

Name and establishment flap
Please fold it out to complete the questionnaire!

model questionnaire

Name flap

Please enter the names on the flap.

If your household consists of more than five people, please request a supplementary questionnaire.

Please retain this order throughout the questionnaire.

Person 1	Person 2	Person 3	Person 4	Person 5
Adult who is most familiar with the household's financial matters.	Spouse or partner of Person 1. If there is no partner: • child of Person 1 If there are no children: • relatives of Person 1, • then other persons in the household.	(Other) child of Person 1 and/or Person 2. If there are no (other) children: • relatives of Person 1 or Person 2 • then other persons in the household.	Other child of Person 1 and/or Person 2. If there are no other children: • relatives of Person 1 or Person 2 • then other persons in the household.	Other child of Person 1 and/or Person 2. If there are no (other) children: • relatives of Person 1 or Person 2 • then other persons in the household.

Telephone number for further enquiries
(voluntary)

Please enter the reference week as given on the front cover:

Monday, to Sunday,

DD MM YY DD MM YY

Establishment flap

92 Name and address of the establishment you work in.

Person 1	Person 2	Person 3	Person 4	Person 5

Making it easier

- Some questions refer to the reference week. The reference week is given on the front cover. Please enter it on the name flap.
- Please keep the name flap folded out while you complete the questionnaire. Please observe the order of the columns for the respective persons as given on the name flap.
- Please do not complete the establishment flap before you are asked to do so in the course of completing the questionnaire (question 92 on page 27).
- Please note the time before you begin filling out the questionnaire. At the end of the questionnaire you will be asked how long it took you to complete it.

We will guide you through the questionnaire.

- If possible, each person should answer the questions for him or herself. Information may be provided on behalf of children (under 15 years), people in need of care or people with disabilities who are not able to answer the questions for themselves.
- Not all questions will have to be answered by all persons. When there is an answer box with an arrow (jump instruction), the numeral beside the arrow indicates the question to be answered next by the relevant person.

Example	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input checked="" type="checkbox"/> → 10	<input type="checkbox"/> → 10	<input type="checkbox"/> → 10	<input type="checkbox"/> → 10	<input type="checkbox"/> → 10
No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the example, Person 1 answers “Yes” and goes to question 10. Person 2 answers “No” and goes to the next question.

- Jump instructions may differ between persons. This is why you should not complete the questionnaire for several persons at the same time as jump instructions are easily overlooked.
- When entering figures, please do so right-aligned.

Example | Hours per week

- If you wish to correct an answer, please do so as follows.

Example | Yes
 No

- Questions to be answered on a voluntary basis are marked by the word “voluntary” in a coloured bar.

1 Are there any other households in your dwelling apart from your own, e.g. subtenants?

i Other households in your dwelling consist of people with whom you do not live together or maintain a joint household.

People living in a shared dwelling should usually be treated as separate households.

Yes, number of other households

No, no other households 8

Note

The reference week is given on the front cover.

2 How many people in total were living in your household on Thursday of the reference week?

i People who are temporarily away from home, for instance for job or health reasons, are part of your household if that is where they usually live.

Subtenants, visitors and domestic staff are not household members.

Number of people in your household

(including yourself)

3 Who are the members of your household? Please fold out the flap at the side of page 2 and enter their names.

i If more than 5 people live in the household, please contact the statistical office to request an extra questionnaire.

The contact details are given on the front cover.

Note

Please observe the order of the columns for the respective persons.

4 What is your sex, as stated in the birth register?

Male 1

Female 2

Gender diverse 3

Not stated in the birth register 4

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 When were you born?

Month

Year

	Person 1	Person 2	Person 3	Person 4	Person 5
Month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 Is your birthday before the last day of the reference week in 2025?

Yes 1


No 8

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

voluntary

7 What is your marital status?

	Person 1	Person 2	Person 3	Person 4	Person 5
Single	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Married	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Widowed	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorced	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered life partnership	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered life partner has died	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered life partnership has been dissolved	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note 

→ 10 The arrow and the numeral 10 mean that question 10 should be answered next.

8 Do you occupy at least one more dwelling (including room, accommodation, residential establishment)?
Please mark all relevant boxes.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, I have another dwelling in Germany.	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I have another dwelling abroad.	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I do not have another dwelling.	8 <input type="checkbox"/> → 10	<input type="checkbox"/> → 10	<input type="checkbox"/> → 10	<input type="checkbox"/> → 10	<input type="checkbox"/> → 10

9 Is this dwelling your main residence?

i If you have more than one dwelling, your main residence is the one where you usually live (centre of social and personal life, family home).

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 Has your household been interviewed for the microcensus in this dwelling within the last 12 months?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/> → 14

11 Have any household members moved out since the last interview?

Yes, enter how many people moved out	<input type="text"/>
No	8 <input type="checkbox"/>

12 Have any household members died since the last interview?

Yes, enter how many people died	<input type="text"/>
No	8 <input type="checkbox"/>

13 Did you move into this household after the last interview?

i Please mark "Yes" for children born in the last 12 months.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

People and household

14 Do you live in a one-person household?

Yes → 20

No

15 Does your mother live in this household?

i This includes stepmothers, adoptive and foster mothers.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, my mother is number (see flap)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16 Does your father live in this household?

i This includes stepfathers, adoptive and foster fathers.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, my father is number (see flap)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17 Does your spouse live in this household?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, my spouse is number (see flap)	<input type="checkbox"/> → 19	<input type="checkbox"/> → 19	<input type="checkbox"/> → 19	<input type="checkbox"/> → 19	<input type="checkbox"/> → 19
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18 Does your partner live in this household?

i This includes registered life partnerships.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, my partner is number (see flap)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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19 What is your relationship to Person 1?

	Person 1	Person 2	Person 3	Person 4	Person 5
I am Person 1. 1	<input type="checkbox"/>				
I am (his/her) ...					
wife, husband 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
partner 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
daughter, son (including stepchildren, adopted and foster children) 4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
daughter-in-law, son-in-law 5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
granddaughter, grandson 6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
great-granddaughter, great-grandson 7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mother, father (including stepparents, adoptive and foster parents) 8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mother-in-law, father-in-law 9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
grandmother, grandfather 10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
great-grandmother, great-grandfather 11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sister, brother 12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sister-in-law, brother-in-law 13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
another relative by birth/marriage 14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
not related by birth/marriage 15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Place of residence 12 months ago

20 12 months before the reference week, was your place of residence the same as today?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 25	<input type="checkbox"/> → 25	<input type="checkbox"/> → 25	<input type="checkbox"/> → 25	<input type="checkbox"/> → 25
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable, newborn person 7	<input type="checkbox"/> → 25	<input type="checkbox"/> → 25	<input type="checkbox"/> → 25	<input type="checkbox"/> → 25	<input type="checkbox"/> → 25

21 Was your place of residence in Germany at that time?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/> → 24	<input type="checkbox"/> → 24	<input type="checkbox"/> → 24	<input type="checkbox"/> → 24	<input type="checkbox"/> → 24

22 In which Land was your place of residence located at that time?

In ... (Land): code from List 22

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List 22			
Baden-Württemberg	8	Niedersachsen	3
Bayern	9	Nordrhein-Westfalen	5
Berlin	11	Rheinland-Pfalz	7
Brandenburg	12	Saarland	10
Bremen	4	Sachsen	14
Hamburg	2	Sachsen-Anhalt	15
Hessen	6	Schleswig-Holstein	1
Mecklenburg-Vorpommern	13	Thüringen	16

23 In which municipality and in which administrative district was your place of residence located at that time?

Person 1

 → 25

Person 2

 → 25

Person 3

 → 25

Person 4

 → 25

Person 5

 → 25

24 In which country was your place of residence located at that time?

Person 1

Person 2

Person 3

Person 4

Person 5

model questionnaire

25 Does your household have internet access?

i Please indicate "Yes" if you or another household member has access to the internet at home, e.g. via a desktop computer, laptop/ tablet or smartphone. The household then generally has a contract with an internet provider (e.g. Telekom, Vodafone, o2, 1&1, Deutsche Glasfaser), and equipment to connect to the internet is available in the household (e.g. router, Fritzbox, modem). Other methods of accessing the internet are also included (e.g. mobile broadband dongle/SIM card) if this allows the use of the internet at home.

- Yes 1
- No 8
- I don't know. 7

Childcare

26 Is there at least one child in your household who is aged 14 or under?

- Yes
- No → 29

27 For each child aged 14 or under, please indicate the type of care in the 12 months before the reference week.

Please mark all relevant boxes.

	Person 1	Person 2	Person 3	Person 4	Person 5
Day care centre (kindergarten, crèche) 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional child minder 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Au-pair, babysitter 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschool institution (pre-primary education) 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care services for pupils before and/or after school (offered by school or other facility) 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relatives, friends, neighbours 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable as the child is cared for only by his/her parents. 7	<input type="checkbox"/> → 29	<input type="checkbox"/> → 29	<input type="checkbox"/> → 29	<input type="checkbox"/> → 29	<input type="checkbox"/> → 29

model questionnaire

28 For each child aged 14 or under, please indicate the type of care in the 4 weeks before the reference week.

Please mark all relevant boxes.

	Person 1	Person 2	Person 3	Person 4	Person 5
Day care centre (kindergarten, crèche) 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional child minder 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Au-pair, babysitter 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschool institution (pre-primary education) 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care services for pupils before and/or after school (offered by school or other facility) 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relatives, friends, neighbours 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable as the child is cared for only by his/her parents. 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Citizenship and duration of residence

29 Were you born in Germany?

- i** The place of birth is Germany also in the following cases:
 - the place of birth was part of Germany's national territory at the time of birth, but today it is not (e.g. Breslau before 1945).
 - the place of birth is part of Germany's national territory today, but it was not at the time of birth (e.g. the person concerned was born in Dresden between 1949 and 1990, which was GDR territory at the time, or in Saarland between 1947 and 1956).

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/> → 31	<input type="checkbox"/> → 31	<input type="checkbox"/> → 31	<input type="checkbox"/> → 31	<input type="checkbox"/> → 31

30 Were you born in the Federal Republic of Germany (today's territory)?

- i** "Today's territory" refers to the national borders of the Federal Republic of Germany as of 3 October 1990.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 34	<input type="checkbox"/> → 34	<input type="checkbox"/> → 34	<input type="checkbox"/> → 34	<input type="checkbox"/> → 34
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31 In which country (today's borders) were you born?

Person 1

Person 2

Person 3

Person 4

Person 5

32 When did you (first) arrive in the Federal Republic of Germany (today's territory)?

i See also p. 79: **1** "Today's territory".

Year

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

33 What was your (main) reason for moving to the Federal Republic of Germany (today's territory)?

If there are several reasons, please mark the main one.

Employment: job found before moving to Germany 1

Employment: no job found before moving to Germany 2

Academic studies or other education, advanced training 3

Moved to Germany with a family member or followed a family member (family reunification) 4

Marriage/partnership with a person living in Germany (family formation) 5

Flight, persecution, expulsion, asylum 6

Free movement within the EU: wished to settle in Germany 7

Retirement 8

Other main reason 9

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34 What language/languages do you speak at home?

I only speak German at home. 1

I speak German and at least one other language at home. 2

I do not speak German at home but another language/other languages. 3

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/> → 36	<input type="checkbox"/> → 36	<input type="checkbox"/> → 36	<input type="checkbox"/> → 36	<input type="checkbox"/> → 36
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

35 What language do you mainly speak at home?

	Person 1	Person 2	Person 3	Person 4	Person 5
Albanian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bosnian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Danish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hindi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Croatian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kurdish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Macedonian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dutch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pashto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Romanian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Russian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serbian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turkish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urdu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another European language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another African language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Asian language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

36 Have you ever interrupted your stay in the Federal Republic of Germany (today's territory) and lived abroad for at least one year?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 38	<input type="checkbox"/> → 38	<input type="checkbox"/> → 38	<input type="checkbox"/> → 38	<input type="checkbox"/> → 38

37 In what year did you return to the Federal Republic of Germany (today's territory) after you last stayed abroad for at least one year?

	Person 1	Person 2	Person 3	Person 4	Person 5
Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

38 Thinking of the last 10 years, i.e. the period from 2015 to 2025:

Which statement applies to you?

	Person 1	Person 2	Person 3	Person 4	Person 5
I was born in Germany and in the last 10 years ...					
I have lived abroad for at least 1 year.	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have not lived abroad for at least 1 year.	2 <input type="checkbox"/> → 40	<input type="checkbox"/> → 40	<input type="checkbox"/> → 40	<input type="checkbox"/> → 40	<input type="checkbox"/> → 40
I moved to Germany and have...					
lived abroad again for at least 1 year since my move.	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
not lived abroad for more than 1 year since my move.	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39 In which country did you live before your most recent arrival/your most recent return?

Person 1	<input type="text"/>
Person 2	<input type="text"/>
Person 3	<input type="text"/>
Person 4	<input type="text"/>
Person 5	<input type="text"/>

40 Do you have German citizenship?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, German citizenship only	1 <input type="checkbox"/> → 45	<input type="checkbox"/> → 45	<input type="checkbox"/> → 45	<input type="checkbox"/> → 45	<input type="checkbox"/> → 45
Yes, German citizenship and citizenship of at least one foreign country	2 <input type="checkbox"/> → 44	<input type="checkbox"/> → 44	<input type="checkbox"/> → 44	<input type="checkbox"/> → 44	<input type="checkbox"/> → 44
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41 Of which foreign country do you have citizenship?

i If you cannot furnish proof of citizenship, please enter "uncertain". If you do not have citizenship of any country, please enter "stateless".

Person 1	<input type="text"/>
Person 2	<input type="text"/>
Person 3	<input type="text"/>
Person 4	<input type="text"/>
Person 5	<input type="text"/>

42 Do you have citizenship of another foreign country?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 60	<input type="checkbox"/> → 60	<input type="checkbox"/> → 60	<input type="checkbox"/> → 60	<input type="checkbox"/> → 60

43 Of which second foreign country do you have citizenship?

Person 1	<input type="text"/>	→ 60
Person 2	<input type="text"/>	→ 60
Person 3	<input type="text"/>	→ 60
Person 4	<input type="text"/>	→ 60
Person 5	<input type="text"/>	→ 60

44 Of which other country do you have citizenship?

Person 1	<input type="text"/>
Person 2	<input type="text"/>
Person 3	<input type="text"/>
Person 4	<input type="text"/>
Person 5	<input type="text"/>

45 How did you obtain German citizenship?

i See also p. 79: **2** "Citizenship".

	Person 1	Person 2	Person 3	Person 4	Person 5
By birth	1 <input type="checkbox"/> → 48	<input type="checkbox"/> → 48	<input type="checkbox"/> → 48	<input type="checkbox"/> → 48	<input type="checkbox"/> → 48
As a non-naturalised (ethnic) German repatriate	2 <input type="checkbox"/> → 60	<input type="checkbox"/> → 60	<input type="checkbox"/> → 60	<input type="checkbox"/> → 60	<input type="checkbox"/> → 60
As a naturalised (ethnic) German repatriate	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By naturalisation (no ethnic German repatriate)	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By adoption by German parent(s)	5 <input type="checkbox"/> → 60	<input type="checkbox"/> → 60	<input type="checkbox"/> → 60	<input type="checkbox"/> → 60	<input type="checkbox"/> → 60

46 When were you naturalised?

	Person 1	Person 2	Person 3	Person 4	Person 5
Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

47 Which citizenship did you have before your naturalisation?

i You may also enter citizenship of the following former countries: Yugoslavia, Serbia and Montenegro, Soviet Union, Czechoslovakia

If you were stateless before your naturalisation, please enter "stateless".

