer only per line.

| | Every day 1 | Every week 2 | Every month 3 | Less often 4 | Never 5 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Watching TV / Video / DVD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Playing computer games | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Using online social media | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Making a phone call (including skype or similar) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exchange via SMS or Messenger (e.g. WhatsApp) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other surfing on the Internet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Listening to music | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Playing music | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Doing sports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dance, theater, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Technical projects, computer programming | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Doing nothing / relaxing / dreaming | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spending time with boyfriend / girlfriend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spending time with best friend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spending time with my group of friends / clique | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Going to youth / community center | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Volunteer work in a club / association / social organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Going to church, religious events | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9 Are you actively involved in music? For example, do you sing or play a musical instrument?

j10074

Yes 1 No 2 → Continue with question 13



10 Do you play music alone or in an orchestra or a band?

j10076

Please select one answer only.

| | |
|----------------------------|----------------------------|
| Alone or with a teacher | <input type="checkbox"/> 1 |
| In an orchestra or a choir | <input type="checkbox"/> 2 |
| In a band | <input type="checkbox"/> 3 |
| Other type of group | <input type="checkbox"/> 4 |

11 How old were you when starting to play a musical instrument / starting to sing?

j10087

| | | |
|----------------------|----------------------|-------|
| <input type="text"/> | <input type="text"/> | Years |
|----------------------|----------------------|-------|

12 Did you have paid music lessons (in addition to music class at school)?

j10104

| | |
|-----|----------------------------|
| Yes | <input type="checkbox"/> 1 |
| No | <input type="checkbox"/> 2 |

13 Do you play any sports?

jl0105_v2

Yes ¹ No ² → *Continue with question 18*

14 At what age did you start playing that sport?

jl0112

With years

15 Where and when do you play that sport?

jl0123

Please select one answer only.

- In an organized sports club ¹
- Commercial sports facility ²
- At school ³
- At another organization ⁴
- With others but not in any organized sports setting ⁵
- Alone ⁶

16 Do you train for competition in this sport?

jl1888

Yes ¹
No ²

17 Do you take part in competitions in this sport?

jl0117

Yes ¹
No ²

School

18 Do you still attend school?

jl0125_v3

Please select one answer only.

- Yes, lower secondary (Hauptschule) ¹
 - Yes, intermediate secondary (Realschule) ²
 - Yes, upper secondary (Gymnasium) ³
 - Yes, comprehensive school (Gesamtschule) / other ⁴
 - Yes, vocational school ⁵
 - No ⁶
- *Continue with question 19*
- *Continue with question 20*

19 What grade are you in?

jl0434

In the grade → *Continue with question 23*

20 In which year did you leave school?

jl0126

Year

21 What was your type of graduation certificate?

jl0127_v2
jschab2
jschab3

Please select one answer only.

Left school without certificate 1

Please state: Type of school

Lower secondary school-leaving certificate (Hauptschulabschluss) 2

Intermediate secondary school-leaving certificate (Mittlere Reife, Realschulabschluss) 3

Specialized upper secondary school-leaving certificate (Fachhochschulreife), qualification for studies at a specialized college of higher education (Fachhochschule) 4

Upper secondary school-leaving certificate (Abitur) 5

Please state: Type of graduation certificate

Other school-leaving certificate 6

22 Do you intend to graduate from secondary school in future?

jl0130_v2

Yes, maybe 1

Yes, definitely 2

No 3

Continue with question 23
 Continue with question 24

23 What is the highest degree you plan to attain?

jl0131

Please select one answer only.

