

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.

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.
Person 1	Person 2	Person 3	Person 4	Person 5

Telephone number for further enquiries
(voluntary)

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

Monday,

DD	MM	YY			

 to Sunday,

DD	MM	YY			

Establishment flap

165 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 165 on page 44).
- 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

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

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)

Note 

The reference week is given on the front cover.

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"/>

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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	<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 Are the people in the household present or temporarily absent?

i "Temporarily absent" means that people usually live in the household but are temporarily away (e.g. commuters who only come home at the weekend, students, apprentices, people in hospital/on holiday/doing volunteer service).

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

11 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"/>

12 When did you move into this household, after the last interview?

i Please enter the month and year of birth for children born in the last 12 months.

Month

Year

Not applicable as I was living in the household before the last interview.

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"/>
<input type="checkbox"/> → 14	<input type="checkbox"/> → 14	<input type="checkbox"/> → 14	<input type="checkbox"/> → 14	<input type="checkbox"/> → 14

13 Which life situation applied to you when you moved in?

In employment 1

Other life situation 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"/>

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

Yes, enter how many people moved out

No 8 → 16

15 Please enter the first name of each person who moved out as well as the following information:

First name of the person who moved out

Move-out month

Move-out year

Where did the person move to?

To another private household 1

To a collective household (e.g. residential establishment, old people's home) 2

Abroad 3

To an unknown place 4

1. moved out person	2. moved out person	3. moved out person
<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="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"/>

16 Have any household members died since the last interview?

Yes, enter how many people died

No 8 → 18

17 Please enter the first name of each person who died:

Name of the 1st person who died

1. deceased person	2. deceased person	3. deceased person
<input type="text"/>	<input type="text"/>	<input type="text"/>

18 Do you live in a one-person household?

Yes → 24
 No

19 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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20 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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21 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="text"/> → 23	<input type="text"/> → 23	<input type="text"/> → 23	<input type="text"/> → 23	<input type="text"/> → 23
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22 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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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23 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"/>

Housing circumstances

i When answering the questions please use the statement of incidental rental expenses, any utilities contract you may have concluded and, if applicable, your tenancy agreement.

24 What type of building does your household live in?

Detached single-family house 1	<input type="checkbox"/>
Single-family house as a terraced house or semi-detached house 2	<input type="checkbox"/>
Single-family house with an additional (granny) flat or two-family house 3	<input type="checkbox"/>
Residential building with 3 to 9 dwellings 4	<input type="checkbox"/>
Residential building with 10 or more dwellings 5	<input type="checkbox"/>
Other type of building 6	<input type="checkbox"/>

25 What year was the building constructed in which you live?

i This refers to **the year in which the building was completed.**

If additions, alterations and extensions have been made to the building, the question refers to the original year of completion.

- Before 1919 1
- 1919 to 1948 2
- 1949 to 1960 13
- 1961 to 1978 14
- 1979 to 1990 4
- 1991 to 2000 5
- 2001 to 2010 6
- 2011 to 2015 15
- 2016 to 2020 16
- 2021 or later 17

26 If the building underwent a major renovation (new insulation, new roof, replacement of heating system and electrical system): what year was the renovation work completed?

- Before 1919 1
- 1919 to 1948 2
- 1949 to 1960 13
- 1961 to 1978 14
- 1979 to 1990 4
- 1991 to 2000 5
- 2001 to 2010 6
- 2011 to 2015 15
- 2016 to 2020 16
- 2021 or later 17
- Not applicable as the building did not undergo a major renovation. 99

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**27 What is the living floor space of the whole dwelling/
single-family house?**

i The living floor space includes also the kitchen, bathroom, toilet, corridor, loft, relevant balcony area and sublet rooms.

The living floor space **does not include** areas used for commercial purposes.

If you live in a single-family house with an additional (granny) flat, please only count the floor space you personally use.

See also p. 125: **1** "Living floor space".

Floor space in full square metres

28 How many bedrooms, dining and living rooms are there in the dwelling/single-family house you live in?

i Bedrooms, dining and living rooms **do not include** the kitchen, bathroom, toilet, corridor, storerooms, balconies, and rooms used for commercial purposes.

If you live in a single-family house with an additional (granny) flat, please only count the bedrooms, dining and living rooms you personally use.

Number of rooms

**29 When did your household move into the dwelling/
single-family house?**

i Please state the year when the occupant moved in who has lived longest in the dwelling/house.

If you live in a shared dwelling please state the year when you moved in yourself.

Move-in year

**30 Does your household (co-)own or rent the dwelling/
single-family house?**

i Occupants of a cooperative dwelling please indicate "tenant". If you have a right of residence, i.e. if rent-free occupation applies, please also mark "tenant".

(Co-)owner 1

Tenant 2 → 40

31 Please indicate a household member who is an owner of the dwelling/the single-family house.

i If two or more household members are owners of the dwelling/single-family house, please enter the number of the oldest household member.