Person 1	<input type="text"/>	→ 60
Person 2	<input type="text"/>	→ 60
Person 3	<input type="text"/>	→ 60
Person 4	<input type="text"/>	→ 60
Person 5	<input type="text"/>	→ 60

48 Does your mother live in this household?

i This includes stepmothers, adoptive and foster mothers.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/> → 54	<input type="checkbox"/> → 54	<input type="checkbox"/> → 54	<input type="checkbox"/> → 54	<input type="checkbox"/> → 54
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49 Has your mother moved to Germany (today's territory)?

i See also p. 79: **1** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, in (year)	<input type="text"/> ↳ 51	<input type="text"/> ↳ 51	<input type="text"/> ↳ 51	<input type="text"/> ↳ 51	<input type="text"/> ↳ 51
Yes, but I do not know the year of arrival. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/> → 51	<input type="checkbox"/> → 51	<input type="checkbox"/> → 51	<input type="checkbox"/> → 51	<input type="checkbox"/> → 51

50 When did your mother move to Germany (today's territory)?

	Person 1	Person 2	Person 3	Person 4	Person 5
Before 1950	<input type="checkbox"/> 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1950 or later	<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

51 Is/was your mother a German citizen?

i See also p. 79: **2** "Citizenship".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, by birth	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, as a non-naturalised (ethnic) German repatriate ..	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, as a naturalised (ethnic) German repatriate	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, by naturalisation (no ethnic German repatriate) ..	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, by adoption by German parent(s)	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, but I do not know how it was obtained.	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52 Was your mother born in Germany (today's territory)?

i See also p. 79: **1** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 54	<input type="checkbox"/> → 54	<input type="checkbox"/> → 54	<input type="checkbox"/> → 54	<input type="checkbox"/> → 54
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53 In which country (today's borders) was your mother born?

Person 1

Person 2

Person 3

Person 4

Person 5

54 Does your father live in this household?

i This includes stepfathers, adoptive and foster fathers.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/> → 66	<input type="checkbox"/> → 66	<input type="checkbox"/> → 66	<input type="checkbox"/> → 66	<input type="checkbox"/> → 66
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

55 Has your father moved to Germany (today's territory)?

i See also p. 79: **1** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, in (year)	<input type="text"/> ↳ 57	<input type="text"/> ↳ 57	<input type="text"/> ↳ 57	<input type="text"/> ↳ 57	<input type="text"/> ↳ 57
Yes, but I do not know the year of arrival.	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 57	<input type="checkbox"/> → 57	<input type="checkbox"/> → 57	<input type="checkbox"/> → 57	<input type="checkbox"/> → 57

56 When did your father move to Germany (today's territory)?

	Person 1	Person 2	Person 3	Person 4	Person 5
Before 1950	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1950 or later	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

57 Is/was your father a German citizen?

i See also p. 79: **2** "Citizenship".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, by birth	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, as a non-naturalised (ethnic) German repatriate ..	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, as a naturalised (ethnic) German repatriate	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, by naturalisation (no ethnic German repatriate) ..	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, by adoption by German parent(s)	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, but I do not know how it was obtained.	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

58 Was your father born in Germany (today's territory)?

i See also p. 79: **1** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 66	<input type="checkbox"/> → 66	<input type="checkbox"/> → 66	<input type="checkbox"/> → 66	<input type="checkbox"/> → 66
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

59 In which country (today's borders) was your father born?

Person 1	<input type="text"/>	→ 66
Person 2	<input type="text"/>	→ 66
Person 3	<input type="text"/>	→ 66
Person 4	<input type="text"/>	→ 66
Person 5	<input type="text"/>	→ 66

60 Does your mother live in this household?

i This includes stepmothers, adoptive and foster mothers.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 63	<input type="checkbox"/> → 63	<input type="checkbox"/> → 63	<input type="checkbox"/> → 63	<input type="checkbox"/> → 63
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

61 Was your mother born in Germany (today's territory)?

i See also p. 79: **1** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 63	<input type="checkbox"/> → 63	<input type="checkbox"/> → 63	<input type="checkbox"/> → 63	<input type="checkbox"/> → 63
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

62 In which country (today's borders) was your mother born?

Person 1	<input type="text"/>
Person 2	<input type="text"/>
Person 3	<input type="text"/>
Person 4	<input type="text"/>
Person 5	<input type="text"/>

63 Does your father live in this household?

i This includes stepfathers, adoptive and foster fathers.

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1	<input type="checkbox"/> → 66	<input type="checkbox"/> → 66	<input type="checkbox"/> → 66	<input type="checkbox"/> → 66	<input type="checkbox"/> → 66
No	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

64 Was your father born in Germany (today's territory)?

i See also p. 79: **1** "Today's territory".

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1	<input type="checkbox"/> → 66	<input type="checkbox"/> → 66	<input type="checkbox"/> → 66	<input type="checkbox"/> → 66	<input type="checkbox"/> → 66
No	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

65 In which country (today's borders) was your father born?

Person 1	<input type="text"/>
Person 2	<input type="text"/>
Person 3	<input type="text"/>
Person 4	<input type="text"/>
Person 5	<input type="text"/>

model questionnaire

School or university attendance

66 Were you a pupil, apprentice, student in the 12 months before the reference week?

i Please mark "Yes" even if this applied only to part of the period.

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72

67 Were you a pupil, apprentice, student in the 4 weeks before the reference week?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, because I switched to another school, higher education institution or apprenticeship, because of university vacation, school holidays, practical training phase in an establishment, studies at a higher education institution or school abroad, illness, maternity leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, for other reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

68 Which school/higher education institution did you last attend?

	Person 1	Person 2	Person 3	Person 4	Person 5
Schools of general education					
Primary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orientation stage in grades 5/6 (e.g. at primary or secondary schools, diagnostic stage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special school, special needs school, special needs assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School offering several courses of education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary general school, evening secondary general school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate school, evening intermediate school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waldorf school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grammar school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational grammar school, also grammar school specialising in economics or technical subjects	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72
Evening grammar school, adult education college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational schools offering a general school certificate					
Vocational school offering an intermediate school certificate (e.g. full-time vocational school)	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72
Vocational school offering an entrance qualification for higher education institutions:					
Specialised upper secondary school	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72
Full-time vocational school	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72
Two-year full-time vocational school	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72

Please turn the page for more schools.

still:

68 Vocational schools

	Person 1	Person 2	Person 3	Person 4	Person 5
Pre-vocational training year 16	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72
Basic vocational training year 17	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72
Vocational school (dual system) 18	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72
Full-time vocational school providing a vocational qualification 19	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72
Training centre/school for health-care service occupations and social occupations:					
one year (e.g. geriatric care assistant) 20	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72
two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant) 21	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72
three years (e.g. physiotherapy, medical laboratory assistant, geriatric care) 22	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72
Training centre/school for educators 23	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72
Master craftsman/craftswoman training programme at trade and technical schools 24	<input type="checkbox"/> → 70	<input type="checkbox"/> → 70	<input type="checkbox"/> → 70	<input type="checkbox"/> → 70	<input type="checkbox"/> → 70
Trade and technical school e.g. for technicians, business economists 25	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72
Specialised academy (in Bayern only) 26	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72
Higher education institutions					
Vocational academy 27	<input type="checkbox"/> → 71	<input type="checkbox"/> → 71	<input type="checkbox"/> → 71	<input type="checkbox"/> → 71	<input type="checkbox"/> → 71
College of public administration 28	<input type="checkbox"/> → 71	<input type="checkbox"/> → 71	<input type="checkbox"/> → 71	<input type="checkbox"/> → 71	<input type="checkbox"/> → 71
University of applied sciences, Cooperative State University (in Baden-Württemberg, Schleswig-Holstein and Thüringen) 29	<input type="checkbox"/> → 71	<input type="checkbox"/> → 71	<input type="checkbox"/> → 71	<input type="checkbox"/> → 71	<input type="checkbox"/> → 71
University (also college of art and music, college of education, college of theology) 30	<input type="checkbox"/> → 71	<input type="checkbox"/> → 71	<input type="checkbox"/> → 71	<input type="checkbox"/> → 71	<input type="checkbox"/> → 71
Doctoral studies 31	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72

model questionnaire

69 Which are the highest grades you attended at a school of general education?

	Person 1	Person 2	Person 3	Person 4	Person 5
Grades 1 to 4 1	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72
Grades 5 to 9/10 2	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72
Upper secondary grades in grammar school 3	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72	<input type="checkbox"/> → 72

70 What is the title of your master craftsman/ craftswoman specialisation?

i This refers to **master craftsman/craftswoman training programmes at trade and technical schools**, e.g. master carpenter, master hairdresser, master electrician, master home economist, master plumber and the like.

Person 1	<input type="text"/>	→ 72
Person 2	<input type="text"/>	→ 72
Person 3	<input type="text"/>	→ 72
Person 4	<input type="text"/>	→ 72
Person 5	<input type="text"/>	→ 72

71 What course of study did you take?

	Person 1	Person 2	Person 3	Person 4	Person 5
Bachelor's	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master's	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diplom degree or comparable course of study	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions about impairments

72 Do you have an officially recognised disability?

i As certified e.g. by a severely disabled person's pass, a seriously injured or war disabled person's pass, a pension award letter, an administrative or judicial ruling or a notice issued by a pension office.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 74	<input type="checkbox"/> → 74	<input type="checkbox"/> → 74	<input type="checkbox"/> → 74	<input type="checkbox"/> → 74
No response	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

73 What is the officially recognised degree of disability?

	Person 1	Person 2	Person 3	Person 4	Person 5
less than 30	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 to less than 40	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 to less than 50	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 to less than 60	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60 to less than 70	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70 to less than 80	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80 to less than 90	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90 to less than 100	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response	99 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

74 Are you 15 years or older?	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → 213	<input type="checkbox"/> → 213	<input type="checkbox"/> → 213	<input type="checkbox"/> → 213	<input type="checkbox"/> → 213

Employment situation in the reference week

75 Did you do at least 1 hour of paid work in the reference week? Please take into account also self-employment and minor jobs.	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

76 Did you work for at least 1 hour in the reference week as an unpaid family worker in a family business?	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

77 Do you normally have work or a job from which you were absent in the reference week? Possible reasons are e.g. holidays, illness or parental leave.	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 79	<input type="checkbox"/> → 79	<input type="checkbox"/> → 79	<input type="checkbox"/> → 79	<input type="checkbox"/> → 79
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

78 Did you do any casual or small jobs for payment in the reference week, such as those listed below? This refers to work that you did not do for your own family.

- i** It includes working, for example, as/in ...
- waiter/waitress, service employee or temporary helper in a bar, restaurant or hotel
 - household helper or cleaner
 - delivery services driver for restaurants, online shops; or as courier
 - babysitter
 - carer of children or of people in need of care
 - deliverer of advertising leaflets or free newspapers
 - hostess/gentleman host
 - private tutor
 - renovation or construction helper (e.g. painting, wallpapering, plastering, installing electrics, plumbing)
 - gardening (mowing the lawn, cutting hedges or trees, etc.)
 - harvesting
 - preparing analyses or reports, scientific work
 - academic assistant
 - bookkeeping
 - translator
 - coach in a sports club
 - temporary security worker
 - freelancer on online platforms
 - artist or performer
 - blogger, influencer, or creating other online content for pay
 - pet carer
 - preparing events
 - other activities

model questionnaire

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83
No	8 <input type="checkbox"/> → 177	<input type="checkbox"/> → 177	<input type="checkbox"/> → 177	<input type="checkbox"/> → 177	<input type="checkbox"/> → 177

79 Why did you not work in the reference week?

i See also p. 79:
 3 “Partial retirement” and
 4 “Caregiver Leave Act/Family Caregiver Leave Act”

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
Illness, accident (including spa treatment, rehabilitation) 1	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83
Holidays, special leave 2	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83
Compensation leave (within the framework of a working time account or an annualised hours contract) 3	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83
Maternity leave 4	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83
Partial retirement 5	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83
Vocational and continuing training 6	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83
Parental leave 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Released from work under the Caregiver Leave Act 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-season 9	<input type="checkbox"/> → 82	<input type="checkbox"/> → 82	<input type="checkbox"/> → 82	<input type="checkbox"/> → 82	<input type="checkbox"/> → 82
Strike, lockout 10	<input type="checkbox"/> → 81	<input type="checkbox"/> → 81	<input type="checkbox"/> → 81	<input type="checkbox"/> → 81	<input type="checkbox"/> → 81
Bad weather 11	<input type="checkbox"/> → 81	<input type="checkbox"/> → 81	<input type="checkbox"/> → 81	<input type="checkbox"/> → 81	<input type="checkbox"/> → 81
Short-time work for technical or economic reasons 12	<input type="checkbox"/> → 81	<input type="checkbox"/> → 81	<input type="checkbox"/> → 81	<input type="checkbox"/> → 81	<input type="checkbox"/> → 81
General and continuing education, school attendance 13	<input type="checkbox"/> → 81	<input type="checkbox"/> → 81	<input type="checkbox"/> → 81	<input type="checkbox"/> → 81	<input type="checkbox"/> → 81
Personal or family responsibilities 14	<input type="checkbox"/> → 81	<input type="checkbox"/> → 81	<input type="checkbox"/> → 81	<input type="checkbox"/> → 81	<input type="checkbox"/> → 81
Other reasons 15	<input type="checkbox"/> → 81	<input type="checkbox"/> → 81	<input type="checkbox"/> → 81	<input type="checkbox"/> → 81	<input type="checkbox"/> → 81
I have already found a job but did not yet work in that job in the reference week. 16	<input type="checkbox"/> → 177	<input type="checkbox"/> → 177	<input type="checkbox"/> → 177	<input type="checkbox"/> → 177	<input type="checkbox"/> → 177

80 Are you still receiving continued pay, public or social benefits as full or partial wage/salary replacement?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable because self-employed, freelancer 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

81 Indicate the total period of your absence from work.

	Person 1	Person 2	Person 3	Person 4	Person 5
3 months or less 1	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83	<input type="checkbox"/> → 83
More than 3 months 8	<input type="checkbox"/> → 178	<input type="checkbox"/> → 178	<input type="checkbox"/> → 178	<input type="checkbox"/> → 178	<input type="checkbox"/> → 178

82 Do you do any work in that job during the off-season?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/> → 178	<input type="checkbox"/> → 178	<input type="checkbox"/> → 178	<input type="checkbox"/> → 178	<input type="checkbox"/> → 178

83 What was your status in employment in the reference week?

i If you have **more than one job**, your answer should only refer to the job in which you work the most hours (main job).

In this context, it is irrelevant whether you are actually working in your main job or whether you are absent, for instance, because of parental leave, illness or holidays.

See also p. 79: **5** "Categorisation of job".