Lower secondary school-leaving certificate (Hauptschulabschluss) 1

Intermediate secondary school-leaving certificate (Mittlere Reife, Realschulabschluss) 2

Specialized upper secondary school-leaving certificate (Fachhochschulreife), qualification for studies at a specialized college of higher education (Fachhochschule) 3

Upper secondary school-leaving certificate (Abitur) 4

24 Which foreign languages did you learn in school? What were your first and second foreign languages?

jl0132_v3
jl0133_v3

| | First foreign language | Second foreign language |
|--------------------|----------------------------|----------------------------|
| English | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| French | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Spanish | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Russian | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Latin | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Greek | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Other | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> |
| No second language | | 8 <input type="checkbox"/> |

25 Did you take the subject "German as a foreign language"?

jl1892

Yes 1

No 2

Does not apply, German is my first language 3

26 Did you attend a school outside Germany?

j10137_v2

Yes, up to one year

1

Yes, over one year

2

No

3

→ Continue with question 27

→ Continue with question 28

27 And how old were you?

j10435
j10436

From the age of to the age of

28 Have you ever been involved in one of the following areas at school (outside your normal classes)?

j10139
j10140
j10534
j10141
j10142
j10143
j10144
j10145
j10146

Please select all that apply.

Yes (please say which ones):

1

... Class representative

... Student body president

... School first-aider

... Involved with school newspaper

... Member of theater / dance club

... Member of choir, orchestra, music group

... Member of school sports club

... Member of other school club

None of the above

29 To what extent do you agree with the following statements?

j11893
j11894
j11895
j11896
j11897
j11898
j11899
j11900
j11901

If you are not currently attending school, please think back to your last year of school when answering the next questions.

Please select one answer per line only.

| | Strongly agree | Agree | Disagree | Strongly disagree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 |
| I feel like an outsider (or excluded from things) at school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| It's easy for me to make new friends at school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel like I belong in this school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel uncomfortable and out of place in this school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other students seem to like me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel lonely in this school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel happy in this school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Everything is going very well at school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am satisfied with my school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

30 How satisfied are you with your grades and progress at school?

jl0147
jl0148
jl0149
jl0150

Please answer on a scale from 0 to 10, where 0 means completely dissatisfied and 10 means completely satisfied.

| For example, with your... | Completely dissatisfied | | | | | | | | | | Completely satisfied |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| ... grades overall | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... grades in German | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... grades in Mathematics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... grades in first foreign language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

31 Did you receive your last report card at a comprehensive school or an upper secondary school (gymnasiale Oberstufe)?

jl0437

| | | |
|---|----------------------------|------------------------------|
| Comprehensive school (Gesamtschule) | 1 <input type="checkbox"/> | → Continue with question 31a |
| Upper secondary school (gymnasiale Oberstufe) | 2 <input type="checkbox"/> | → Continue with question 31b |
| None of the above | 3 <input type="checkbox"/> | → Continue with question 31c |

31a At which level (A, B, C) did you take German/Mathematics/First Foreign Language?

ja0007
ja0008
ja0009

If applicable, please select the level for each subject.

| | Level A 1 | Level B 2 | Level C 3 |
|------------------------|--------------------------|--------------------------|--------------------------|
| German | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Math | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First foreign language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

} → Continue with question 31c

31b What kind of course did you take German/Mathematics/First Foreign Language as?

jl0155
jl0162
jl0163

Please select the course type for each subject.

| | Basic Course 1 | Advanced Course 2 | Other Course 3 |
|------------------------|--------------------------|--------------------------|--------------------------|
| German | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Math | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First foreign language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

31c What was your grade on your last report card in the following three subjects?

jl0152
jl0153

Please state either the school grade or the number of points for each subject.

| | Grade from 1 to 6 | or | Number of points from 0 to 15 |
|------------------------|----------------------|----|---|
| German | <input type="text"/> | or | <input type="text"/> <input type="text"/> |
| Math | <input type="text"/> | or | <input type="text"/> <input type="text"/> |
| First foreign language | <input type="text"/> | or | <input type="text"/> <input type="text"/> |

jl0154
jl0161

32 Have you ever repeated a grade?

jl0164

Yes ¹ No ² → Continue with question 34

↓

33 Which grade did you have to repeat?

jl0165
jl0166

First time: grade

If applicable:

Second time: grade

34 How much time do or did you normally spent on your homework and studying for school?

jl1668

Please select one answer only.