Number of person (see flap)

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32 Has the building you live in been improved in the last 5 years as regards its thermal insulation, windows or heating system?

i E.g. thermal insulation of external walls, roof or floor, replacement of old windows with double or triple glazed windows and installation of better and more efficient heating systems.

- Yes, three or more measures 1 → 35
- Yes, two measures 2 → 35
- Yes, one measure 3 → 35
- No 8
- I don't know. 9 → 35

33 If the building you live in has not been improved in the last 5 years, does it need renovation work to improve the thermal insulation, windows or heating system?

- Yes, renovation work is needed. 1
- No, renovation work is not needed. 8 → 35
- I don't know. 9 → 35

34 What is the main obstacle to improving the building as regards its thermal insulation, windows or heating system?

- No interest 1
- Too expensive 2
- It is difficult to find professionals to do the work 3
- Administrative obstacles 4
- Other obstacles (e.g. protected historic building, difficult to agree with neighbours or co-owners, etc.) . 5

35 Was your household still paying back loans last month for the dwelling/single-family house your household lives in?

i This includes paying back mortgages and loans under savings and loan contracts regarding the dwelling your household lives in/the living floor space your household occupies in your house. This does not include loans for the maintenance of the real property.

- Yes Number of loans
- No 8 → 37

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36 How much did your household pay back last month on loans for the dwelling/single-family house?

i Please refer to your loan repayment plan or statement of account for the amounts. If your repayments are not made on a monthly basis, please enter the average monthly amount. If you are repaying a loan for more than one dwelling in the building, enter only the proportion of the overall loan that refers to the dwelling your household lives in.

	Loan 1	Loan 2	Loan 3	Loan 4
Monthly amount of interest and repayment (full euros)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monthly amount of interest (full euros)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

37 What are the housing costs of the dwelling/single-family house your household lives in?

i Households belonging to a **commonhold association**:
Under incidental expenses below, please enter only costs incurred in **addition to** your commonhold contribution.

Monthly commonhold contribution

i Owners not belonging to a commonhold association please mark 'No'.

	No	Yes	Monthly amount (full euros)
Commonhold contribution	8 <input type="checkbox"/>	1 <input type="checkbox"/>	<input type="text"/>

Monthly energy costs

Electricity	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Heating and gas	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>

Annual real property tax

	No	Yes	Annual amount (full euros)
Annual real property tax	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>

Annual incidental expenses

Non-life or residential building insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Waste collection	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Water costs (water consumption, wastewater)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Chimney sweep	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Street cleaning	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>

Annual costs of maintenance and repairs

i Include regular maintenance and repairs within the last 12 months to maintain the value of the property. Do not include the costs of work conducted to increase the value of the property

	No	Yes	Annual amount (full euros)
Maintenance and repairs	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>

38 How much are the monthly operating and incidental expenses for the dwelling/single-family house your household lives in?

i Please take into account energy costs, real property tax, incidental expenses (see question 37), and commonhold contribution.

Please convert any expenses to monthly amounts and then add up these monthly amounts.

Operating and incidental expenses

Monthly amount (full euros)

39 What are the monthly expenses for interest on loans and for regular maintenance and repairs conducted to maintain the value of the dwelling/single-family house you live in?

If you do not incur any expenses of this type, please enter the value "0".

Loan interest, maintenance and repairs

Monthly amount (full euros)

↳ 50

40 Please indicate a household member who signed the tenancy agreement.

i If the person who signed the tenancy agreement does not live in your household, please enter the number of the oldest person in your household.

Number of person (see flap)

41 Which statement applies to your household regarding the rental circumstances?

i Rent-free occupation does **not** apply where the rent is paid by third parties (e.g. employment agency, public assistance office, parents for children).

The household **pays lower rent**, e.g. when it has a certificate of eligibility to live in a social dwelling. The rent may be lower also for private or other reasons (e.g. flat provided by the employer, student residence).

The household occupies the dwelling rent-free (except for any incidental expenses). 1

The household pays lower rent (e.g. with a certificate of eligibility). 2

The household lives in rented accommodation at market conditions. 3

Model questionnaire

42 Has the building you live in been improved in the last 5 years as regards its thermal insulation, windows or heating system?

i E.g. thermal insulation of external walls, roof or floor, replacement of old windows with double or triple glazed windows and installation of better and more efficient heating systems.

- Yes, three or more measures 1 → 44
- Yes, two measures 2 → 44
- Yes, one measure 3 → 44
- No 8
- I don't know. 9 → 44

43 If the building you live in has not been improved in the last 5 years, does it need renovation work to improve the thermal insulation, windows or heating system?

- Yes, renovation work is needed. 1
- No, renovation work is not needed. 8
- I don't know. 9

44 What is the total amount you pay to your landlord/landlady or property management agency every month?

i When answering this and the following questions, please use your tenancy agreement and the statement of incidental rental expenses.

If you live in a shared dwelling, each of the occupants should enter the proportion they pay.