	Person 1	Person 2	Person 3	Person 4	Person 5
Self-employed person, freelancer					
without employees 1	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85
with employees 2	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85
Unpaid family worker in a family business 3	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85
Public official (not including candidates), judge 4	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85
Salary earner, wage earner (not including apprentices) 5	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85
Apprentice/trainee receiving remuneration 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate public official 8	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85
Intern, trainee (including paid practical training or internship) 9	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85
Temporary or professional soldier 10	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85
In voluntary military service 11	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85
In the Federal Volunteer Service (also social, ecological or cultural year) 12	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85
Other employee with a small-scale job 13	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85

84 With whom did you conclude/enter into your apprenticeship contract?

i This refers to remunerated apprenticeships/traineeships.

	Person 1	Person 2	Person 3	Person 4	Person 5
With an establishment (company, shop, office, hospital, public authority) 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With an inter-company or external institution as vocational training provider, e.g. a vocational training centre for disabled young people (Berufsbildungswerk), educational centre (Bildungszentrum) 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

85 Are you in marginal employment?

i If you have **more than one job**, your answer should only refer to the job in which you work the most hours (main job).

In this context, it is irrelevant whether you are actually working in your main job or whether you are absent, for instance, because of parental leave, illness or holidays.

See also p. 79: **6** "Marginal employment".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, a 538-euro job, mini-job (average maximum earnings of 538 euros per month) 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, short-term employment (a maximum of 3 months or 70 days worked per year) 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, a one-euro job (job opportunity for people receiving citizen's benefit) 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

86 How often do you work in your job?

	Person 1	Person 2	Person 3	Person 4	Person 5
Regularly 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irregularly, occasionally 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a seasonal basis 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

87 Please provide some keywords to describe your current job.

- i** For example
- selling clothing
 - teaching children at primary school
 - advising and informing customers on travel offers
 - designing or planning buildings and other structures
 - assembling and testing electronic circuits
 - mixing concrete, mortar and plaster
 - attending to and caring for patients (before, during and after surgeries)

Person 1	<input type="text"/>
Person 2	<input type="text"/>
Person 3	<input type="text"/>
Person 4	<input type="text"/>
Person 5	<input type="text"/>

88 What is the title of your current job?

i For example:

- fashion shop assistant
- primary school teacher
- travel agent
- construction engineer
- electronic equipment mechanic
- unskilled construction labourer
- nurse

Person 1

Person 2

Person 3

Person 4

Person 5

89 Do you mainly perform executive or supervisory duties in your job?

Yes, executive duties (including the authority to take staff, budget and strategy decisions)

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes, supervisory duties (guiding and supervising staff, distributing work and checking the outcome)

No

90 What activities does your current job usually consist of?

Please mark all relevant boxes.

Giving guidance to staff

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervising staff

Distributing work

Checking the work performed

None of the above

91 Enter the branch of activity of the establishment (location) you currently work in.

i If the establishment has **several locations**, please enter the main activity of the location, not of the whole enterprise.

If you are a temporary employee, please enter the relevant branch of activity you currently work in.

Please state the **branch of activity** as accurately as possible, for example:

- food retailing (not: trade)
- machine tool industry (not: factory)
- facility management, caretaker services, business consultancy (not: services)
- software development (not: IT)

See also p. 80:

7 "Establishment (location)"

Person 1	<input style="width: 400px; height: 20px;" type="text"/>
Person 2	<input style="width: 400px; height: 20px;" type="text"/>
Person 3	<input style="width: 400px; height: 20px;" type="text"/>
Person 4	<input style="width: 400px; height: 20px;" type="text"/>
Person 5	<input style="width: 400px; height: 20px;" type="text"/>

92 Please fold out the flap at the side of page 2 and enter the name and address of the establishment.

i The name and address of the establishment will only be used to identify its branch of activity and will not be stored.

93 Are you employed in the public service?

i The public service comprises the federal, Land and municipal authorities, publicly maintained schools, the employment agency, the social security institutions, the police and the Federal Armed Forces.

If you work in a privatised successor company of Deutsche Post/Bundesbahn or are employed by a church, please indicate "No".

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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94 How many people work in the establishment (location) you currently work in?

i If you are self-employed and have several establishments/locations, your answer regarding the size of the establishment should refer to the establishment with the highest number of employees.

	Person 1	Person 2	Person 3	Person 4	Person 5
Up to 10 people 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 to 19 people 2	<input type="checkbox"/> → 96	<input type="checkbox"/> → 96	<input type="checkbox"/> → 96	<input type="checkbox"/> → 96	<input type="checkbox"/> → 96
20 to 49 people 3	<input type="checkbox"/> → 96	<input type="checkbox"/> → 96	<input type="checkbox"/> → 96	<input type="checkbox"/> → 96	<input type="checkbox"/> → 96
50 to 249 people 4	<input type="checkbox"/> → 96	<input type="checkbox"/> → 96	<input type="checkbox"/> → 96	<input type="checkbox"/> → 96	<input type="checkbox"/> → 96
250 to 499 people 5	<input type="checkbox"/> → 96	<input type="checkbox"/> → 96	<input type="checkbox"/> → 96	<input type="checkbox"/> → 96	<input type="checkbox"/> → 96
500 people or more 6	<input type="checkbox"/> → 96	<input type="checkbox"/> → 96	<input type="checkbox"/> → 96	<input type="checkbox"/> → 96	<input type="checkbox"/> → 96

95 Please enter the exact number of people working in the establishment:

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of people	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Change of job or occupation

96 Did you change your job/line of business in the reference week or the preceding 12 months?

i If you are **self-employed** or a **freelancer** and you changed your line of business, please mark "Yes".

If you are an employee and you started a **new job** with your current or a new employer, please mark "Yes".

A **change of job** includes a switch from dependent employment to self-employment or freelance work and vice versa.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

97 Did you change your occupation in the reference week or the preceding 12 months?

i This includes a change of occupation without retraining.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

98 Is your place of work located here, in the municipality where you live?

i If you work at different places, your place of work is the location from where your work is organised.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

99 Is your place of work located in Germany?

	Person 1	Person 2	Person 3	Person 4	Person 5
In Land: code from List 99	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
My place of work is not in Germany. 88	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101

List 99			
Baden-Württemberg	8	Niedersachsen	3
Bayern	9	Nordrhein-Westfalen	5
Berlin	11	Rheinland-Pfalz	7
Brandenburg	12	Saarland	10
Bremen	4	Sachsen	14
Hamburg	2	Sachsen-Anhalt	15
Hessen	6	Schleswig-Holstein	1
Mecklenburg-Vorpommern	13	Thüringen	16

100 In which municipality and in which administrative district is your place of work located?

Person 1	<input type="text"/>	→ 110
Person 2	<input type="text"/>	→ 110
Person 3	<input type="text"/>	→ 110
Person 4	<input type="text"/>	→ 110
Person 5	<input type="text"/>	→ 110

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101 In which country do you work?

i If you work at different places, your place of work is the location from where your work is organised.

	Person 1	Person 2	Person 3	Person 4	Person 5
Belgium	BE <input type="checkbox"/> → 102	<input type="checkbox"/> → 102	<input type="checkbox"/> → 102	<input type="checkbox"/> → 102	<input type="checkbox"/> → 102
Denmark	DK <input type="checkbox"/> → 103	<input type="checkbox"/> → 103	<input type="checkbox"/> → 103	<input type="checkbox"/> → 103	<input type="checkbox"/> → 103
France	FR <input type="checkbox"/> → 104	<input type="checkbox"/> → 104	<input type="checkbox"/> → 104	<input type="checkbox"/> → 104	<input type="checkbox"/> → 104
Netherlands	NL <input type="checkbox"/> → 105	<input type="checkbox"/> → 105	<input type="checkbox"/> → 105	<input type="checkbox"/> → 105	<input type="checkbox"/> → 105
Austria	AT <input type="checkbox"/> → 106	<input type="checkbox"/> → 106	<input type="checkbox"/> → 106	<input type="checkbox"/> → 106	<input type="checkbox"/> → 106
Poland	PL <input type="checkbox"/> → 107	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107
Switzerland	CH <input type="checkbox"/> → 108	<input type="checkbox"/> → 108	<input type="checkbox"/> → 108	<input type="checkbox"/> → 108	<input type="checkbox"/> → 108
Czech Republic	CZ <input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109
Luxembourg	LU <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Russian Federation	RU <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
United Kingdom	GB <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
United States	US <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110

Other country (please state):

Person 1	<input type="text"/>	→ 110
Person 2	<input type="text"/>	→ 110
Person 3	<input type="text"/>	→ 110
Person 4	<input type="text"/>	→ 110
Person 5	<input type="text"/>	→ 110

102 In which province/region of Belgium is your place of work located?

	Person 1	Person 2	Person 3	Person 4	Person 5
Antwerp	1 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Brussels	2 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Flemish Brabant	3 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Hainaut	4 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Limburg	5 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Liège	6 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Luxembourg	7 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Namur	8 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
East Flanders	9 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Walloon Brabant	10 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
West Flanders	11 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110

103 In which region of Denmark is your place of work located?

	Person 1	Person 2	Person 3	Person 4	Person 5
Hovedstaden	1 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Central Jutland	2 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
North Jutland	3 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Zealand	4 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Southern Denmark	5 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110

104 In which region of France is your place of work located?

	Person 1	Person 2	Person 3	Person 4	Person 5
Burgundy	1 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Champagne-Ardenne	2 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Alsace	3 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Franche-Comté	4 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Lorraine	5 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Other region	6 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110

105 In which province of the Netherlands is your place of work located?

	Person 1	Person 2	Person 3	Person 4	Person 5
Drenthe	1 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Flevoland	2 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Friesland	3 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Gelderland	4 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Groningen	5 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Limburg	6 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
North Brabant	7 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
North Holland	8 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Overijssel	9 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Zeeland	10 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
South Holland	11 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Utrecht	12 <input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110

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106 In which province of Austria is your place of work located?

	Person 1	Person 2	Person 3	Person 4	Person 5
Burgenland	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Carinthia	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Lower Austria	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Upper Austria	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Salzburg	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Styria	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Tyrol	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Vorarlberg	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Vienna	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110

107 In which region/voivodeship of Poland is your place of work located?

	Person 1	Person 2	Person 3	Person 4	Person 5
Dolnośląskie (Lower Silesia)	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Lubuskie (Lubusz)	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Wielkopolskie (Greater Poland)	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Zachodniopomorskie (West Pomerania)	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Other region/voivodeship	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110

108 In which region of Switzerland is your place of work located?

	Person 1	Person 2	Person 3	Person 4	Person 5
Lake Geneva region	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Espace Mittelland	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Northwestern Switzerland	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Zurich	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Eastern Switzerland	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Central Switzerland	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110
Ticino	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110	<input type="checkbox"/> → 110

109 In which region/oblast of the Czech Republic is your place of work located?

	Person 1	Person 2	Person 3	Person 4	Person 5
Jihozápad (Southwest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prague	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severovýchod (Northeast)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severozápad (Northwest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Střední Čechy (Central Bohemia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other region/oblast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

110 Do you currently have a full-time or part-time job?

i If you have **more than one job**, your answer should only refer to the job in which you work the most hours (main job).

If you are in **partial retirement or on parental leave** please mark the category relating to the time before you entered partial retirement or went on parental leave

	Person 1	Person 2	Person 3	Person 4	Person 5
Full-time	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113
Part-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

111 Why do you work part-time?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
Could not find full-time work	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113
School education, studies, other education or advanced training	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113
Own illness, consequences of an accident	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113
Permanently reduced earning capacity, permanent disability	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113
Have to look after children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people in need of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family reasons	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113
Other personal reasons	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113
I want to work part-time.	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113
Other main reason	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113

112 Why do you personally look after children, people with disabilities or people in need of care?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
There is no adequate care available in the vicinity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no adequate care available at the relevant times of the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate care is too expensive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to do it myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other essential reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

113 Are you self-employed/a freelancer or an unpaid family worker?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → 120	<input type="checkbox"/> → 120	<input type="checkbox"/> → 120	<input type="checkbox"/> → 120	<input type="checkbox"/> → 120

voluntary

114 How many clients did you have in the 12 months before the reference week?

i If you have been self-employed for less than 12 months, your answer should refer to the period of your self-employment.

People who supply goods or services to final consumers only, please indicate the number of customers. If there are "customers" as well as "clients", please indicate the number of clients.

Form for question 114 with 5 columns (Person 1-5) and 5 rows (None, One, Two to nine, Ten or more, Not applicable because I am an unpaid family worker). Each cell contains a checkbox and a reference to question 116.

voluntary

115 Did you receive at least 75% of your income from a single client?

i See also p. 80: 8 "Income earned in the last 12 months"

Form for question 115 with 5 columns (Person 1-5) and 3 rows (Yes, No, Not applicable because I am an unpaid family worker). Each cell contains a checkbox.

116 When did you start working as a self-employed person, a freelancer or an unpaid family worker?

Form for question 116 with 5 columns (Person 1-5) and 2 rows (Month, Year). Each cell contains a grid for entering numbers.

117 Was the employment agency involved in your job search or start of job at any time?

Form for question 117 with 5 columns (Person 1-5) and 2 rows (Yes, No). Each cell contains a checkbox.

voluntary

118 Can you decide on the start and end of your working times?

Form for question 118 with 5 columns (Person 1-5) and 3 rows (Yes, I can decide on them myself; No, the start and end of my working times are determined by the clients or customers; No, my working times are determined by other people or (external) circumstances). Each cell contains a checkbox.

Model questionnaire

119 How many hours per week do you usually work?

i If your working hours vary greatly, please estimate the average hours you work per week based on the last 4 to 12 weeks.

Please round to the nearest half hour (e.g. 38.5).

Number of hours

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
↳ 134	↳ 134	↳ 134	↳ 134	↳ 134

120 Does your job involve temporary agency work?

Yes 1

No 8

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

121 Do you have a fixed-term working contract?

i An apprenticeship or training contract is considered as a fixed-term contract.

Yes, fixed-term contract 1

No, open-ended contract 8

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> → 124	<input type="checkbox"/> → 124	<input type="checkbox"/> → 124	<input type="checkbox"/> → 124	<input type="checkbox"/> → 124

122 Why are you in fixed-term employment?

If there are several reasons, please mark the main one.

Could not find permanent job 1

Do not want permanent job 2

Contract for probationary period 3

Apprentice receiving apprenticeship pay 4

Other kind of training (e.g. legal/teaching/medical internship, other practical training) 5

Job was advertised only as fixed-term employment. ... 6

I am working as a stand-in. 7

Other main reason 8

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

123 How long is the total contract period?

i If it is an employment contract for less than 1 month, please enter "0".

Number of months

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

124 Since when have you been employed with your current employer?

i If you are a temporary employee, please enter the date when you started working for the temporary employment agency.

If you are on secondment or loan, enter the date when you started working for the establishment which seconded or hired you out.

Month

Year

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

125 How did you find your current job?

i If you have several jobs, your answer should only refer to the job in which you work the most hours per week.

Please only indicate the method that was successful.