- Less than half an hour per day ¹
- A half hour to one hour per day ²
- One to two hours per day ³
- Two to three hours per day ⁴
- Three to four hours per day ⁵
- Four or more hours per day ⁶

35 How often do or did the following people helped you with your homework or studying for school?

jl1661
jl1662
jl1903
jl1902
jl1664
jl1665
jl1666
jl1667

Please select one answer only per line.


| | Never | Seldom | Sometimes | Often | Always | Person not present in my life |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|
| | ¹ | ² | ³ | ⁴ | ⁵ | ⁶ |
| Mother | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Father | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| With same-sex parents: Second, social mother / father | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grandparents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Siblings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friends or classmates | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Paid tutor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Homework supervision (e.g. at school, youth centre or community meeting place) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

36 How interested and involved were your parents in your grades and progress at school?


jl0168

- Very much ¹
- Fairly ²
- Not very much ³
- Not at all ⁴

37 Did you have disagreements with your parents over your studies?jl1904
jl1905
jl1906
jl1907
jl1908


-  Please select all that apply 1
- Yes, with my father
- Yes, with my mother
- Yes, with second, social father (with same-sex parents)
- Yes, with second, social mother (with same-sex parents)
- No

38 How do/did your parents stay in touch with your school?jl0171
jl0172
jl0173
jl0174
jl0175

-  Please select all that apply 1
- Attend parent evenings at the school on a regular basis
- Attend parent-teacher conferences on a regular basis
- Meet with teacher outside of parent-teacher conferences
- Serve as a parent representative
in the parent-teacher association
- None of the above

39 If you think back to the last grade of school you attended: How many of your fellow students or their parents were not from Germany?

jl0176_v3

-  Please select one answer only.
- All of them have a migration background 1
- Most 2
- About half 3
- About a quarter 4
- Less than a quarter 5
- None of them has a migration background 6

Education and occupational plans

40 Did you already start job training or an apprenticeship (including internships or training outside school)?

j0177

Yes ¹ No ² → Continue with question 42



41 What type of education or vocational training are/were you pursuing? If you have already completed the training / apprenticeship, did you do so within the regular schedule?

j0178
j0179

Please select all that apply

j0180
j0181

j0182
j0183

j0184
j0185

j0186
j0187

j0440
j0439

j0438
j0441

| | Begun, currently in progress ¹ | Already completed ² | Completed within regular schedule? | |
|--|---|--------------------------------------|---------------------------------------|--------------------------|
| | | | Yes ¹ | No ² |
| Basic occupational training year (Berufsgrundbildungsjahr) / occupational preparation year (Berufsvorbereitungsjahr) | <input type="checkbox"/> | <input type="checkbox"/> → | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational integration courses (Berufliche Eingliederungslehrgänge) | <input type="checkbox"/> | <input type="checkbox"/> → | <input type="checkbox"/> | <input type="checkbox"/> |
| Apprenticeship | <input type="checkbox"/> | <input type="checkbox"/> → | <input type="checkbox"/> | <input type="checkbox"/> |
| Full-time vocational school or health sector school | <input type="checkbox"/> | <input type="checkbox"/> → | <input type="checkbox"/> | <input type="checkbox"/> |
| Internship, practical training | <input type="checkbox"/> | <input type="checkbox"/> → | <input type="checkbox"/> | <input type="checkbox"/> |
| Dual course of study / college of advanced vocational studies | <input type="checkbox"/> | <input type="checkbox"/> → | <input type="checkbox"/> | <input type="checkbox"/> |
| Technical college or university studies | <input type="checkbox"/> | <input type="checkbox"/> → | <input type="checkbox"/> | <input type="checkbox"/> |

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

j0188

Yes, maybe ¹
 Yes, definitely ² → Continue with question 43
 No ³ → Continue with question 45