See also p. 125:

2 "Payment of rent in event of receipt of services from the Employment Agency (Employment Office)"

full euros

Monthly total amount

45 Does the monthly total amount you pay to your landlord/landlady or property management agency include incidental rental expenses?

i The incidental rental expenses include allocated costs for heating, (hot) water supply, waste collection, street cleaning, house and caretaker services, property management, gardening, staircase lighting and cleaning, lift, cable connection, real property tax, building insurance.

They **do not include** telephone and radio and television licence fees, or rents for garages or parking spaces.

- Yes 1
- Yes, but the incidental rental expenses are not indicated. 7 → 49
- No 8 → 49

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46 How much are these monthly incidental rental expenses? full euros
 Monthly amount

47 Of this amount, how much are the monthly operating expenses (“cold” incidental expenses not including heating and hot water)? full euros
 Monthly amount

48 Of this amount, how much are the monthly incidental expenses for heating and hot water (“warm” incidental expenses)? full euros
 Monthly amount

49 Do you have additional housing costs that you do not pay to your landlord/landlady or the property management agency?

i This includes costs paid directly to the provider for electricity, gas and water, as well as maintenance costs for work conducted to maintain the value of the property and (smaller) repairs which are not paid by the landlord/landlady.

Please convert any expenses to monthly amounts and then add up the monthly amounts.

Yes, the average monthly amount is

No

Assessing the household’s financial situation

50 In the last 12 months, has your household been in arrears on the following expenses?

Please mark only one box per type of expense.

Rent for the dwelling/house your household lives in

Yes, once 1

Yes, more than once 2

No 8

Not applicable as the household does not have expenses of this type. 9

Interest on and/or repayment of mortgages on the dwelling/house your household lives in

Yes, once 1

Yes, more than once 2

No 8

Not applicable as the household does not have expenses of this type. 9

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still:

50 Interest on and/or repayment of consumer loans, e.g. for a car or furniture (not including current account overdraft)

Yes, once 1

Yes, more than once 2

No 8

Not applicable as the household does not have expenses of this type. 9

Electricity, heating or water bills

Yes, once 1

Yes, more than once 2

No 8

Not applicable as the household does not have expenses of this type. 9

51 Are the following things available in your household?

A computer (including laptop, notebook, tablet PC and the like)

Yes 1

No, because the household cannot afford it. 2

No, for other reasons 3

A car (not including company/official cars)

Yes 1

No, because the household cannot afford it. 2

No, for other reasons 3

52 What can your household afford financially?

Spending at least one week's holiday per year away from home (including with friends/relatives or in the household's own holiday accommodation).

Yes 1

No 8

Having a meal with meat, poultry or fish or an equivalent vegetarian meal every second day.

Yes 1

No 8

Making unexpected expenses of 1 300 euros or more from the household's own financial resources.

Yes 1

No 8

Keeping the dwelling adequately warm.

Yes 1

No 8

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- 53 In your household, can you replace furniture (bed, sofa, dresser, cupboard) when worn out or damaged?**
- Yes 1
- No, because the household cannot afford it. 2
- No, for other reasons 3

54 Thinking of your household's monthly income, is your household able to make ends meet?

i Include the income of all household members.

Please mark only one box.

- With great difficulty 1
- With difficulty 2
- With some difficulty 3
- Fairly easily 4
- Easily 5
- Very easily 6

55 Is your household repaying consumer loans not used to finance owner-occupied housing?

- Yes 1
- No 8

56 Thinking of the repayment of those loans including interest, which of the following statements applies?

- The repayment is a heavy burden. 1
- The repayment is somewhat a burden. 2
- The repayment is not a burden at all. 3

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Income situation of the household in 2024

Benefits received for children in 2024

57 Did your household receive children's allowance in 2024 for children living in the household?

- Yes 1
- No 8 → 59
- Not applicable as household members do not have children. 9 → 70

58 For how many children living in the household did your household receive children's allowance?

Number of children

59 Did your household receive children's allowance in 2024 for children not living in the household?

Yes 1

No 8 → 61

60 For how many children not living in the household did your household receive children's allowance?

Number of children

61 Did your household receive supplementary children's allowance from the family benefits office of the employment agency in 2024 for children living in the household?

i The amount of the supplementary children's allowance depends on the household's income and assets and is capped at 292 euros per month for each child.

Yes 1

No 8 → 63

62 For which of the children did your household receive supplementary children's allowance?

Please enter for each child for how many months your household received the supplementary children's allowance and what the monthly amount was.

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount per month (full euros)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

63 Did your household receive advance maintenance payments in 2024 for children living in the household?

Yes 1

No 8 → 65

64 For which of the children did your household receive advance maintenance payments?

Please enter for each child for how many months your household received advance maintenance payments.

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

65 Did your household receive foster child allowance in 2024 for foster children living in the household?

Yes 1

No 8 → 67

model questionnaire

66 For which of the children did your household receive foster child allowance?

For each child, please enter the number of months your household received foster child allowance and what the monthly amount was.

Number of months

Amount per month (full euros)

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"/>
<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"/>

67 Did your household receive long-term care allowance in 2024 for children in need of care (according to the statutory long-term care fund/insurance) who live in the household?