	Person 1	Person 2	Person 3	Person 4	Person 5
By answering an advertisement in a newspaper or on the internet	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Through relatives, friends, acquaintances	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Through the employment agency (job centre) or other employment authorities	3 <input type="checkbox"/> → 127	<input type="checkbox"/> → 127	<input type="checkbox"/> → 127	<input type="checkbox"/> → 127	<input type="checkbox"/> → 127
Through private employment organisations	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Through an educational, vocational or continuing training institution	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Through practical training, internships or previous work experiences	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Through a speculative application, by applying for an unsolicited job	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My employer/a headhunter contacted me personally.	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By bidding for a public tender	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In some other way	99 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

126 Was the employment agency involved in your job search at any time?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

127 Did you start your current job in the reference week or the preceding 12 months?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

128 Can you decide on the start and end of your working times?

voluntary

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, I can decide on them myself.	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I can decide on them myself within the scope of flexible working time arrangements.	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I have fixed working times.	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

129 Do you have a written contract or verbal agreement with your employer?

voluntary

i Temporary soldiers and public service employees please mark "Yes, a written contract".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, a written contract.	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, a verbal agreement.	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 133	<input type="checkbox"/> → 133	<input type="checkbox"/> → 133	<input type="checkbox"/> → 133	<input type="checkbox"/> → 133

130 Does the contract or verbal agreement set out the weekly working hours?

voluntary

Yes 1
No 8

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> → 133	<input type="checkbox"/> → 133	<input type="checkbox"/> → 133	<input type="checkbox"/> → 133	<input type="checkbox"/> → 133

131 How many weekly working hours does the contract or verbal agreement specify?

voluntary

i In the case of public officials, soldiers and public service employees, your answer should refer to the working hours applicable for you.

Please round to the nearest half hour (e.g. 30.5).

Contractual hours of work

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

132 Do you usually work as many hours per week as contractually agreed?

Yes 1
No 8

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

133 How many hours a week do you usually work, including regular extra hours and stand-by duty?

i If your working hours vary greatly, please estimate the average hours you work per week based on the last 4 to 12 weeks.

See also p. 80: 9 “Stand-by duty”.

Please round to the nearest half hour (e.g. 40.5).

Number of hours

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

134 In the reference week, were there any days when you did not work because of vacation or public holidays?

Yes 1
No 8

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> → 136	<input type="checkbox"/> → 136	<input type="checkbox"/> → 136	<input type="checkbox"/> → 136	<input type="checkbox"/> → 136

135 How many days in total did you not work in the reference week because of vacation or public holidays?

i Please include half days and count them as 0.5.

Number of days

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

136 In the reference week, were there (other) days when you did not work because of illness, injury or a temporary disability?

Yes 1
No 8

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> → 138	<input type="checkbox"/> → 138	<input type="checkbox"/> → 138	<input type="checkbox"/> → 138	<input type="checkbox"/> → 138

137 How many days in total did you not work in the reference week because of illness?

i Please include half days and count them as 0.5.

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of days	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>

138 In the reference week, were there (other) days when you did not work because of other reasons?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140

139 How many days in total did you not work in the reference week for other reasons?

i Please include half days and count them as 0.5.

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of days	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>

140 Did you work more hours in the reference week than contractually agreed?

i If you have no contractual working hours, but worked more hours than usual please indicate "Yes".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → 143	<input type="checkbox"/> → 143	<input type="checkbox"/> → 143	<input type="checkbox"/> → 143	<input type="checkbox"/> → 143

141 In all, how many additional hours did you work in the reference week?

i Please add up all additional hours worked on all days of the reference week.

Please round to the nearest half hour (e.g. 4.5).

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of hours	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>

142 How are the additional hours (overtime) remunerated?

Please mark all relevant boxes and, in addition, enter the number of hours worked as paid or unpaid overtime in the reference week.

	Person 1	Person 2	Person 3	Person 4	Person 5
As hours compensated by flexible working time or time off (working time account)	<input type="checkbox"/> → 145	<input type="checkbox"/> → 145	<input type="checkbox"/> → 145	<input type="checkbox"/> → 145	<input type="checkbox"/> → 145
As hours remunerated in addition to your salary/wage (paid overtime)	<input type="text"/> → 145	<input type="text"/> → 145	<input type="text"/> → 145	<input type="text"/> → 145	<input type="text"/> → 145
The hours are not remunerated and not otherwise compensated (unpaid overtime)	<input type="text"/> → 145	<input type="text"/> → 145	<input type="text"/> → 145	<input type="text"/> → 145	<input type="text"/> → 145

143 Did you work fewer hours in the reference week than contractually agreed?

i If you have no contractual working hours, mark “Yes” if you worked fewer hours in the reference week than usual, and mark “No” if you worked more hours.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → 145	<input type="checkbox"/> → 145	<input type="checkbox"/> → 145	<input type="checkbox"/> → 145	<input type="checkbox"/> → 145

144 Why did you work less or not at all?

i See also p. 79:
4 “Caregiver Leave Act/Family Caregiver Leave Act”

Reason: code from List 144	Person 1	Person 2	Person 3	Person 4	Person 5
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List 144			
Illness, accident	1	Short-time work	11
Spa treatment, rehabilitation measures	2	Public holiday	12
Industrial safety provisions, including maternity leave	3	Start of job during the reference week	13
Parental leave	4	End of job during the reference week	14
Fully or partly released from work under the Caregiver Leave Act	5	Compensation for overtime hours (e.g. flexitime) .	15
Partly released from work under the Family Caregiver Leave Act	6	Attendance of school, training or advanced training outside the establishment	16
Holidays, special leave	7	Personal or family responsibilities or other personal reasons	17
Leave of absence (public service)	8	Absent from job due to partial retirement	18
Strike, lockout	9	Other main reason	19
Bad weather	10		

145 How many hours did you actually work in the reference week?

i **The number of hours actually worked** may differ from the hours usually worked because of overtime, holidays, extra shifts, public holidays, illness and the like.

The number of hours actually worked includes continuing and advanced training, stand-by duty, mobile work hours and work done at home provided that it is a normal part of your job.

If you did not work in the reference week, please enter “0”.

Please round to the nearest half hour (e.g. 28.5).

Number of hours	Person 1	Person 2	Person 3	Person 4	Person 5
	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>

Hours worked in the reference week and the preceding 3 weeks

146 Did you work on at least one Saturday in the reference week and the preceding 3 weeks?

Yes, ...

on every Saturday 1

on at least two Saturdays 2

on one Saturday 3

No 8

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

147 Did you work on at least one Sunday in the reference week and the preceding 3 weeks?

Yes, ...

on every Sunday 1

on at least two Sundays 2

on one Sunday 3

No 8

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

148 Did you work on at least one public holiday in the reference week and the preceding 3 weeks?

Yes, ...

on every public holiday 1

on at least two public holidays 2

on one public holiday 3

No 8

Not applicable, there was no public holiday during that period. 9

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

149 Did you work in the evening between 18:00 and 23:00 hrs on at least one working day in the reference week and the preceding 3 weeks?

Yes, ...

on every day worked 1

on at least half of the days worked 2

on fewer than half of the days worked 3

No 8

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

150 Did you work in the night between 23:00 and 6:00 hrs on at least one working day in the reference week and the preceding 3 weeks?

Yes, ...

on every day worked 1

on at least half of the days worked 2

on fewer than half of the days worked 3

No 8 → 152

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/> → 152	<input type="checkbox"/> → 152	<input type="checkbox"/> → 152	<input type="checkbox"/> → 152	<input type="checkbox"/> → 152

151 How many hours did you work on average between 23.00 and 6.00 hrs?

i See also p. 80: **FO** "Hours worked at night".

Please round to the nearest hour.

Number of hours

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

152 Did you do shift work in the reference week and the preceding 3 weeks?

Yes, ...

on every day worked 1

on at least half of the days worked 2

on fewer than half of the days worked 3

No 8 → 158

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/> → 158	<input type="checkbox"/> → 158	<input type="checkbox"/> → 158	<input type="checkbox"/> → 158	<input type="checkbox"/> → 158

153 Did you work the early shift in the reference week and the preceding 3 weeks?

Yes, ...

on every day worked 1

on at least half of the days worked 2

on fewer than half of the days worked 3

No 8

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

154 Did you work the late shift in the reference week and the preceding 3 weeks?

Yes, ...

on every day worked 1

on at least half of the days worked 2

on fewer than half of the days worked 3

No 8

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

voluntary

voluntary

voluntary

155 Did you work the night shift in the reference week and the preceding 3 weeks?

Yes, ...

	Person 1	Person 2	Person 3	Person 4	Person 5
on every day worked 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
on at least half of the days worked 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
on fewer than half of the days worked 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

156 Did you work the day shift in the reference week and the preceding 3 weeks?

Yes, ...

	Person 1	Person 2	Person 3	Person 4	Person 5
on every day worked 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
on at least half of the days worked 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
on fewer than half of the days worked 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

157 Did you work any other shift in the reference week and the preceding 3 weeks?

Yes, ...

	Person 1	Person 2	Person 3	Person 4	Person 5
on every day worked 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
on at least half of the days worked 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
on fewer than half of the days worked 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

158 Did you work from home in the reference week and the preceding 3 weeks?

i See also p. 80: 11 "Working at home".

	Person 1	Person 2	Person 3	Person 4	Person 5
on every day worked 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
on at least half of the days worked 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
on fewer than half of the days worked 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Second or additional jobs

159 Did you have more than one paid job in the reference week?

i This includes working as a self-employed person or unpaid family worker.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, I had 2 jobs. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I had more than 2 jobs. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169

160 Are you in marginal employment in your additional job?

i If you have **more than one additional job**, please answer the questions below for the additional job in which you work the most hours.

See also p. 79: **6** "Marginal employment".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, a 538-euro job, mini-job (average maximum earnings of 538 euros per month)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, short-term employment (a maximum of 3 months or 70 days worked per year)	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, a one-euro job (job opportunity for people receiving citizen's benefit)	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

161 How often do you work in your additional job?

	Person 1	Person 2	Person 3	Person 4	Person 5
Regularly	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irregularly, occasionally	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a seasonal basis	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

162 What is your status in your additional job?

i See also p. 79: **5** "Categorisation of job".

	Person 1	Person 2	Person 3	Person 4	Person 5
Self-employed person, freelancer					
without employees	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with employees	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid family worker in a family business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public official, judge	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary earner, wage earner (not including apprentices)	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

163 Please provide some keywords to describe your additional job.

- i** For example
 - selling clothing
 - teaching children at primary school
 - advising and informing customers on travel offers
 - designing or planning buildings and other structures
 - assembling and testing electronic circuits
 - mixing concrete, mortar and plaster
 - attending to and caring for patients (before, during and after surgeries)

Person 1

Person 2

Person 3

Person 4

Person 5

164 What is the title of your additional job?

- i** For example:
 - fashion shop assistant
 - primary school teacher
 - travel agent
 - construction engineer
 - electronic equipment mechanic
 - unskilled construction labourer
 - nurse

model questionnaire

Person 1

Person 2

Person 3

Person 4

Person 5

165 Do you mainly perform executive or supervisory duties in your additional job?

- Yes, executive duties (including the authority to take staff, budget and strategy decisions)
- Yes, supervisory duties (guiding and supervising staff, distributing work and checking the outcome)
- No

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

166 Enter the branch of activity of the establishment (location) in which you work in your additional job.

i If the establishment has **several locations**, please enter the main activity of the location, not of the whole enterprise.

If you are **a temporary employee**, please enter the branch of activity in which you work in your additional job.

Please state the **branch of activity** as accurately as possible, for example:

- food retailing (not: trade)
- machine tool industry (not: factory)
- facility management, caretaker services, business consultancy (not: services)
- software development (not: IT)

See also p. 80:

7 "Establishment (location)"

Person 1	<input type="text"/>
Person 2	<input type="text"/>
Person 3	<input type="text"/>
Person 4	<input type="text"/>
Person 5	<input type="text"/>

167 How many hours a week do you usually work in your additional job, including regular extra hours and stand-by duty?

i If your working hours vary greatly, please estimate the average hours you work per week based on the last 4 to 12 weeks.

Please round to the nearest half hour (e.g. 10.5).

Number of hours

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>

168 How many hours did you actually work in your additional job in the reference week?

If you did not work in the reference week, please enter "0".

Please round to the nearest half hour (e.g. 9.5).

Number of hours

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>

Desired number of working hours

169 Would you like to retain your normal weekly working hours or to change them, subject to a corresponding adjustment in earnings?

i The weekly working hours include the hours worked in the main job as well as in second and additional jobs.

	Person 1	Person 2	Person 3	Person 4	Person 5
Retain 1	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175
Increase 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce 3	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174

170 How would you like to increase your working hours?

	Person 1	Person 2	Person 3	Person 4	Person 5
Exclusively by working more hours in the current job(s) 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exclusively by taking up one or more additional jobs .. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exclusively by moving to a job with more working hours 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Without committing to one of the above options 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By combining some of the above options 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

171 Thinking of the 2 weeks following the reference week: Would you be able to start working more hours in these 2 weeks?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174
No 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

172 Why would you not be able to work more hours in these 2 weeks?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
Illness or inability to work 1	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174
Education, advanced training 2	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174
Notice periods in the current job 3	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174
Have to look after children 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people with disabilities 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people in need of care 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family reasons 7	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174
Other personal reasons 8	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174
Other main reason 9	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174

173 Why do you personally look after children, people with disabilities or people in need of care?

If there are several reasons, please mark the main one.

- There is no adequate care available in the vicinity. 1
- There is no adequate care available at the relevant times of the day. 2
- Adequate care is too expensive. 3
- I want to do it myself. 4
- Other essential reasons 9

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

174 How many hours a week would you like to work?

i **The weekly working hours** include the hours worked in the main job as well as in second and additional jobs.

Please round to the nearest half hour (e.g. 32.5).

Number of hours

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Search for work by persons in employment/persons with a second job

175 Did you look for different or additional work in the reference week or the preceding 3 weeks?

i **Looking for work includes** any search for paid work, including second or mini-jobs, self-employed or freelance activities, or small-scale activities.

Forms of search are, for instance, looking through job offers in newspapers or on the internet, searching for job vacancies on notice boards, asking acquaintances and relatives

- Yes 1
- No 8

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209

model questionnaire

176 Why did you look for a job?

If there are several reasons, please mark the main one.

- Near end of the current job 1
- Seeking a permanent job 2
- Current job is of a transitional nature 3
- Seeking additional work 4
- Seeking work with more working hours 5
- Seeking work with fewer working hours 6
- Seeking better working conditions 7
- Other main reason 8

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209

177 Have you ever done paid work as an employee or self-employed person?

i Retired people and former apprentices please mark "Yes" if they worked for a total of **more than 3 months**.

Former unpaid family workers please mark "Yes".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 188	<input type="checkbox"/> → 188	<input type="checkbox"/> → 188	<input type="checkbox"/> → 188	<input type="checkbox"/> → 188

178 Did you work for more than 3 months in that job?

i If you did paid work several times for a shorter period (e.g. seasonal work or as a student assistant), please mark "Yes" if you worked for a total of more than 3 months.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

179 Why did you leave your last paid job or are absent from it?

If there are several reasons, please mark the main one.

Reasons related to the labour market

	Person 1	Person 2	Person 3	Person 4	Person 5
Dismissal (including closure of establishment)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
End of a fixed-term working contract	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sale or closure of own enterprise	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family reasons

Have to look after children	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people with disabilities	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people in need of care	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family reasons	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal reasons

Own resignation	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School or vocational education, studies	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own illness, consequences of an accident	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently reduced earning capacity, permanent disability	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other personal reasons	13 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other reasons

Other main reason	14 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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180 When did you leave your last paid job/since when have you been absent from it?