43 Which of the following qualifications do you plan to attain?

j0189
j0190
j0191
j0192
j0193
j0194
j0195

Please select all that apply

| | ¹ |
|--|--------------------------|
| Completed apprenticeship | <input type="checkbox"/> |
| Full-time vocational school or health school | <input type="checkbox"/> |
| Higher level trade and technical school | <input type="checkbox"/> |
| Civil servant education | <input type="checkbox"/> |
| Accredited career training academy | <input type="checkbox"/> |
| University of applied science | <input type="checkbox"/> |
| University | <input type="checkbox"/> |

44 Can you imagine completing all or part of your apprenticeship in another country?

j0504

Yes ¹
 No ²

45 At what age do you want to be financially independent?

jl0197
jl0198

At the age of years

I am already financially independent. 1

46 Do you know what career you want to pursue?

jl0199

Yes, to some degree 1

Yes, with certainty 2

No, still not clear 3

} → **Continue with question 47**
→ **Continue with question 49**

47 What occupation is that? Please state as precisely as possible.

jber02



48 What do you think? How well informed are you about that occupation?

jl0201

Very well informed 1

Well informed 2

Not very well informed 3

Poorly informed 4

49 To what extent do you agree with the following statements regarding your choice of occupation?

jl0202
jl0203
jl0204
jl0205

Please select one answer only per line.

Strongly agree Agree Disagree Strongly Disagree

My parents suggestions play a major role in my career choice

1 2 3 4

I'm not interested in finding the one perfect career;
my goal is to take things as they come

I have spent a lot of time looking at different career options
before coming to a decision

I am still trying to find out what my abilities are and
what career is right for me

Different things may be important to people in choosing a career. Please state how important each of the following is to you – very important, important, less important, quite unimportant.

j10206
j10207
j10208
j10209
j10210
j10211
j10212
j10213
j10214
j10215
j10216
j10217

 Please select one answer only per line.

| How important for your career is.... | Very | Important | Less | Unimpor- |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | important | | important | tant |
| | 1 | 2 | 3 | 4 |
| ... a secure job? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... a high income? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... good chances of promotion? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... a respected, recognized career? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... a job that leaves a lot of free time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... an interesting job, career? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... a job that allows you to work independently? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... a job that provides a lot of contact with other people? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... a job that's important for society? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... a job with healthy and safe working conditions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... a job that leaves time for family commitments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... a job where you can help others? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Future

51 How likely is it that you will experience the following career changes? Please estimate the probability on a scale of 0% to 100%, with 0% meaning that such a change definitely will not take place, and 100% meaning that such a change definitely will take place.

j10221
j10222
j10223
j10224
j10225
j10226
j10227
j10228
j10229
j10230
j10231
j10232

 Please select one answer only per line.


How likely is it that you will...

| | 0 % | 10 % | 20 % | 30 % | 40 % | 50 % | 60 % | 70 % | 80 % | 90 % | 100 % | | |
|--|--------------------------|------|--------------------------|------|--------------------------|------|--------------------------|------|--------------------------|------|--------------------------|---|--------------------------|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| ... get an apprenticeship or a place for study? | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... complete training / get university degree? | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... find a job? | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... be successful in your career? | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... be unemployed for a longer period of time? | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... put your career on hold for family reasons (for example, to raise children)? | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... become self-employed? | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... work in a foreign country? | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... get married? | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... move in together with your partner? | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... have a child? | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... have more than one child? | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |

Jobs and Money

52 Have you done paid work during the last 7 days, even if only for an hour or a few hours?

j10385

 Please also answer "yes" if you would normally have worked in the last 7 days, but did not do so because of vacation, illness, bad weather, or other reasons.

Yes 1

No 2

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

j10386

Yes 1

No 2

54 Are you officially registered unemployed at the Employment Office (Arbeitsamt)?

j10387

Yes 1

No 2

55 Do you already have a job to earn your own money?

j10013

Yes 1 No 2 → Continue with question 58



56 What did you earn from your work last month? Please state both: gross income, which means income before deduction of taxes and social security, and net income, which means income after deduction of taxes, social security, and unemployment and health insurance.

j10535
j10536

If you received any bonuses or additional payments in the last month, for example, vacation pay or back pay, please do not include them. However, you should include pay for overtime.