Yes 1

No 8 → 69

68 For which of the children did your household receive long-term care allowance for children in need of care?

For each child, please enter the number of months your household received long-term care allowance and what the monthly amount was.

Number of months

Amount per month (full euros)

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"/>
<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"/>

69 Did your household receive benefits for education and participation or financial support for school supplies and school day trips in 2024?

Yes, an annual amount of full euros

No 8

model questionnaire

Income from public benefits in 2024

70 Did your household receive the following public benefits in 2024?

i Regarding the benefits received, please enter the number of months and the average monthly amount or the annual amount.

	No	Yes	Number of months	Monthly amount (full euros)	Annual amount (full euros)
Citizen's benefit (basic income support for job-seekers; formerly: unemployment benefit II, social benefit)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
i Please only enter the citizen's benefit here and not accommodation and heating costs.					
Accommodation and heating costs (in connection with citizen's benefit)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Cost-of-living assistance/benefit according to the 5th to 9th chapter of the Social Security Code XII	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Basic security benefits in old age and in cases of reduced earning capacity	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Housing allowance, housing allowance 'Plus' (not accommodation and heating costs under citizen's benefit)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

Other income of the household in 2024

71 Did your household, or a household member, receive the following types of income in 2024?

i Regarding the payments received, please enter the number of months and the average monthly amount or the annual amount.

	No	Yes	Number of months	Monthly amount (full euros)	Annual amount (full euros)
Maintenance payments from people not living in the household in 2024	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Other regular payments from people not living in the household in 2024	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

72 Did your household receive income from renting or leasing (proceeds less expenses for maintenance or, perhaps, for interest on loans) in 2024?

	No	Yes	Number of months	Monthly amount (full euros)	Annual amount (full euros)
Income from renting or leasing	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

73 Did your household receive income from savings or investments (capital assets) in 2024?

i This includes e.g. interest on saving accounts or building society savings agreements as well as dividends and profits from securities, shares, funds, or from business assets (participations).

- Yes 1
- No 8 → 75

74 What was the amount of income from these savings and investments (capital assets)?

Please add up all income amounts (after tax deducted by the credit institutions, if applicable) of the individual household members and allocate the total to one of the classes below.

- Less than 250 euros 1
- 250 to less than 1 000 euros 2
- 1 000 to less than 2 500 euros 3
- 2 500 to less than 5 000 euros 4
- 5 000 to less than 7 500 euros 7
- 7 500 to less than 10 000 euros 8
- 10 000 to less than 15 000 euros 9
- 15 000 to less than 20 000 euros 12
- 20 000 euros or over 13

model questionnaire

75 In your household, did any children aged 15 or under on 31 December 2024 receive income from own employment in 2024?

- Yes 1
- No 8 → 77

76 Which child earned income from own employment?

For each child who received income from employment, please enter the number of months and the amount per month or the annual amount.

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monthly amount (full euros)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
or					
Annual amount (full euros)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

77 Did any children aged 15 or under and living in your household on 31 December 2024 receive orphan's pension/benefit?

- Yes 1
- No 8 → 79

78 Which child received orphan's pension or orphan's benefit?

For each child who received orphan's pension/benefit, please enter the number of months and the amount per month or the annual amount.

Number of months
 Monthly amount (full euros)
 or
 Annual amount (full euros)

Person 1	Person 2	Person 3	Person 4	Person 5
Number of months	Number of months	Number of months	Number of months	Number of months
Monthly amount (full euros)	Monthly amount (full euros)	Monthly amount (full euros)	Monthly amount (full euros)	Monthly amount (full euros)
Annual amount (full euros)	Annual amount (full euros)	Annual amount (full euros)	Annual amount (full euros)	Annual amount (full euros)

79 Did your household produce food for its own use in its own garden or by keeping small animals in 2024?

Yes 1
 No 8 → 81

80 Please estimate the annual amount you would have paid if you had had to buy that food.

Less than 50 euros 1
 50 to less than 100 euros 2
 100 to less than 200 euros 3
 200 to less than 300 euros 4
 300 euros or over 5

Payments made in 2024

81 Did your household pay real property tax on owner-occupied dwellings, buildings or land in 2024?

i This refers to real property for private use.

Yes 1
 No 8 → 84

82 How much real property tax did you pay on your owner-occupied main dwelling?

Annual amount full euros

 Not applicable as the household does not own the main dwelling. 8

83 How much real property tax did you pay on your other real property for own use (e.g. second dwellings, holiday dwellings, plots of forest or meadow)?

Annual amount full euros

 Not applicable as the household does not have any other real property. 8

model questionnaire

84 Did your household pay back loans in 2024 (repayment of mortgages and loans under savings and loan contracts) for the dwelling/house your household lives in?

i If your household owns more than one property, the owner-occupied main dwelling is meant here.