	Person 1	Person 2	Person 3	Person 4	Person 5
Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

181 What was your status in your last job/the job from which you are absent?

i See also p. 79: **5** "Categorisation of job".

	Person 1	Person 2	Person 3	Person 4	Person 5
Self-employed person, freelancer					
without employees	1 <input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183
with employees	2 <input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183
Unpaid family worker in a family business	3 <input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183
Public official (not including candidates), judge	4 <input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183
Salary earner, wage earner (not including apprentices)	5 <input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183
Apprentice/trainee receiving remuneration	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate public official	8 <input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183
Intern, trainee (including paid practical training or internship)	9 <input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183
Temporary or professional soldier	10 <input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183
Person doing compulsory military/civilian service	11 <input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183
In voluntary military service	12 <input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183
In the Federal Volunteer Service (also social, ecological or cultural year)	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183	<input type="checkbox"/> → 183

182 With whom did you conclude/enter into your apprenticeship contract?

i This refers to remunerated apprenticeships/traineeships.

	Person 1	Person 2	Person 3	Person 4	Person 5
With an establishment (company, shop, office, hospital, public authority)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With an inter-company or external institution as vocational training provider, e.g. a vocational training centre for disabled young people (Berufsbildungswerk), educational centre (Bildungszentrum)	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

183 Please provide some keywords to describe your last job/the job from which you are absent.

- i** For example
- selling clothing
 - teaching children at primary school
 - advising and informing customers on travel offers
 - designing or planning buildings and other structures
 - assembling and testing electronic circuits
 - mixing concrete, mortar and plaster
 - attending to and caring for patients (before, during and after surgeries)

Person 1

Person 2

Person 3

Person 4

Person 5

184 What was/is the title of your last job/the job from which you are absent?

- i** For example
- fashion shop assistant
 - primary school teacher
 - travel agent
 - construction engineer
 - electronic equipment mechanic
 - unskilled construction labourer
 - nurse

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Person 1

Person 2

Person 3

Person 4

Person 5

185 Did you mainly perform executive or supervisory duties in your last job/the job from which you are absent?

- Yes, executive duties (including the authority to take staff, budget and strategy decisions)
- Yes, supervisory duties (guiding and supervising staff, distributing work and checking the outcome)
- No

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

186 Enter the branch of activity of the establishment (location) you last worked in/from which you are absent.

i If the establishment has **several locations**, please enter the main activity of the location, not of the whole enterprise.

If you were **a temporary employee**, please enter the branch of activity of the establishment (location) you last worked in or the branch of activity of the job from which you are absent.

Please state the **branch of activity** as accurately as possible, for example:

- food retailing (not: trade)
- machine tool industry (not: factory)
- facility management, caretaker services, business consultancy (not: services)
- software development (not: IT)

See also p. 80:

7 "Establishment (location)"

Person 1	<input type="text"/>
Person 2	<input type="text"/>
Person 3	<input type="text"/>
Person 4	<input type="text"/>
Person 5	<input type="text"/>

187 In your last job/the job from which you are absent: Were you employed in the public service?

i The public service comprises the federal, Land and municipal authorities, publicly maintained schools, the employment agency, the social security institutions, the police and the Federal Armed Forces.

If you worked in a privatised successor company of Deutsche Post/Bundesbahn most recently or were employed by a church, please indicate "No".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Search for work

188 Are you 90 years or older?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 210	<input type="checkbox"/> → 210	<input type="checkbox"/> → 210	<input type="checkbox"/> → 210	<input type="checkbox"/> → 210
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

189 Did you make any effort to find (new) work in the reference week or the preceding 3 weeks? This includes any search for a job with only a few hours or activities to start a business.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191	<input type="checkbox"/> → 191

190 What did you do in the reference week or the preceding 3 weeks to find new work?

Please mark all relevant boxes.

	Person 1	Person 2	Person 3	Person 4	Person 5
Contacted the employment agency (job centre) or other employment authority	1 <input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201
Contacted private employment organisations	2 <input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201
Placed job wanted advertisements	3 <input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201
Responded to job offers	4 <input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201
Sent off unsolicited applications	5 <input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201
Asked friends, relatives, acquaintances	6 <input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201
Looked through job offers	7 <input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201
Took tests, interviews, exams	8 <input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201
Placed or updated online CVs	13 <input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201
Searched for premises, offices, equipment for self-employment or a freelance job	9 <input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201
Applied for licences, concessions or financial resources for self-employment or a freelance job	10 <input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201
Took other action for self-employment or a freelance job	11 <input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201
Took other action	12 <input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201

191 Did you find a job in the reference week:

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, I found a job in the reference week and have started it.	1 <input type="checkbox"/> → 204	<input type="checkbox"/> → 204	<input type="checkbox"/> → 204	<input type="checkbox"/> → 204	<input type="checkbox"/> → 204
Yes, I found a job in the reference week but have not started it yet.	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I did not look for or find a job in the reference week.	8 <input type="checkbox"/> → 193	<input type="checkbox"/> → 193	<input type="checkbox"/> → 193	<input type="checkbox"/> → 193	<input type="checkbox"/> → 193

192 When will you start your new job?

	Person 1	Person 2	Person 3	Person 4	Person 5
Within the 3 months after the reference week	1 <input type="checkbox"/> → 204	<input type="checkbox"/> → 204	<input type="checkbox"/> → 204	<input type="checkbox"/> → 204	<input type="checkbox"/> → 204
Later, that is, more than 3 months after the reference week	8 <input type="checkbox"/> → 204	<input type="checkbox"/> → 204	<input type="checkbox"/> → 204	<input type="checkbox"/> → 204	<input type="checkbox"/> → 204

193 If you are not looking for a job, would you nevertheless like to work?

i This also refers to jobs with only a few hours.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → 199	<input type="checkbox"/> → 199	<input type="checkbox"/> → 199	<input type="checkbox"/> → 199	<input type="checkbox"/> → 199

194 Why did you not look for a job in the reference week and the preceding 3 weeks?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
No suitable job available	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196
I am awaiting re-employment (following temporary lay-off)	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196
Own illness, consequences of an accident	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196
Permanently reduced earning capacity, permanent disability	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196
Have to look after children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people in need of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family responsibilities	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196
Other personal responsibilities	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196
School or vocational education, studies	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196
Retirement	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196
Other main reason	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196	<input type="checkbox"/> → 196

195 Why do you personally look after children, people with disabilities or people in need of care?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
There is no adequate care available in the vicinity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no adequate care available at the relevant times of the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate care is too expensive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to do it myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other essential reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

196 If a paid job had been available in the reference week, could you have started it within the following 2 weeks?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

197 Why would you not be able to start a new job within the following 2 weeks?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
School or vocational education, studies 1	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
Own illness, consequences of an accident 2	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
Permanently reduced earning capacity, permanent disability 3	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
Have to look after children 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people with disabilities 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people in need of care 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family responsibilities 7	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
Other personal responsibilities 8	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
Retirement 9	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
Other main reason 10	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209

198 Why do you personally look after children, people with disabilities or people in need of care?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
There is no adequate care available in the vicinity. 1	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
There is no adequate care available at the relevant times of the day. 2	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
Adequate care is too expensive. 3	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
I want to do it myself. 4	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
Other essential reasons 5	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209

199 Why do you not want to, or why are you not able to work?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
School or vocational education, studies 1	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
Own illness, consequences of an accident 2	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
Permanently reduced earning capacity, permanent disability 3	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
Have to look after children 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people with disabilities 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people in need of care 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family responsibilities 7	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
Other personal responsibilities 8	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
Retirement 9	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
Other main reason 10	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209

200 Why do you personally look after children, people with disabilities or people in need of care?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
There is no adequate care available in the vicinity. 1	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
There is no adequate care available at the relevant times of the day. 2	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
Adequate care is too expensive. 3	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
I want to do it myself. 4	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
Other essential reasons 9	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209

201 Why are you searching for work?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
Dismissal 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own resignation 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntarily away from job 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entering the labour market (for the first time) 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

202 What employment status are you looking for?

I am mainly looking for employment as...

	Person 1	Person 2	Person 3	Person 4	Person 5
a self-employed person or freelancer 1	<input type="checkbox"/> → 204	<input type="checkbox"/> → 204	<input type="checkbox"/> → 204	<input type="checkbox"/> → 204	<input type="checkbox"/> → 204
an employee, public official 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

203 Are you searching for a full-time or part-time job?

I am searching for...

	Person 1	Person 2	Person 3	Person 4	Person 5
a full-time job only. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
preferably a full-time job, but would also work part-time. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a part-time job only. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
preferably a part-time job, but would also work full-time. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a full-time or part-time job. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

204 How long have you looked or did you look for (other) work?

	Person 1	Person 2	Person 3	Person 4	Person 5
Less than 1 month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 to less than 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 to less than 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 to less than 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 to less than 1 ½ years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 ½ to less than 2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 to less than 4 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 years or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

205 Which group did you belong to directly before you started to look for work?

	Person 1	Person 2	Person 3	Person 4	Person 5
Persons in employment (also apprentices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons in full-time education or advanced training (e.g. students, pupils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewives/househusbands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons doing compulsory military service/Federal Volunteer Service/civilian service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (e.g. retired persons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

206 If a paid job had been available in the reference week, could you have started it within the following 2 weeks?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

207 Why would you not be able to start a new job within the following 2 weeks?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
School or vocational education, studies	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
Own illness, consequences of an accident	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
Permanently reduced earning capacity, permanent disability	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
Have to look after children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people in need of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family responsibilities	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
Other personal responsibilities	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
Retirement	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209
Other main reason	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209	<input type="checkbox"/> → 209

208 Why do you personally look after children, people with disabilities or people in need of care?

If there are several reasons, please mark the main one.

	Person 1	Person 2	Person 3	Person 4	Person 5
There is no adequate care available in the vicinity. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no adequate care available at the relevant times of the day. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate care is too expensive. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to do it myself. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other essential reasons 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

209 Were you registered with the employment agency or other employment authority in the reference week?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, registered as unemployed, received unemployment benefit I 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, registered as unemployed, received citizen benefit 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, but only looking for work 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

210 Regarding your situation in the reference week: which category best describes it?

i See also p. 79:
3 "Partial retirement" and
4 "Caregiver Leave Act/Family Caregiver Leave Act"

	Person 1	Person 2	Person 3	Person 4	Person 5
Salary earner, wage earner, public official (including temporary or professional soldiers, apprentices) and currently:					
on parental leave 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in partial retirement 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fully or partly released from work under the Caregiver Leave Act 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
partly released from work under the Family Caregiver Leave Act 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary earner, wage earner, public official (including temporary or professional soldiers, apprentices) not on parental leave or in partial retirement and not released from work 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-employed person, freelancer:					
without employees 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with employees 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid family worker in a family business 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the Federal Volunteer Service (also social, ecological or cultural year), in voluntary military service 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pupil, student 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired or in early retirement 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife/househusband, looking after children or people in need of care 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently unfit for work 14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

211 Now please think of the situation 12 months before the reference week. Which category best describes your situation at that time?

	Person 1	Person 2	Person 3	Person 4	Person 5
Employee, public official, apprentice	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-employed person, freelancer					
without employees	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with employees	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid family worker in a family business	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the Federal Volunteer Service (also social, ecological or cultural year), in voluntary military service	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pupil, student	7 <input type="checkbox"/> → 213	<input type="checkbox"/> → 213	<input type="checkbox"/> → 213	<input type="checkbox"/> → 213	<input type="checkbox"/> → 213
Permanently unfit for work	8 <input type="checkbox"/> → 213	<input type="checkbox"/> → 213	<input type="checkbox"/> → 213	<input type="checkbox"/> → 213	<input type="checkbox"/> → 213
Retired or in early retirement	9 <input type="checkbox"/> → 213	<input type="checkbox"/> → 213	<input type="checkbox"/> → 213	<input type="checkbox"/> → 213	<input type="checkbox"/> → 213
Unemployed	10 <input type="checkbox"/> → 213	<input type="checkbox"/> → 213	<input type="checkbox"/> → 213	<input type="checkbox"/> → 213	<input type="checkbox"/> → 213
Housewife/househusband, looking after children or people in need of care	11 <input type="checkbox"/> → 213	<input type="checkbox"/> → 213	<input type="checkbox"/> → 213	<input type="checkbox"/> → 213	<input type="checkbox"/> → 213
None of the above	12 <input type="checkbox"/> → 213	<input type="checkbox"/> → 213	<input type="checkbox"/> → 213	<input type="checkbox"/> → 213	<input type="checkbox"/> → 213

212 What is the branch of activity of the establishment in which you worked 12 months ago?

i If the establishment has **several locations**, please enter the main activity of the location, not of the whole enterprise.

If you are **a temporary employee**, please enter the branch of activity in which you worked 12 months ago.

Please state the **branch of activity** as accurately as possible, for example:

- food retailing (not: trade)
- machine tool industry (not: factory)
- facility management, caretaker services, business consultancy (not: services)
- software development (not: IT)

See also p. 80:

7 "Establishment (location)"

Person 1	<input type="text"/>
Person 2	<input type="text"/>
Person 3	<input type="text"/>
Person 4	<input type="text"/>
Person 5	<input type="text"/>

213 Which are your main sources of livelihood?

i See also p. 80:
12 "Main sources of livelihood"

Main sources of livelihood: code from List 213

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List 213			
Own employment	1	Income of the parents	8
Unemployment benefit I	2	Income of the partner, spouse or other relatives ..	14
Citizen's benefit	3	Maintenance payments or other regular payments received from other private households	9
Public assistance, e.g. basic security in old age and in cases of reduced earning capacity, assistance for nursing care, continuous subsistence payments	4	Training assistance (BAföG), scholarship/grant	10
Pension based on my own entitlements	5	Benefits for asylum seekers	11
Surviving dependant's pension	15	Benefits from own long-term care insurance (long-term care allowance)	12
Own property, savings, interest, renting, leasing, life interest retained for older people, life assurance, specific pensions fund (Versorgungswerk)	6	Other financial support, e.g. early retirement payments, foster child allowance, sickness pay, loan in accordance with the Caregiver Leave Act or the Family Caregiver Leave Act	13
Parental allowance	7		

model questionnaire

214 What was your personal net income (total of all income sources) in the month before the reference week?

i The personal net income is calculated as gross earnings less taxes and less contributions to health, long-term care and unemployment insurance as well as to statutory pension insurance.

This includes:

- earnings from main and second job(s), extra payments (e.g. Christmas bonus, severance pay, bonus payments)
- pensions
- unemployment benefit I, citizen's benefit
- basic security in old age and in cases of reduced earning capacity, assistance for nursing care, continuous subsistence payments and other public assistance benefits
- heating and housing benefits, housing allowance, children's allowance, long-term care allowance, parental allowance, training assistance (BAföG), child bonus and other public payments
- maintenance payments or other regular payments received from other private households
- further income and receipts (e.g. entrepreneurial income, income from renting and leasing, interest, dividends)

See also p. 80: **13** "Net income".