I earned gross: euros

I earned net: euros

57 Do you earn the money ...

j10014

... as a part-time employee 1 → Continue with question 59

... as a trainee or intern 2
... as a regular full-time employee 3 → Continue with question 58

58 Have you ever done side jobs to earn money?

j10017

What we are referring to are relatively regular jobs during school vacation or the school year (babysitting, tutoring, delivering newspapers, etc.)

Yes 1 No 2 → Continue with question 61



59 How old were you when starting doing side jobs or earning money?

j10018

I was years old

60 Did you start those jobs because you were interested in the work itself or to earn money?

j10019

Please select one answer only.

The work interested me 1

Wanted to earn money 2

Other reasons 3

61 What about now: Do you get allowance money or regular financial support from your parents or other relatives?

j10020

Yes 1 No 2 → Continue with question 63



62 How much allowance do you get per week / per month?

j10021_v2
j10022_v2

euros per week

or

euros per month

63 Are you able to put aside some money in savings on a regular basis (for vacations, big purchases, etc.)?

j10023

- Yes, occasionally 1 } → Continue with question 64
 Yes, regularly 2
 No 3 → Continue with question 65

64 How much do you save per month approximately?

j10024_v2
j10025

About euros per month

Can't say, it's very irregular 1

Attitudes and opinions


65 What do you think is important in Germany to be successful and climb the social ladder? Please state to what extent you agree with each statement below.

j10337
j10338
j10339
j10340
j10341
j10342
j10343
j10344
j10345
j10346
j10347
j10348

Please select one answer only per line.

| | Strongly agree | Agree | Disagree | Strongly Disagree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 |
| You have to be hardworking and industrious | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| You have to exploit others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| You have to be talented and intelligent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| You have to have the right family background | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| You have to have expertise in a specialized field | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| You have to have money and assets | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| You have to get good grades in school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| You have to be tough and ruthless | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| You have to have connections to the right people | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| You have to be politically involved on the right side | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| You have to have the "right" gender – men have better chances of succeeding than women | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| You have to be dynamic and take the initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The following statements reflect different attitudes towards life and the future.
To what degree do you personally agree with the following statements?

 Please answer on the following scale, where 1 means “disagree completely”,
and 7 means “agree completely”

j10350
j10351
j10352
j10353
j10354
j10355
j10356
j10357
j10358
j10359
j10360
j10361
j10362
j10363
j10364

| | Disagree completely | | | Agree completely | | | |
|---|--------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| How my life goes depends on me | <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> |
| Compared to other people, I have not achieved what I deserve | <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> |
| What a person achieves in life is above all a question of fate or luck | <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> |
| I frequently have the experience that other people have a controlling influence over my life | <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> |
| You have to work hard to succeed | <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> |
| When I run up against difficulties in life, I often doubt my own abilities | <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> |
| The opportunities that I have in life are determined by social conditions | <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> |
| Innate abilities are more important than any efforts one can make | <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> |
| I have little control over the things that happen in my life | <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> |
| If a person is socially or politically active, he/she can have an effect on social conditions | <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> |
| I can give up something today to be able to afford more tomorrow | <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> |
| People can generally be trusted | <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> |
| Nowadays you can't rely on anyone | <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> |
| When you are dealing with strangers, it is better to be cautious and not trust them right away | <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> |
| I prefer to have fun today and not think about tomorrow | <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> |

67 People have different ideas about what makes a society fair and just. What's your opinion about the following statements?

jl1909
jl1910
jl1911
jl1912

 Please select one answer only per line.

| | Disagree completely | | | | Agree completely | | |
|---|--------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| A society is fair and just when people who work hard earn more than others. | <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> |
| A society is fair and just when people from respected families have advantages in life | <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> |
| A society is fair and just when it takes care of the weak and needy | <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> |
| A society is fair and just when the income and wealth in society are equally distributed among all people | <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> | = <input type="checkbox"/> |