Yes 1

No 8 → 86

85 How much did your household pay back on loans (repayment of mortgages and loans under savings and loan contracts) for the dwelling/house your household lives in?

i Please refer to your loan repayment plan or statement of account for the amounts. If you are repaying a loan for more than one dwelling in the building, enter only the proportion of the overall loan that refers to the dwelling you live in. Please enter the average monthly amount.

Monthly amount of interest and repayment full euros

including: monthly amount of interest

86 Did your household make one of the following payments in 2024?

i If several people of your household made payments to people living outside of your household, please add up all amounts.

	No	Yes	Number of months	Monthly amount (full euros)	or	Annual amount (full euros)
Maintenance payments to people not living in the household	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Other regular payments to people not living on the household	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>

model questionnaire

Expenditure on healthcare

87 Please think of the expenditure or co-payments your household incurred in the last 12 months for medical examinations or treatments. Do not include health insurance contributions, expenditure on dental services or the cost of medicines. Which of the following statements applies to medical care?

For the household, the costs of medical care are ...

a heavy burden. 1

somewhat burdensome. 2

not a burden at all. 3

Not applicable as no-one in the household needed medical examinations or treatments. 9

88 Please think of the expenditure or co-payments your household incurred in the last 12 months for dental/orthodontic examinations or treatments. Do not include health insurance contributions. Which of the following statements applies to dental/orthodontic care?

For the household, the costs of dental/orthodontic care are ...

- a heavy burden. 1
- somewhat burdensome. 2
- not a burden at all. 3

Not applicable as no-one in the household needed dental/orthodontic examinations or treatments. 9

89 Please think of the expenditure or co-payments your household incurred in the last 12 months for medicines (prescription-only and non-prescription). Do not include health insurance contributions or expenditure on contraception. Which of the following statements applies to medicines?

For the household, the costs of medicines are ...

- a heavy burden. 1
- somewhat burdensome. 2
- not a burden at all. 3

Not applicable as no-one in the household needed medicines. 9

Information and communication technology in the household

90 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

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

Yes

No → 96

92 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"/> → 94	<input type="checkbox"/> → 94	<input type="checkbox"/> → 94	<input type="checkbox"/> → 94	<input type="checkbox"/> → 94

93 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"/>

94 Is there at least one child in your household who is aged 12 or under?

Yes

No → 96

95 During a usual week, how many hours is the child cared for?

Please enter the number of full hours for each child aged 12 or under and for each applicable type of care.

	Person 1	Person 2	Person 3	Person 4	Person 5
Day care centre (kindergarten, crèche)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional child minder	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Au-pair, babysitter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preschool institution (pre-primary education)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Care services for pupils before and/or after school (offered by school or other facility)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relatives, friends, neighbours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Not applicable as the child is cared for only by his/her parents. 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mobility and the environment (households)

96 Does your household have access to a car for private use whenever needed?

i Please also consider company cars or other cars that are not owned by the household but are used for private purposes regularly.

- Yes 1
- No 8 → 11

97 How many cars does your household have access to for private use (including company cars and leased cars)?

Number of cars in the household

98 What type of fuel/power unit is used to power the newest car that your household uses for private purposes? Newest car means the car registered the most recently.

i If the household only uses one car, indicate the type of fuel/power unit for that car.

- Diesel 1
- Petrol 2
- Hybrid (electric motor and internal combustion engine) 3
- Electric car (electric motor) 4
- Other (e.g. natural gas, autogas or hydrogen gas) 5
- I don't know. 9

Model questionnaire

99 **When was the newest car your household uses first registered? Newest car means the car registered the most recently.**

i If the household only uses one car, indicate the year that car was first registered.

Year of first registration

I don't know.9999

100 **When was the oldest car your household uses first registered? Oldest car means the car that is registered the longest.**

Year of first registration

I don't know.9999

Not applicable as the household only uses one car.8888

101 **What is the distance from your home to the nearest public green space? This includes parks, playgrounds, forests, canal paths, riverside/lakeside areas and beaches.**

i Please consider the walking distance to this space.

Under 400 m 1

Between 400 m and 999 m 2

Between 1000 m and 1999 m 3

2000 m or more

102 **Do you separate plastic bottles from other household waste (e.g. by using the "yellow bag/bin" or returning deposit bottles)?**

Always or most of the time 1

Sometimes 2

Rarely or never 3

model questionnaire

Survey participation

103 **Have questions 1 to 102 been answered by a household member?**

Yes, person number (see flap)

No 8

104 **How many minutes did it take to answer this part of the questionnaire?**

Number of minutes

105 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"/> → 107	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107

106 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"/> → 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"/>

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

Person 1

Person 2

Person 3

Person 4

Person 5

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

- i** See also p. 125: **3** "Today's territory".

	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"/>

model questionnaire

109 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.