	Person 1	Person 2	Person 3	Person 4	Person 5
Personal net income: code from List 214	□	□	□	□	□
I had no income.	□	□	□	□	□

List 214			
Less than 250 euros	1	3 000 to less than 3 250 euros	13
250 to less than 500 euros	2	3 250 to less than 3 500 euros	14
500 to less than 750 euros	3	3 500 to less than 4 000 euros	15
750 to less than 1 000 euros	4	4 000 to less than 4 500 euros	16
1 000 to less than 1 250 euros	5	4 500 to less than 5 000 euros	17
1 250 to less than 1 500 euros	6	5 000 to less than 6 000 euros	18
1 500 to less than 1 750 euros	7	6 000 to less than 7 000 euros	19
1 750 to less than 2 000 euros	8	7 000 to less than 8 000 euros	20
2 000 to less than 2 250 euros	9	8 000 to less than 10 000 euros	21
2 250 to less than 2 500 euros	10	10 000 to less than 15 000 euros	22
2 500 to less than 2 750 euros	11	15 000 to less than 25 000 euros	23
2 750 to less than 3 000 euros	12	25 000 euros or over	24

215 What was the total net income of your household in the month before the reference week?

i **The net income of the household** is the sum of the net incomes of all people in the household.

Net household income

Monthly amount (full euros)

If you are not able to state an exact amount, please enter the size class of List 214 that corresponds to the amount of your monthly net household income.

Code from List 214

216 Are you 15 years or older?

Yes

No

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> → 265	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265

217 What is your average monthly net salary/wage?

i **Additional earnings** such as vacation bonuses, 13th month's salary or performance bonuses have to be considered pro rata (sum divided by 12).

People on parental leave should refer to the period before they received parental allowance.

If you have **more than one job**, your answer should refer to the job in which you work the most hours.

See also p. 80: **14** "Net salary, wage".

Net salary/wage: code from List 217

Not applicable as I am not in employment.

Not applicable because I am an unpaid family worker.

Not applicable because self-employed, freelancer.

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/> → 219	<input type="text"/> → 219	<input type="text"/> → 219	<input type="text"/> → 219	<input type="text"/> → 219
<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219
<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List 217

Less than 250 euros	1	3 000 to less than 3 250 euros	13
250 to less than 500 euros	2	3 250 to less than 3 500 euros	14
500 to less than 750 euros	3	3 500 to less than 4 000 euros	15
750 to less than 1 000 euros	4	4 000 to less than 4 500 euros	16
1 000 to less than 1 250 euros	5	4 500 to less than 5 000 euros	17
1 250 to less than 1 500 euros	6	5 000 to less than 6 000 euros	18
1 500 to less than 1 750 euros	7	6 000 to less than 7 000 euros	19
1 750 to less than 2 000 euros	8	7 000 to less than 8 000 euros	20
2 000 to less than 2 250 euros	9	8 000 to less than 10 000 euros	21
2 250 to less than 2 500 euros	10	10 000 to less than 15 000 euros	22
2 500 to less than 2 750 euros	11	15 000 to less than 25 000 euros	23
2 750 to less than 3 000 euros	12	25 000 euros or over	24

218 What are your average monthly net earnings?

i Please take into account the average monthly earnings/profit of the last 12 months (sum divided by 12).

See also p. 81:

15 "Net earnings of self-employed"

Net earnings: code from List 218

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List 218

Less than 250 euros	1	3 000 to less than 3 250 euros	13
250 to less than 500 euros	2	3 250 to less than 3 500 euros	14
500 to less than 750 euros	3	3 500 to less than 4 000 euros	15
750 to less than 1 000 euros	4	4 000 to less than 4 500 euros	16
1 000 to less than 1 250 euros	5	4 500 to less than 5 000 euros	17
1 250 to less than 1 500 euros	6	5 000 to less than 6 000 euros	18
1 500 to less than 1 750 euros	7	6 000 to less than 7 000 euros	19
1 750 to less than 2 000 euros	8	7 000 to less than 8 000 euros	20
2 000 to less than 2 250 euros	9	8 000 to less than 10 000 euros	21
2 250 to less than 2 500 euros	10	10 000 to less than 15 000 euros	22
2 500 to less than 2 750 euros	11	15 000 to less than 25 000 euros	23
2 750 to less than 3 000 euros	12	25 000 euros or over	24

Educational and vocational attainment

219 Do you hold a general school certificate?

Yes

No/Not yet

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> → 223	<input type="checkbox"/> → 223	<input type="checkbox"/> → 223	<input type="checkbox"/> → 223	<input type="checkbox"/> → 223

220 Which is your highest qualification?

Please convert qualifications gained abroad to German equivalents.

School certificate obtained after no more than 7 years of school attendance

Secondary general school certificate (also former school type starting with grade 1)

School of general education in the GDR

school certificate obtained after grade 8 or 9

school certificate obtained after grade 10

Intermediate school certificate, intermediate school-leaving certificate or equivalent

Entrance qualification for universities of applied sciences

Higher education entrance qualification (general or subject-restricted)

Certificate of special school

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

221 Did you obtain your general school certificate in Germany or abroad?

	Person 1	Person 2	Person 3	Person 4	Person 5
Germany	1 <input type="checkbox"/> → 223	<input type="checkbox"/> → 223	<input type="checkbox"/> → 223	<input type="checkbox"/> → 223	<input type="checkbox"/> → 223
Abroad	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

222 How long did you attend school?

Please round to the nearest year.

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of years in school	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

223 Do you have a vocational training qualification or a higher education degree?

i People who have completed a pre-vocational training year, on-the-job training or an internship of at least 12 months should also indicate "Yes" here.

A higher education degree also includes a degree from a university of applied sciences.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225
No/Not yet	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

224 In what year did you obtain your highest qualification from a school of general education?

	Person 1	Person 2	Person 3	Person 4	Person 5
Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Not applicable as I have no general school certificate (yet).	<input type="checkbox"/> → 231	<input type="checkbox"/> → 231	<input type="checkbox"/> → 231	<input type="checkbox"/> → 231	<input type="checkbox"/> → 231

225 In what year did you obtain your highest vocational qualification or your higher education degree?

	Person 1	Person 2	Person 3	Person 4	Person 5
Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

226 Did you obtain your highest vocational qualification or higher education degree in Germany or abroad?

	Person 1	Person 2	Person 3	Person 4	Person 5
Germany	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abroad	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

227 Which is your highest qualification?

Please convert qualifications gained abroad to German equivalents.

Vocational qualification attained

	Person 1	Person 2	Person 3	Person 4	Person 5
On-the-job training 1	<input type="checkbox"/> → 231	<input type="checkbox"/> → 231	<input type="checkbox"/> → 231	<input type="checkbox"/> → 231	<input type="checkbox"/> → 231
Internship 2	<input type="checkbox"/> → 231	<input type="checkbox"/> → 231	<input type="checkbox"/> → 231	<input type="checkbox"/> → 231	<input type="checkbox"/> → 231
Pre-vocational training year 3	<input type="checkbox"/> → 231	<input type="checkbox"/> → 231	<input type="checkbox"/> → 231	<input type="checkbox"/> → 231	<input type="checkbox"/> → 231
Apprenticeship, vocational training in the dual system 4	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Certificate qualifying for an occupation obtained from a full-time vocational school or from a secondary school offering general as well as vocational education to pupils aged 16 to 19 5	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Preparatory training for the intermediate service in public administration 6	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Training centre/school for health-care service occupations and social occupations:					
one year (e.g. geriatric care assistant) 7	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant) 8	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
three years (e.g. physiotherapy, medical laboratory assistant, geriatric care) 9	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Nursery teacher/educator 10	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Master craftsman/craftswoman 11	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Technician's qualification or equivalent trade and technical school certificate 12	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Specialised and engineering schools of the GDR 13	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Specialised academy (in Bayern only) 14	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230

Higher education institutions

Diplom degree, Bachelor's, Master's, state examination e.g. for the teaching profession

Vocational academy 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College of public administration 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University of applied sciences (also college of engineering), cooperative state university (in Baden-Württemberg, Schleswig-Holstein and Thüringen) 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University (also college of art and music, college of education, college of theology) 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctoral degree 19	<input type="checkbox"/> → 229	<input type="checkbox"/> → 229	<input type="checkbox"/> → 229	<input type="checkbox"/> → 229	<input type="checkbox"/> → 229

228 What is the title of the highest degree you obtained from a higher education institution?

	Person 1	Person 2	Person 3	Person 4	Person 5
Bachelor's 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master's 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diplom degree, state examination e.g. for the teaching profession, artistic and comparable degrees 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

229 Did you work on your doctorate in the reference week or the preceding 12 months?

i This refers only to doctorates that are supported by a doctoral supervisor.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

230 In what (main) field did you obtain your highest vocational qualification or higher education degree?

i **Fields of vocational training are** e.g. care for the elderly, floristry, bricklayer, mechatronics technician, care assistant, industrial clerk.

Fields of study are e.g. mechanical engineering, production engineering, agricultural science, teacher training course (grammar school).

Person 1	<input type="text"/>
Person 2	<input type="text"/>
Person 3	<input type="text"/>
Person 4	<input type="text"/>
Person 5	<input type="text"/>

231 Did you work in an establishment or an organisation as part of your vocational training/studies?

i Please take into account also internships, irrespective of whether or not they were paid. However, activities that were not part of the vocational training/studies do not count. If you have dropped out of vocational training/studies, your answer should refer to vocational training/studies, you have dropped out of.

Persons who have completed company-based vocational training please indicate "Yes".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234

232 For how many months did you work in total?

i If you did different internships and the like, please add up the times.

In case of company-based vocational training, please indicate the length of company-based training here.

	Person 1	Person 2	Person 3	Person 4	Person 5
Less than 1 month	1 <input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
1 month to 6 months	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 6 months	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

voluntary

voluntary

233 Did you receive pay or expense allowance?
 Please mark "Yes" even if you received money only for part of that work.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continuing education and training

234 In the 4 weeks before the reference week, did you participate in continuing general or vocational training, such as courses, seminars, training sessions or workshops?

- i** By training, we mean all continuing education measures
- in your free time or in a professional context,
 - in person, online or directly at the workplace
 - irrespective of their duration (over a longer period or just one hour)

It also includes continuing education that is still ongoing.

Continuing general training includes measures such as language courses, computer courses, training courses, health education or political education courses, first-aid courses, private lessons, training for voluntary work.

Continuing vocational training includes measures such as training by superiors, colleagues or trainers, advanced training (e.g. EDP, IT, rhetoric, soft skills) or courses and further training programmes to adapt to new (technological) developments or to prepare for new tasks in the job.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → 238	<input type="checkbox"/> → 238	<input type="checkbox"/> → 238	<input type="checkbox"/> → 238	<input type="checkbox"/> → 238

model questionnaire

235 What was the purpose of the courses or seminars?

Mainly vocational

Mainly private

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

236 How many hours in total did you spend on courses/ seminars in the 4 weeks before the reference week (excluding time for preparation and follow-up)?

i Hours lasting 60 minutes.

Round up to the nearest full hour.

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

237 What was the subject of your latest course or seminar?

- i** **Subjects of continuing training** are e.g.
- word processing, pottery, insolvency law, German as a foreign language, rhetoric, tax law, private music lessons, sailing certificate, financial investments
 - application programming, database administration, network support, office administration, sales, marketing, public relations work, quality management, human resources management, management and leadership

Person 1	
Person 2	
Person 3	
Person 4	
Person 5	

238 In the 12 months before the reference week, did you participate in continuing general or vocational training, such as courses, seminars, training sessions or workshops?

- i** By training, we mean all continuing education measures
- in your free time or in a professional context,
 - in person, online or directly at the workplace
 - irrespective of their duration (over a longer period or just one hour)

It also includes continuing education that is still ongoing.

Continuing general training includes measures such as language courses, computer courses, training courses, health education or political education courses, first-aid courses, private lessons, training for voluntary work.

Continuing vocational training includes measures such as training by superiors, colleagues or trainers, advanced training (e.g. EDP, IT, rhetoric, soft skills) or courses and further training programmes to adapt to new (technological) developments or to prepare for new tasks in the job.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 242	<input type="checkbox"/> → 242	<input type="checkbox"/> → 242	<input type="checkbox"/> → 242	<input type="checkbox"/> → 242

239 What was the purpose of the courses or seminars?

	Person 1	Person 2	Person 3	Person 4	Person 5
Vocational	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both vocational and private	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

240 How many hours in total did you spend on courses/ seminars in the 12 months before the reference week (excluding time for preparation and follow-up)?

i Hours lasting 60 minutes.

Round up to the nearest full hour.

Number of hours

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

241 What was the subject of your latest course or seminar?

i **Subjects of continuing training** are e.g.
 – word processing, pottery, insolvency law, German as a foreign language, rhetoric, tax law, private music lessons, sailing certificate, financial investments
 – application programming, database administration, network support, office administration, sales, marketing, public relations work, quality management, human resources management, management and leadership

Person 1

Person 2

Person 3

Person 4

Person 5

Model questionnaire

Pension insurance

242 Do you receive an old-age pension from statutory pension insurance?

Yes 1

No 8

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

243 Were you insured under the statutory pension insurance scheme in the reference week?

i See also p. 81:
 16 "Statutory pension insurance"

Yes, compulsorily insured 1

Yes, voluntarily insured 2

No 8

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

244 Did you use the internet in the last 3 months?

i You may have used the internet at any location (at home, at work or other places) via any internet-enabled device (e.g. desktop PC, laptop, tablet, smartphone, game console, e-book reader).

Please note: Internet use also includes receiving/sending e-mails, messaging (e.g. via WhatsApp), gaming, streaming, online/mobile banking.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reconciliation of work and family life - childcare

245 What is your age?

	Person 1	Person 2	Person 3	Person 4	Person 5
15 to 17 years	1 <input type="checkbox"/> → 265	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265
18 to 74 years	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75 years or older	3 <input type="checkbox"/> → 265	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265

i The next few questions deal with the reconciliation of work and care responsibilities.

Care responsibilities in this context refer to the care of children, people in need of care or people with disabilities, regardless of where they live. Please also consider children who do not live with you. These questions are voluntary. Your answers help provide a more comprehensive picture of this topic and improve the informational value.

246 Do you have children under the age of 15 years whom you look after or take care of regularly?

i Please consider your own children, foster children, adopted children and your partner's children. Grandchildren should not be included here.

Regularly means several hours per week.