68 Do you think a partner is necessary to be happy in life? Or can one also be happy alone?

jl0329

 Please select one answer only.

| | | |
|--|---|--------------------------|
| One needs a partner | 1 | <input type="checkbox"/> |
| Can be just as happy without a partner | 2 | <input type="checkbox"/> |
| Can be even happier without a partner | 3 | <input type="checkbox"/> |
| Undecided / don't know | 4 | <input type="checkbox"/> |

69 Do you think own children are necessary to be happy in life?

jl0330

 Please select one answer only.

| | | |
|---------------------------------------|---|--------------------------|
| Children are necessary for happiness | 1 | <input type="checkbox"/> |
| Can be just as happy without children | 2 | <input type="checkbox"/> |
| Can be even happier without children | 3 | <input type="checkbox"/> |
| Undecided / don't know | 4 | <input type="checkbox"/> |

70 Generally speaking, how interested are you in politics?

jl0388

| | | |
|--------------------------|---|--------------------------|
| Very interested | 1 | <input type="checkbox"/> |
| Moderately interested | 2 | <input type="checkbox"/> |
| Not so interested | 3 | <input type="checkbox"/> |
| Completely disinterested | 4 | <input type="checkbox"/> |

71 Many people in Germany lean towards one political party in the long term, even if they occasionally vote for another party or are not eligible to vote. Do you lean towards a particular political party?

j10389

Yes 1 No 2 → Continue with question 74



72 Which party do you lean towards?

j10390

Please select one answer only.

SPD 1

CDU 2

CSU 3

FDP 4

Bündnis 90 / Die Grünen 5

Die Linke 6

AfD 27

NPD / Republikaner / Die Rechte 7

Other 8

73 And to what extent do you lean towards this party?

j10391

Extremely 1

Strongly 2

Moderately 3


Weakly 4

Very weakly 5

How do you see yourself?

74 There are a lot of different qualities that people can have - some are listed below. You will probably think that some of these describe you perfectly whereas others do not describe you at all. And with some of them, you might be unsure or somewhere in between.

j10365
j10366
j10367
j10368
j10369
j10370
j10371
j10372
j10373
j10374
j10375
j10376
j10377
j10378
j10379
j10380
j11380

 Please answer on the following scale, where 1 means "Does not describe me at all", and 7 means "Describes me perfectly"

| I am... | Does not describe me at all | | | | | | | Describes me perfectly | | | |
|--|-----------------------------|---|--------------------------|---|--------------------------|---|--------------------------|------------------------|--------------------------|---|--------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| ... a thorough worker | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... communicative and talkative | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... sometimes a bit rude to others | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... original, someone who comes up with new ideas | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... a worrier | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... forgiving | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... somewhat lazy | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... outgoing, sociable | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... someone who values artistic, aesthetic experiences | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... nervous | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... effective and efficient in completing tasks | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... reserved | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... considerate and kind to others | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... imaginative | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... relaxed, able to deal with stress | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... eager for knowledge | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |
| ... someone with a positive attitude toward myself | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |

75 Are you generally a person who is willing to take risks or do you try to avoid taking risks?

j10349

 Please tick a box on the scale, where the value 0 means "Not at all willing to take risks" and the value 10 means "Very willing to take risks".

| Not at all willing to take risks | | | | | | Very willing to take risks | | | | |
|----------------------------------|---|--------------------------|---|--------------------------|---|----------------------------|---|--------------------------|---|--------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> | = | <input type="checkbox"/> |

Next come a few statements that begin, for example, with: “I am ...”, “I have ...” or “I try ...” and where you can think that it is exactly the same for you – i.e. that it “fully applies” or that it is not at all the case for you – i.e. that it “does not apply at all” or that it is only “partly true”. Please answer all the questions as best you can, even if you are not quite sure or if a question seems strange to you.