	Person 1	Person 2	Person 3	Person 4	Person 5
Employment: job found before moving to Germany 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment: no job found before moving to Germany 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic studies or other education, advanced training 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moved to Germany with a family member or followed a family member (family reunification) 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage/partnership with a person living in Germany (family formation) 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flight, persecution, expulsion, asylum 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free movement within the EU: wished to settle in Germany 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other main reason 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

110 What language/languages do you speak at home?

	Person 1	Person 2	Person 3	Person 4	Person 5
I only speak German at home. 1	<input type="checkbox"/> → 112	<input type="checkbox"/> → 112	<input type="checkbox"/> → 112	<input type="checkbox"/> → 112	<input type="checkbox"/> → 112
I speak German and at least one other language at home. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not speak German at home but another language/other languages. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

111 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

112 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"/> → 114	<input type="checkbox"/> → 114	<input type="checkbox"/> → 114	<input type="checkbox"/> → 114	<input type="checkbox"/> → 114

113 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"/>

114 Do you have German citizenship?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, German citizenship only 1	<input type="checkbox"/> → 119	<input type="checkbox"/> → 119	<input type="checkbox"/> → 119	<input type="checkbox"/> → 119	<input type="checkbox"/> → 119
Yes, German citizenship and citizenship of at least one foreign country 2	<input type="checkbox"/> → 118	<input type="checkbox"/> → 118	<input type="checkbox"/> → 118	<input type="checkbox"/> → 118	<input type="checkbox"/> → 118
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

115 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

Person 2

Person 3

Person 4

Person 5

116 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"/> → 134	<input type="checkbox"/> → 134	<input type="checkbox"/> → 134	<input type="checkbox"/> → 134	<input type="checkbox"/> → 134

117 Of which second foreign country do you have citizenship?

Person 1 → 134

Person 2 → 134

Person 3 → 134

Person 4 → 134

Person 5 → 134

model questionnaire

118 Of which other country do you have citizenship?

Person 1

Person 2

Person 3

Person 4

Person 5

119 How did you obtain German citizenship?

i See also p. 125: 4 “Citizenship”.

	Person 1	Person 2	Person 3	Person 4	Person 5
By birth 1	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122
As a non-naturalised (ethnic) German repatriate 2	<input type="checkbox"/> → 134	<input type="checkbox"/> → 134	<input type="checkbox"/> → 134	<input type="checkbox"/> → 134	<input type="checkbox"/> → 134
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"/> → 134	<input type="checkbox"/> → 134	<input type="checkbox"/> → 134	<input type="checkbox"/> → 134	<input type="checkbox"/> → 134

120 When were you naturalised?

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"/>

121 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 → 134

Person 2 → 134

Person 3 → 134

Person 4 → 134

Person 5 → 134

122 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"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128
No 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

i See also p. 125: **3** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, in (year)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	↳ 125	↳ 125	↳ 125	↳ 125	↳ 125
Yes, but I do not know the year of arrival.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → 125	<input type="checkbox"/> → 125	<input type="checkbox"/> → 125	<input type="checkbox"/> → 125	<input type="checkbox"/> → 125

124 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1950 or later	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

125 Is/was your mother a German citizen?

i See also p. 125: **4** "Citizenship".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, by birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, as a non-naturalised (ethnic) German repatriate ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, as a naturalised (ethnic) German repatriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, by naturalisation (no ethnic German repatriate) ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, by adoption by German parent(s)	<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.	<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"/>

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

i See also p. 125: **3** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

127 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"/>

model questionnaire

128 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"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

i See also p. 125: **3** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, in (year)	<input type="text"/> → 131	<input type="text"/> → 131	<input type="text"/> → 131	<input type="text"/> → 131	<input type="text"/> → 131
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"/> → 131	<input type="checkbox"/> → 131	<input type="checkbox"/> → 131	<input type="checkbox"/> → 131	<input type="checkbox"/> → 131

130 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"/>

131 Is/was your father a German citizen?

i See also p. 125: **4** "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"/>

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

i See also p. 125: **3** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

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

Person 1 → 140

Person 2 → 140

Person 3 → 140

Person 4 → 140

Person 5 → 140

134 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"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

i See also p. 125: **3** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Person 1

Person 2

Person 3

Person 4

Person 5

137 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"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

i See also p. 125: **3** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

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

Person 1	
Person 2	
Person 3	
Person 4	
Person 5	

School or university attendance

140 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"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148

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

Yes 1

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 2

No, for other reasons 8

	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, 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 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, for other reasons 8	<input type="checkbox"/> → 144	<input type="checkbox"/> → 144	<input type="checkbox"/> → 144	<input type="checkbox"/> → 144	<input type="checkbox"/> → 144

model questionnaire

142 Were you aged 16 years or over on 31 December 2024?

Yes

No

	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"/> → 144	<input type="checkbox"/> → 144	<input type="checkbox"/> → 144	<input type="checkbox"/> → 144	<input type="checkbox"/> → 144

143 Which qualification do you wish to obtain by pursuing this education/training?

	Person 1	Person 2	Person 3	Person 4	Person 5
Secondary general school certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate school certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrance qualification for universities of applied sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University entrance qualification (general or subject-restricted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprenticeship or comparable full-time vocational school certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master craftsman/craftswoman certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trade and technical school certificate or equivalent ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Higher education degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other qualification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please state the other qualification you wish to obtain.