Taking care of children in this context means actively engaging with or minding children.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, ...					
own children	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kinder meines Partners/meiner Partnerin	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
my partner's children	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 251	<input type="checkbox"/> → 251	<input type="checkbox"/> → 251	<input type="checkbox"/> → 251	<input type="checkbox"/> → 251

voluntary

voluntary	247	Where do the children you take care of live?	Person 1	Person 2	Person 3	Person 4	Person 5
		The children I take care of ...					
		(all) live in this household. 1	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249	<input type="checkbox"/> → 249
		(all) live in another household. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		at least one child lives in this household and at least one other child lives in another household. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No, I do not take care of any children. 8	<input type="checkbox"/> → 251	<input type="checkbox"/> → 251	<input type="checkbox"/> → 251	<input type="checkbox"/> → 251	<input type="checkbox"/> → 251	

voluntary	248	How old is the youngest child you take care of?	Person 1	Person 2	Person 3	Person 4	Person 5
		Please state the child's age in years. Age (in years)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

voluntary	249	Are the children normally looked after by childcare services, such as kindergartens, crèches, professional childminders or after school centres?	Person 1	Person 2	Person 3	Person 4	Person 5
		<i>i</i> This question refers to your own and your partner's children under the age of 15, irrespective of where they live.					
		Yes, all children 1	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254
		Yes, but not all children 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

voluntary	250	What is the main reason for not using professional childcare services for all the children?	Person 1	Person 2	Person 3	Person 4	Person 5
		Please indicate the main reason only.					
		There is no care service nearby or service is fully booked. 1	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254
		They are too expensive. 2	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254
		The quality or kind of services offered is not suitable. 3	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254
		Unsuitable opening times. 4	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254
		I prefer to take care of the children myself or together with my partner. 5	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254
		I prefer to arrange care with the support of grandparents or others. 6	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254
		The children take care of themselves. 7	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254
		The children are too young. 9	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254
	Other personal reasons. 10	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	

voluntary	251	Do you or your partner have grandchildren under the age of 15 years?	Person 1	Person 2	Person 3	Person 4	Person 5
		Yes 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No 8	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254

252 Do you regularly take care of one or more of these grandchildren, i.e. for at least a few hours per week on average?

i Taking care of children in this context means actively engaging with or minding children.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254

253 How old is the youngest grandchild you take care of?
Please state the child's age in years.

Age (in years)

	Person 1	Person 2	Person 3	Person 4	Person 5
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Care of relatives who are in need of care or have a disability

254 Do you regularly take care of or provide assistance to relatives aged 15 years or more who are ill, in need of care or have a disability?

i Relatives include one's spouse or partner, parents and parents-in-law, children over 15 years who require long-term care or have a disability, and other family members, regardless of where they live.

The provision of care or assistance includes shopping for groceries, preparing meals, assistance in personal care and support in organisational matters, for instance.

Please indicate all the persons you take care of!

Please mark all relevant boxes.

Yes, I take care of ...

	Person 1	Person 2	Person 3	Person 4	Person 5
my spouse or partner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
children over the age of 15 who have disabilities or require long-term care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
my parents or parents-in-law.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other relatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → 257	<input type="checkbox"/> → 257	<input type="checkbox"/> → 257	<input type="checkbox"/> → 257	<input type="checkbox"/> → 257

255 Where does/do the person(s) you assist or take care of live?

The person(s) I assist/take care of ...

	Person 1	Person 2	Person 3	Person 4	Person 5
lives/(all) live in this household.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lives/(all) live in another household.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
at least one person lives in this household and one other person/other persons live(s) in another household.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

256 How many hours per week do you spend caring for this person/these persons?

If you assist or take care of more than one person, please count up all the time spent. Please also include travel time.

voluntary

	Person 1	Person 2	Person 3	Person 4	Person 5
Less than 5 hours per week 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 hours to less than 10 hours per week 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 hours to less than 20 hours per week 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 hours to less than 30 hours per week 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 hours to less than 40 hours per week 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 hours per week or more 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reconciliation of work and care responsibilities

257 Are you currently in employment?

i You are also in employment if you are in marginal employment, in short-term employment or have a second job.

voluntary

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/> → 260	<input type="checkbox"/> → 260	<input type="checkbox"/> → 260	<input type="checkbox"/> → 260	<input type="checkbox"/> → 260

258 Have you made any work-related adjustments to facilitate care for your children or your relatives who have disabilities or require long-term care?

Please only indicate the main adjustment you have made.

voluntary

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, I have changed job or employer. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I am currently absent from work (e.g. on parental leave, caregiver leave, (special) leave). 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I have reduced my current working hours (e.g. part-time work). 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I currently work from home more (also just intermittently or on individual days). 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I have adjusted my current work schedule but have not reduced the hours I work. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I am temporarily working on less demanding tasks in the job. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I have made another work-related adjustment. ... 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I have not made any adjustments. 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I do not take care of any children or other relatives. 9	<input type="checkbox"/> → 260	<input type="checkbox"/> → 260	<input type="checkbox"/> → 260	<input type="checkbox"/> → 260	<input type="checkbox"/> → 260

259 What is the main difficulty that you encounter in your current job to balance work with your care responsibilities?

i People on parental leave, maternity leave or caregiver leave should answer in relation to the period after their return to the workplace.

voluntary

	Person 1	Person 2	Person 3	Person 4	Person 5
Long working hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpredictable or inflexible work schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demanding or exhausting tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long commute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other work-related difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No work-related difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child-rearing periods

260 What is your age?

	Person 1	Person 2	Person 3	Person 4	Person 5
18 to 54 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55 years or older	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265

261 How many children are you raising or have you raised in the course of your life?

i This question refers to your own children, including foster children and adopted children, and also includes children who have already left home or who are adults.

Only include your partner's children if you are their legal representative.

voluntary

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of children	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
None	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265

model questionnaire

262 Which of the following statements applies to your current situation?

i You are/were also in employment if you are/were in marginal employment, in short-term employment or have/had a second job.

	Person 1	Person 2	Person 3	Person 4	Person 5
1 I am currently in employment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 I was previously in employment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 I am not and have never been in employment.	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265

263 Since the start of your working life, have you ever taken maternity leave or parental leave for one of your own children?
If you have taken child-raising leave, please indicate that as "parental leave".

voluntary

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, I have only taken maternity leave. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I have only taken parental leave. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I have taken both maternity and parental leave. ... 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I have not taken either maternity or parental leave. 8	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265

264 How long did you take in total?
Please add up all the times you took leave for your own children since the start of your working life.

voluntary

	Person 1	Person 2	Person 3	Person 4	Person 5
Up to 1 month 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 1 month up to 2 months 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 2 months up to 4 months 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 4 months up to 6 months 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 6 months up to a year 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 1 year up to 3 years 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 3 years up to 5 years 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 5 years up to 10 years 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 10 years 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health-related questions

265 Have you been ill in the last 4 weeks?
i If you were only injured in an accident, please indicate "No".

voluntary

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/> → 268	<input type="checkbox"/> → 268	<input type="checkbox"/> → 268	<input type="checkbox"/> → 268	<input type="checkbox"/> → 268

266 How long were you ill/have you been ill?
i If you are still ill, please indicate the duration of your illness.

voluntary

	Person 1	Person 2	Person 3	Person 4	Person 5
1 to 3 days 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 3 days up to 1 week 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 1 week up to 2 weeks 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 2 weeks up to 4 weeks 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 4 weeks up to 6 weeks 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 6 weeks up to 1 year 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 1 year 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

voluntary	267	Were you treated by a doctor or in hospital in the last 4 weeks?	Person 1	Person 2	Person 3	Person 4	Person 5
		Yes, out-patient treatment by a doctor	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes, out-patient treatment in hospital	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes, in-patient treatment in hospital	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

voluntary	268	Have you been injured in an accident in the last 4 weeks?	Person 1	Person 2	Person 3	Person 4	Person 5
		Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No	8 <input type="checkbox"/> → 272	<input type="checkbox"/> → 272	<input type="checkbox"/> → 272	<input type="checkbox"/> → 272	<input type="checkbox"/> → 272

voluntary	269	What kind of accident did you have?	Person 1	Person 2	Person 3	Person 4	Person 5
		Accident at work/on duty (excluding commuting accident)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Traffic accident (including commuting accident)	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Domestic accident	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Leisure accident (sport, games, other leisure-time activities)	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Other accident (including school accident)	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

voluntary	270	How long did you suffer/have you suffered from that injury?	Person 1	Person 2	Person 3	Person 4	Person 5
		i If you are still injured, please indicate how long you have suffered from that injury.					
		1 to 3 days	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		More than 3 days up to 1 week	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		More than 1 week up to 2 weeks	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		More than 2 weeks up to 4 weeks	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		More than 4 weeks up to 6 weeks	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		More than 6 weeks up to 1 year	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	More than 1 year	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

voluntary	271	Were you treated for your injury by a doctor or in hospital in the last 4 weeks?	Person 1	Person 2	Person 3	Person 4	Person 5
		Yes, out-patient treatment by a doctor	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes, out-patient treatment in hospital	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes, in-patient treatment in hospital	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

voluntary	272	What is your height when not wearing shoes?	Person 1	Person 2	Person 3	Person 4	Person 5
		Please enter your height in cm. Height in cm	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

voluntary

273 What is your weight when wearing neither clothes nor shoes?

i If you are pregnant, please enter your weight before the pregnancy.

Please enter your weight in kg.

Weight in kg

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Questions related to smoking habits

voluntary

274 Are you 15 years or older?

Yes 1

No 8 → 280

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280

voluntary

275 Do you currently smoke?

Yes, regularly 1 → 277

Yes, occasionally 2 → 277

No 8

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/> → 277	<input type="checkbox"/> → 277	<input type="checkbox"/> → 277	<input type="checkbox"/> → 277	<input type="checkbox"/> → 277
<input type="checkbox"/> → 277	<input type="checkbox"/> → 277	<input type="checkbox"/> → 277	<input type="checkbox"/> → 277	<input type="checkbox"/> → 277
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

voluntary

276 Have you ever smoked?

Yes, regularly 1

Yes, occasionally 2

No 8 → 280

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280

voluntary

277 At what age did you start smoking?

Please state your age in years.

Age (in years)

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

voluntary

278 What do you mainly smoke?

Cigarettes 1

Cigars, cigarillos 2 → 280

Pipe tobacco 3 → 280

Shisha (water pipe) 4 → 280

E-cigarette 5 → 280

Cannabis products with tobacco 6 → 280

Cannabis products without tobacco 7 → 280

Not applicable as I no longer smoke 8 → 280

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280
<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280
<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280
<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280
<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280
<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280

voluntary

279 How many cigarettes do you smoke per day?

Fewer than 5 cigarettes 1

5 to fewer than 21 cigarettes 2

21 to fewer than 41 cigarettes 3

41 cigarettes and over 4

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participation in the survey

		Person 1	Person 2	Person 3	Person 4	Person 5
voluntary	280 Have you answered the questions yourself?					
	Yes 1	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End
	No, another household member has answered the questions. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, someone not living in the household has answered the questions. 3	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End	

		Person 1	Person 2	Person 3	Person 4	Person 5
voluntary	281 Which household member has answered the questions?					
	Please enter the number (see flap) of the person who has answered the questions.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

model questionnaire

1 Today's territory

"Today's territory" refers to the national borders of the Federal Republic of Germany as of 3 October 1990.

2 Citizenship

German by birth

Please mark "German by birth" also in these cases:

- Expellees:
People who did not acquire German citizenship by birth but acquired it due to their **recognition as persons of ethnic German origin** in accordance with Section 1 of the Federal Expellees Act **and** who **immigrated** to today's territory of Germany **before 1950**, please mark "German by birth".
For those who immigrated in 1950 or later, please see the notes on ethnic German repatriates.
- If you were temporarily deprived of German citizenship that you had acquired by birth, please mark "German by birth".
- Children of a parent of German citizenship:
Children born within marriage to a German mother and a foreign father after 1 April 1953 and before 1 January 1975 and who, consequently, acquired German citizenship by means of a declaration or by naturalisation please mark "German by birth".
Children born outside marriage to a German father and a foreign mother before 1 July 1993 and who acquired German citizenship by naturalisation please mark "German by birth".
People who acquired German citizenship by legitimation (e. g. subsequent marriage of the parents of a child born outside marriage) by 30 June 1998 please mark "German by birth".
People who have acquired German citizenship since 2021 by means of a declaration in accordance with Section 5 of the Nationality Act please mark "German by birth".
- People born in Saarland:
People born in Saarland between 1947 and 1956, at least one of whose parents had German citizenship when the child was born, please mark "German by birth" even if they had French citizenship at the time of birth.

Ethnic German repatriates with and without naturalisation

- People who came to Germany as ethnic German repatriates between 1993 and 2000 received an official certificate of naturalisation (not a certificate in accordance with Section 7 of the Nationality Act). In this case, please mark "As a naturalised (ethnic) German repatriate".
- For people who have been granted German citizenship on the grounds of their eligibility for naturalisation as an ethnic German repatriate: please mark "As a naturalised (ethnic) German repatriate".
- For people with a certificate in accordance with Section 7 of the Nationality Act: please mark "As a non-naturalised (ethnic) German repatriate".

Notes on "German by naturalisation" in case of marriage

People who acquired German citizenship by marriage or by a declaration or naturalisation due to marriage please mark "German by naturalisation".

3 Partial retirement

The Act on Facilitating a Smooth Transition to Retirement provides the framework conditions for partial retirement agreements between employers and employees. The employment agency promotes part-time work arrangements for employees who reduce their working hours to half of the regular working time when they are 55 years old or older.

If you are in the release phase of partial retirement under the block model, please base all your answers regarding your job on the conditions that applied before the release phase commenced.

Example: Before the release phase, you were working full-time in an establishment and had a 39.5 hour working week. Then please enter this information in any questions regarding your occupation, branch of economic activity, duration of employment etc. For the question on the usual number of hours worked, you would then enter the contractually agreed working time of 39.5 hours. Your actual hours of work would be 0 hours.

4 Caregiver Leave Act/Family Caregiver Leave Act

Employees have the right to be temporarily released from work to look after close relatives at home. They may choose between two different release options:

Under the Caregiver Leave Act, employees may be released from work on a full-time or part-time basis for a maximum of six months to look after a close relative in need of care.

Since 2015 there has been a legal right to family caregiver leave. This allows employees to reduce their weekly working hours if they care for relatives in need of care in their home environment.

5 Categorisation of job

If you are self-employed and only employ unpaid family workers (no wage or salary), please mark the category "Self-employed without employees". Those who work freelance or on a contract basis are considered as self-employed, including people who provide tuition, give private lessons or babysit. If you work without pay in a business owned by a family member or relative, you are an unpaid family worker. If you receive pay for your work, please indicate "salary earner, wage earner".

Public officials include officials employed by the Protestant Church and the Roman Catholic Church. "Insurance officers" and "bank officers" should classify themselves as salary earners, wage earners. This category also includes skilled workers, semi-skilled workers and unskilled workers.

If you are an intern, a (paid) trainee or a volunteer in the Federal Volunteer Service in your additional job, please indicate "salary earner, wage earner".

6 Marginal employment

In the case of marginal employment, that is, a 538-euros job (also referred to as mini-job; with a pay of up to 538 euros per month on a yearly average basis), the employer pays flat-rate contributions to pension and health insurance and a lump-sum tax rate.

A job is also considered to be marginal employment if it is limited to a maximum of three months or 70 days worked per year.

Explanatory notes on the questionnaire

People in a one-euro job continue to receive citizen's benefit plus an additional expenses allowance of usually 1 to 2 euros per hour worked.

7 Establishment (location)

An establishment is the location where you work (e. g. a shop, freelancer's office, agricultural holding, location of an enterprise, body governed by public law, etc.).

A location (e. g. a specific establishment of an enterprise) may comprise several separate work places (such as a production site, a warehouse and an administrative building all on the business premises). The people working at those work places belong to one and the same establishment.

The people working in an establishment include part-time workers, apprentices, working proprietors and unpaid family workers.

8 Income earned in the last 12 months

The question refers to the proportion of the total income rather than to the number of orders.