 Please select one answer only per line.

| | Not true of me at all | Partly true of me | Completely true of me |
|--|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 |
| I try to be nice to other people, I care about their feelings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am restless, I cannot stay still for long | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I get a lot of headaches, stomach-aches or sickness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I usually share with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I get very angry and often lose my temper | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am usually on my own; I generally play alone or keep to myself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I usually do as I am told | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I worry a lot | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am helpful if someone is hurt, upset or feeling ill | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am constantly fidgeting or squirming | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have one good friend or more | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I fight a lot with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can make other people do what I want | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am often unhappy, down-hearted or tearful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other people my age generally like me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am easily distracted, I find it difficult to concentrate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am nervous in new situations. I easily lose confidence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am kind to younger children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am often accused of lying or cheating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other children or young people pick on me or bully me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I often volunteer to help others (parents, teachers, children) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I think before I do things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I take things that are not mine from home, school or elsewhere | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I get on better with adults than with people my own age | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have many fears, I am easily scared | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I finish the work I'm doing; My attention is good | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

77 How would you describe your current health?

j10218

| | | |
|--------------|---|--------------------------|
| Very good | 1 | <input type="checkbox"/> |
| Good | 2 | <input type="checkbox"/> |
| Satisfactory | 3 | <input type="checkbox"/> |
| Poor | 4 | <input type="checkbox"/> |
| Bad | 5 | <input type="checkbox"/> |

78 How tall are you (body height in cm)?

j10219

If you don't know, please estimate.

cm

79 How many kilograms do you currently weigh?

j10220

If you don't know, please estimate.

kg

80 Do you currently smoke, whether cigarettes, a pipe, or cigars?

j11913

We are not referring here to e-cigarettes!

Yes 1 No 2 → Continue with question 82

↓

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

j11914

Cigarettes

82 Do you smoke e-cigarettes?

j11915

Yes 1

No 2

83 Do you smoke hookah / shisha?

j11916

Yes 1

No 2

84 Please state how often or rarely you have experienced this feeling within the last four weeks.


j10381
j10382
j10383
j10384

Please select one answer only per line.

| How often have you felt ... | Very rarely | Rarely | Occasionally | Often | Very often |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| ... 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"/> |
| ... lonely? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

In conclusion, we would like to ask you how satisfied you are with your life in general. How satisfied are you with your life, all things considered?

j10392

 Please answer on a scale from 0 to 10, where 0 means “completely dissatisfied” and 10 means “completely satisfied”.

Completely
dissatisfied

Completely
satisfied

0 1 2 3 4 5 6 7 8 9 10
 = = = = = = = = = = =

A Please state your date of birth.gebt
gebm
gebj

| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Day | | Month | | Year | | | |

B Are you...

sex_n

| | | |
|--------------|---|--------------------------|
| ... male | 1 | <input type="checkbox"/> |
| ... female | 2 | <input type="checkbox"/> |
| ... "divers" | 3 | <input type="checkbox"/> |

C When did you finish filling out the questionnaire?datt, datm
datst, datmi

| | | | | | | | | | | |
|-------|----------------------|----------------------|----------------------|----------------------|-------|----------------------|----------------------|---|----------------------|----------------------|
| Date: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Time: | <input type="text"/> | <input type="text"/> | : | <input type="text"/> | <input type="text"/> |
| | Day | | Month | | | Hour | | | Minute | |

D Approximately how long did it take you to complete this questionnaire?

dauer2

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Minutes | | |

E Were other persons present while you were filling out the questionnaire?anw5
anw2
anw3
anw4 Please select all answers that apply.

1

Yes, spouse / partner Yes, other person who is living in the same household Yes, other person who does not live in the same household No **Continue with question F****End of questionnaire**

F Did any of the aforementioned people bother you while you were filling out the questionnaire?

abl

| | | |
|-----|---|--------------------------|
| Yes | 1 | <input type="checkbox"/> |
| No | 2 | <input type="checkbox"/> |

Thank you for taking part.

Please give the completed questionnaire to our interviewer or send it back to infas in the enclosed postage-paid envelope:

infas Institut für angewandte
Sozialwissenschaft GmbH
Postfach 24 01 01
53154 Bonn