Person 1

Person 2

Person 3

Person 4

Person 5

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

Schools of general education

	Person 1	Person 2	Person 3	Person 4	Person 5
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"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148
Evening grammar school, adult education college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn the page for more schools.

still:

144 Vocational schools offering a general school certificate

	Person 1	Person 2	Person 3	Person 4	Person 5
Vocational school offering an intermediate school certificate (e.g. full-time vocational school) 12	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148
Vocational school offering an entrance qualification for higher education institutions:					
Specialised upper secondary school 13	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148
Full-time vocational school 14	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148
Two-year full-time vocational school 15	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148

Vocational schools

Pre-vocational training year 16	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148
Basic vocational training year 17	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148
Vocational school (dual system) 18	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148
Full-time vocational school providing a vocational qualification 19	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148
Training centre/school for health-care service occupations and social occupations:					
one year (e.g. geriatric care assistant) 20	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148
two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant) 21	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148
three years (e.g. physiotherapy, medical laboratory assistant, geriatric care) 22	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148
Training centre/school for educators 23	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148
Master craftsman/craftswoman training programme at trade and technical schools 24	<input type="checkbox"/> → 146	<input type="checkbox"/> → 146	<input type="checkbox"/> → 146	<input type="checkbox"/> → 146	<input type="checkbox"/> → 146
Trade and technical school e.g. for technicians, business economists 25	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148
Specialised academy (in Bayern only) 26	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148

Higher education institutions

Vocational academy 27	<input type="checkbox"/> → 147	<input type="checkbox"/> → 147	<input type="checkbox"/> → 147	<input type="checkbox"/> → 147	<input type="checkbox"/> → 147
College of public administration 28	<input type="checkbox"/> → 147	<input type="checkbox"/> → 147	<input type="checkbox"/> → 147	<input type="checkbox"/> → 147	<input type="checkbox"/> → 147
University of applied sciences, Cooperative State University (in Baden-Württemberg, Schleswig-Holstein and Thüringen) 29	<input type="checkbox"/> → 147	<input type="checkbox"/> → 147	<input type="checkbox"/> → 147	<input type="checkbox"/> → 147	<input type="checkbox"/> → 147
University (also college of art and music, college of education, college of theology) 30	<input type="checkbox"/> → 147	<input type="checkbox"/> → 147	<input type="checkbox"/> → 147	<input type="checkbox"/> → 147	<input type="checkbox"/> → 147
Doctoral studies 31	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148

model questionnaire

145 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"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148
Grades 5 to 9/10 2	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148
Upper secondary grades in grammar school 3	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148

146 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"/>	→ 148
Person 2	<input type="text"/>	→ 148
Person 3	<input type="text"/>	→ 148
Person 4	<input type="text"/>	→ 148
Person 5	<input type="text"/>	→ 148

147 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"/>

148 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"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244

Employment situation in the reference week

149 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"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

150 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"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

151 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"/> → 153	<input type="checkbox"/> → 153	<input type="checkbox"/> → 153	<input type="checkbox"/> → 153	<input type="checkbox"/> → 153
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

152 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"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157
No	8	<input type="checkbox"/> → 205	<input type="checkbox"/> → 205	<input type="checkbox"/> → 205	<input type="checkbox"/> → 205	<input type="checkbox"/> → 205

153 Why did you not work in the reference week?

i See also p. 125:
5 "Partial retirement" and
6 "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"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157
Holidays, special leave 2	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157
Compensation leave (within the framework of a working time account or an annualised hours contract) 3	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157
Maternity leave 4	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157
Partial retirement 5	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157
Vocational and continuing training 6	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157
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"/> → 156	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156
Strike, lockout 10	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155
Bad weather 11	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155
Short-time work for technical or economic reasons 12	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155
General and continuing education, school attendance 13	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155
Personal or family responsibilities 14	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155
Other reasons 15	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155
I have already found a job but did not yet work in that job in the reference week. 16	<input type="checkbox"/> → 205	<input type="checkbox"/> → 205	<input type="checkbox"/> → 205	<input type="checkbox"/> → 205	<input type="checkbox"/> → 205

154 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"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157
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"/>

155 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"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157
More than 3 months 8	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206

156 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"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206

157 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. 126: **■** "Categorisation of job".

	Person 1	Person 2	Person 3	Person 4	Person 5
Self-employed person, freelancer					
without employees 1	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159
with employees 2	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159
Unpaid family worker in a family business 3	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159
Public official (not including candidates), judge 4	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159
Salary earner, wage earner (not including apprentices) 5	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159
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"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159
Intern, trainee (including paid practical training or internship) 9	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159
Temporary or professional soldier 10	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159
In voluntary military service 11	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159
In the Federal Volunteer Service (also social, ecological or cultural year) 12	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159
Other employee with a small-scale job 13	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159	<input type="checkbox"/> → 159

158 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"/>

159 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. 126: **8** "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"/>

160 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"/>

161 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 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"/>

Model questionnaire

162 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

163 Do you mainly perform executive or supervisory duties in your 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"/>

164 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. 126:

9 "Establishment (location)"

Person 1

Person 2

Person 3

Person 4

Person 5

165 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.