Examples:

- For client 1, 8 orders were completed for a total of 1,000 euros. This is 25% of the income earned and 80% of the work performed.
- For client 2, 1 order was completed for 2,000 euros. This is 50% of the income earned and 10% of the work performed.
- For client 3, 1 order was completed for 1,000 euros. This is 25% of the income earned and 10% of the work performed.

Although, in the first example, client 1 accounts for 80% of the work performed, the question has to be answered by "No" because less than 75% of the total income was received from client 1.

9 Stand-by duty

The whole period of stand-by duty is to be included in the weekly working hours. Stand-by duty means that an employee has to be on stand-by at a place specified by the employer to perform work if necessary.

This is to be distinguished from on-call duty. On-call duty means that the employee is free to decide where to stay. The employee is required to start work within reasonable time if the need arises. In this case, only the actual hours worked and the travelling time count as working time.

10 Hours worked at night

Please enter the hours you normally work between 23:00 and 6:00 hrs (e. g. if you work from 17:00 to 2:00 hrs, you do 3 hours of night work).

If you do not work the same number of hours every night, please enter the average number of hours you work at night. If, for instance, someone works the early shift from 4:00 to 12:00 hrs, the late shift from 12:00 to 20:00 hrs and the night shift from 20:00 to 4:00 hrs the weekly cycle, the early shift accounts for 2 hours and the night shift for 5 hours of night work. Hence, an average of 4 hours (rounded) should be entered.

11 Working at home

Employees work at home if they carry out all or some of their work at home such as

- employees who work at home (home office, mobile working at home),
- home workers,
- travelling salespersons who prepare for appointments with clients and
- teachers who prepare lessons or correct exams at home as part of their job.

"Work at home" is done, for example, by self-employed persons in artistic or professional activities who work wholly or partly in a part of their living accommodation that has been set aside for the purpose (e. g. an artist's studio).

However, it is not considered "work at home" if – for personal reasons or due to time constraints – employees work at home during their leisure time without compensation.

Doctors or tax consultants do not work at home if their practice or office is adjacent to their living accommodation but contains a separate entrance. The same applies to farmers who work in their fields, stables or in other buildings that are not part of their living accommodation.

12 Main sources of livelihood

If you are in employment, this does not have to be your main source of livelihood (e. g. the living expenses of apprentices are often paid by their parents). If you pay your living expenses mainly from what you earn in marginal employment, please enter employment. Pensioners who are still in employment may live mainly on what they earn or on their pension, depending on the amount of benefits they receive.

Regular payments of life assurance companies (including benefits paid by pension funds of specific liberal professions such as doctors or pharmacists) are regarded as maintenance payments from own property.

13 Net income

Please also include:

- benefits paid to encourage capital formation,
- advances,
- rent paid for company-owned housing,
- interest received, dividends, other property income and similar amounts,
- income in kind (e. g. foodstuffs, free coal for miners).

Long-term care benefits in kind (provided by care homes and home care services) are not to be included here.

14 Net salary, wage

Enter the average net amount paid to you each month for your work minus wage tax, church tax, social security contributions, basic amounts payable to private health insurance, and the like. Please include additional pay for overtime, shift work, business trips, employer's meal subsidies, and the like. If you have several jobs, enter the amount for the main job with the longest working hours.

Explanatory notes on the questionnaire

Annual payments (e. g. vacation bonus, 13th month's salary, performance bonuses, bonus payments, share in profits) have to be added to the monthly income pro rata. People with one-euro jobs enter the amount they are paid in addition to unemployment benefit, citizen's benefit.

If you started a new job or reduced/increased your working hours last year, please consider the net earnings paid to you last month.

15 Net earnings of self-employed

If you started new self-employment or reduced/increased the working hours of your existing self-employment last year, please consider the net earnings available to you last month.

16 Statutory pension insurance

You have statutory pension insurance if you are insured with the German Federal Pension Insurance (Deutsche Rentenversicherung Bund, formerly BfA, LVA) or the German Pension Insurance Miners, Railway and Maritime (Knappschaft-Bahn-See).

This includes the statutory pension insurance of a foreign country (e. g. people who live in Germany but are employed subject to social insurance contributions in a neighbouring country).

- You also have statutory pension insurance if you
- pay contributions to the agricultural pension fund,
- work in a Federal Volunteer Service,
- do a year of voluntary work in the social, cultural or ecological sector,
- do voluntary military service, or
- do reserve duty training as a soldier.

Statutory pension insurance is compulsory mainly for wage earners, salary earners and certain self-employed persons (e. g. home workers with no more than two assistants from outside their family). Public officials and comparable salary earners (employees of health insurance institutions with public official status), self-employed persons (with few exceptions) and unpaid family workers without a working contract are exempted from compulsory pension insurance.

Contributions are paid for unemployed persons who receive unemployment benefit I. They are therefore regarded as liable to compulsory statutory pension insurance. With effect from 1 January 2011, contributions are no longer paid for unemployed persons receiving citizen's benefit. They are not liable to compulsory insurance.

This does not refer to company old-age pension schemes, public officials' pension scheme, occupational pension schemes and private old-age pension schemes (e. g. state-sponsored private pension plan according to "Riester", life assurance and the like).

Notification in accordance with Section 17 of the Federal Statistics Act (BStatG)¹ and with the General Data Protection Regulation (EU) 2016/679 (GDPR)²

Purpose, type and scope of the survey

The microcensus collects statistical data on the population and the labour market as well as on income, living conditions and housing circumstances of households on a representative basis. The data are collected based on different survey components. The survey units are persons, households and dwellings.

The purpose of the microcensus is to provide statistical data, with a detailed subject-related breakdown, on the population structure, the economic and social situation of the population, of families and households, on the labour market, the occupational structure and education of the labour force, and on the housing circumstances. It also serves to meet European obligations. Every year, up to one percent of the population may be surveyed. In every sampling district, the survey is conducted not more than four times within five consecutive calendar years. Data for the additional survey component concerning labour market participation will be collected from a maximum of 45 percent of the microcensus respondents.

Legal basis, obligation to provide information

The legal basis is provided by the Microcensus Act (MZG), Regulation (EU) No 2019/1700, Implementing Regulations (EU) No 2019/2240, (EU) No 2019/2180, (EU) No 2019/2181, (EU) No 2019/2241, (EU) No 2021/861 and (EU) No 2022/2312, Delegated Regulations (EU) No 2020/256, (EU) No 2020/257, (EU) No 2021/859, (EU) No 2020/2175, (EU) No 2023/167 and (EU) No 2022/2447 in conjunction with the Federal Statistics Act (BStatG) and Article 6 (1) letter e) of the General Data Protection Regulation.

Data are collected in accordance with Section 6 (1) nos. 1 to 4, no. 5 letters a and b, nos. 6 to 10 and Section 7 (1), (2) and (5) of the Microcensus Act.

The obligation to provide information is laid down in Section 13 of the Microcensus Act in conjunction with Section 15 of the Federal Statistics Act.

In accordance with those provisions, all adults and all minors living in households of their own are obliged to provide information, and in each case also on minor household members.

Any household member who is obliged to provide information is also obliged to provide information for adult household members who cannot do so themselves. If there is no other household member who is obliged to provide information and if a custodian has been appointed for the person not able to provide the information himself/herself, the custodian is obliged to provide the information to the extent that the custodian's duties include such provision of information. If a person who is unable to provide the information himself/herself nominates a trusted person to provide the required information on his/her behalf, the adult household members or the custodian will no longer be obliged to provide the relevant information.

Unless there are indications to the contrary, it is presumed, in accordance with Section 13 (8) of the Microcensus Act, that all people in the household who are obliged to provide information are also authorised to do so on behalf of the other people living in the household. This applies accordingly to confirmation of the data collected in the previous year. The legal presumption of authorisation can be objected to at any time.

The obligation to provide information on the auxiliary variable "first name and surname of the main tenant/owner-occupier" applies to the main tenant/owner-occupier or, alternatively, to the persons mentioned above.

If respondents provide no information or provide information which is incomplete, incorrect or late, they can be encouraged to provide the information through imposition of a coercive penalty in accordance with the Administrative Enforcement Acts of the Länder.

Pursuant to Section 23 of the Federal Statistics Act, a regulatory offence is committed by anyone who

- contrary to Section 15 (1), sentence 2, (2) and (5), sentence 1, of the Federal Statistics Act, wilfully or negligently provides no information, or provides information which is late, incomplete or untrue, or
- contrary to Section 15 (3) of the Federal Statistics Act does not give a reply in the prescribed format.
- The regulatory offence is punishable by a fine not exceeding five thousand euros.

Pursuant to Section 15 (7) of the Federal Statistics Act, objections and rescissory actions against the summons to provide information will have no suspensive effect.

Questions where the provision of information is voluntary are specially marked in the questionnaire.

The legal basis for evaluations of data on the type and extent of the provision of information (e.g. device used or time spent) is Section 6 (1), sentence 1, no. 2 of the Federal Statistics Act.

Controller

The controller responsible for processing your data is the statistical office responsible for your Land. The contact details are available at: <https://www.statistikportal.de/de/statistische-aemter>.

Confidentiality

The individual data collected are always kept confidential in accordance with Section 16 of the Federal Statistics Act. Individual data may be passed on only in exceptional cases explicitly regulated by law.

1 The up-to-date wording of the relevant national legal provisions can be found at <https://www.gesetze-im-internet.de/>. (search terms "Bundesstatistikgesetz" (BStatG) or "Mikrozensusgesetz" (MZG))

2 The EU legal acts in their up-to-date versions and in the German language are available on the website of the Publications Office of the European Union at: <https://eur-lex.europa.eu/>.

Individual data may in particular be transmitted to:

- public agencies and institutions within the official statistics network which are entrusted with the production of federal or European statistics (e. g. the statistical offices of the Länder, the Deutsche Bundesbank, the Statistical Office of the European Union [Eurostat]),
- service providers with whom a contractual relationship exists (here: Federal Information Technology Centre (ITZBund) as the IT service provider of the Federal Statistical Office, computer centres of the Länder).

A list of regularly contracted IT service providers can be found here: <https://www.statistikportal.de/de/statistische-aemter>.

Pursuant to Section 16 (6) of the Federal Statistics Act, institutions of higher education or other institutions tasked with independent scientific research may, for the purpose of carrying out scientific projects, be provided

1. with individual data if attributing the anonymised individual data to the relevant respondents or data subjects requires unreasonable effort in terms of time, cost and manpower (de facto anonymised individual data),
2. with access to individual data not including name and address (formally anonymised individual data) within specially protected areas of the Federal Statistical Office and the statistical offices of the Länder, if effective measures are in place to safeguard confidentiality.

Article 11 of Regulation (EU) No 2019/1700 establishing a common framework for European statistics relating to persons and households provides for the transmission of individual data to the Commission (Eurostat).

Pursuant to Article 7 (1) of Regulation (EU) No 557/2013 concerning access to confidential data for scientific purposes, Eurostat may - within its own access facilities or within other access facilities accredited by Eurostat - grant access to individual data not including name and address for scientific purposes.

Pursuant to Article 7 (2) of the Regulation, Eurostat may also share individual data for scientific purposes if the data have been modified in a way that reduces the risk of identifying the statistical unit to an appropriate level. Access pursuant to paragraph 2 may be granted provided that appropriate safeguards are in place in the research entity requesting access.

Persons receiving individual data are also obliged to maintain confidentiality.

Auxiliary variables, reference numbers, separation and deletion

The first names and surnames of the household members, the contact details of the household members, residential address, location of the dwelling in the building, first name and surname of the main tenant/owner-occupier of the dwelling, name and address of the household members' places of work, and the building age group are auxiliary variables which will only be used for the technical conduct of the survey. As soon as the survey and auxiliary variables have been checked for conclusiveness and completeness, the auxiliary variables will be separated from the information on the survey variables and will be kept separately or stored separately.

- Pursuant to Section 14 (5), sentence 1, of the Microcensus Act, the first names and surnames and the municipality, street, house number and contact details of the persons surveyed may also be used with regard to household relationships to conduct follow-up surveys in accordance with Section 5 (1) of the Microcensus Act.
- Pursuant to Section 14 (5), sentence 2, of the Microcensus Act, the information on the variables pursuant to Section 14 (5), sentence 1, of the Microcensus Act may also be used as a basis for recruiting suitable persons and households to conduct household budget surveys and other voluntary surveys.
- Pursuant to Section 9 (3) of the Act regarding the testing of a register census, the statistical offices of the Länder store the first names and surnames, residential address, municipality and association of municipalities, sex, calendar month and calendar year of birth, marital status, country of birth, calendar year of arrival in Germany, or calendar year of return to Germany in case of absence of more than twelve months, and citizenships as well as the education variables pursuant to Article 6 (1) no. 7 letters a to c and no. 8 of the Microcensus Act. First names and surnames as well as the residential address shall be deleted not later than six years after microcensus processing has been finished.

Information on the survey variables is processed and stored for as long as necessary to comply with the legal obligations.

All survey documents as well as the auxiliary variables and the reference numbers originally allocated will be destroyed or deleted after the processing of the last follow-up survey has been finished.

The sampling district number, the building number, the dwelling number, the household number and the person number are used as reference numbers. They are used to establish the household, dwelling and building relationships; they do not comprise any data which extend beyond the survey and auxiliary variables. These numbers will be replaced by new reference numbers which do not comprise any data on personal or material circumstances extending beyond these statistical relationships.

Rights and duties of the interviewers, ways of providing information

Volunteer interviewers may be employed to reduce the burden on the respondents. The survey may also be conducted in writing, however. The interviewers have to provide proof of their authorisation. Their reliability and discretion must be ensured and they have specially been obligated to maintain confidentiality. They must not use information gained in the course of their activity in other processes or for other purposes. This obligation continues to apply after their activity has ended.

If interviewers are used for telephone or face-to-face surveys, their task is to help the respondents to answer the questions. The answers to the questions in the questionnaires may be provided orally to the interviewers or the survey office staff, or by electronic means or in writing.

For the written survey, the respondents receive the questionnaires, including information on how to complete them, directly from the interviewer or from the relevant survey office. If the information is provided in writing, the completed questionnaires may be given to the interviewer during the onsite, face-to-face interview or may be handed in or sent to the survey office. Please do not send the written questionnaires by electronic means as this is not a secure transmission channel.

Rights of data subjects, contact details of the data protection officers, right to lodge a complaint

Respondents whose personal data are processed have the right to request

- access and information as per Article 15 of the General Data Protection Regulation,
- rectification as per Article 16 of the General Data Protection Regulation,
- erasure as per Article 17 of the General Data Protection Regulation, and
- restriction of processing as per Article 18 of the General Data Protection Regulation

with regard to their respective personal data, or they may object to the processing of their personal data as per Article 21 of the General Data Protection Regulation.

The rights of data subjects can be claimed against any controller responsible. If the above rights are exercised, the competent public agency will check whether the relevant legal requirements are met. The person making the request may be asked to prove his or her identity before further measures are taken.

Questions and complaints concerning compliance with legal data protection rules may be addressed at any time to the official data protection commissioner of the statistical office responsible or to the competent data protection supervisory authority (Article 77 of the General Data Protection Regulation). Their contact details are available at: <https://www.statistikportal.de/de/datenschutz>.

model questionnaire