166 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	<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"/>

167 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 to 19 people	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169
20 to 49 people	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169
50 to 249 people	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169
250 to 499 people	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169
500 people or more	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169	<input type="checkbox"/> → 169

model questionnaire

168 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

169 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"/> → 171	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171	<input type="checkbox"/> → 171

170 Why did you change your job/line of business?

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Start of or search for a better job	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

171 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	<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"/>

Scope and scale of current job

172 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	1 <input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175
Part-time	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

173 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 1	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175
School education, studies, other education or advanced training 2	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175
Own illness, consequences of an accident 3	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175
Permanently reduced earning capacity, permanent disability 4	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175
Have to look after children 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people with disabilities 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people in need of care 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family reasons 9	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175
Other personal reasons 10	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175
I want to work part-time. 11	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175
Other main reason 12	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175	<input type="checkbox"/> → 175

174 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"/>

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

	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"/> → 177	<input type="checkbox"/> → 177	<input type="checkbox"/> → 177	<input type="checkbox"/> → 177	<input type="checkbox"/> → 177

176 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).

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of hours 1	<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"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	↳ 183	↳ 183	↳ 183	↳ 183	↳ 183

177 Does your job involve temporary agency work?

	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"/>

178 Do you have a fixed-term working contract?

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, fixed-term contract	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, open-ended contract	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

179 Were you aged 16 years or over on 31 December 2024?

	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"/> → 181	<input type="checkbox"/> → 181	<input type="checkbox"/> → 181	<input type="checkbox"/> → 181	<input type="checkbox"/> → 181

180 Do you have a written employment contract or a verbal agreement?

	Person 1	Person 2	Person 3	Person 4	Person 5
Written employment contract	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal employment agreement	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	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"/>

182 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. 126: 10 "Stand-by duty".

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

	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"/>

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

	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"/> → 185	<input type="checkbox"/> → 185	<input type="checkbox"/> → 185	<input type="checkbox"/> → 185	<input type="checkbox"/> → 185

184 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.

	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"/>

model questionnaire

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

	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"/> → 187	<input type="checkbox"/> → 187	<input type="checkbox"/> → 187	<input type="checkbox"/> → 187	<input type="checkbox"/> → 187

186 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"/>

187 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"/> → 189	<input type="checkbox"/> → 189	<input type="checkbox"/> → 189	<input type="checkbox"/> → 189	<input type="checkbox"/> → 189

188 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"/>

189 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).

	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"/>

Second or additional jobs

190 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I had more than 2 jobs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → 200	<input type="checkbox"/> → 200	<input type="checkbox"/> → 200	<input type="checkbox"/> → 200	<input type="checkbox"/> → 200

191 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. 126: **8** "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"/>

192 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"/>

193 What is your status in your additional job?

i See also p. 126: **7** "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

194 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

195 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

Person 1

Person 2

Person 3

Person 4

Person 5

model questionnaire

196 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"/>

197 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. 126:

9 "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"/>

model questionnaire

198 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 style="width: 40px; height: 20px;" type="text"/> . <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> . <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> . <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> . <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> . <input style="width: 40px; height: 20px;" type="text"/>

199 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 style="width: 40px; height: 20px;" type="text"/> . <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> . <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> . <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> . <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> . <input style="width: 40px; height: 20px;" type="text"/>

Desired number of working hours

200 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"/> → 204	<input type="checkbox"/> → 204	<input type="checkbox"/> → 204	<input type="checkbox"/> → 204	<input type="checkbox"/> → 204
Increase 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce 3	<input type="checkbox"/> → 203	<input type="checkbox"/> → 203	<input type="checkbox"/> → 203	<input type="checkbox"/> → 203	<input type="checkbox"/> → 203

201 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"/>

202 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"/>	<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"/>

203 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).

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of hours 1	<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

204 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.

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

205 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"/> → 217	<input type="checkbox"/> → 217	<input type="checkbox"/> → 217	<input type="checkbox"/> → 217	<input type="checkbox"/> → 217

206 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"/>

207 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	<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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model questionnaire

208 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"/>

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

i See also p. 126: **7** "Categorisation of job".

	Person 1	Person 2	Person 3	Person 4	Person 5
Self-employed person, freelancer					
without employees	1 <input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211
with employees	2 <input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211
Unpaid family worker in a family business	3 <input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211
Public official (not including candidates), judge	4 <input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211
Salary earner, wage earner (not including apprentices)	5 <input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211
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"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211
Intern, trainee (including paid practical training or internship)	9 <input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211
Temporary or professional soldier	10 <input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211
Person doing compulsory military/civilian service	11 <input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211
In voluntary military service	12 <input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211
In the Federal Volunteer Service (also social, ecological or cultural year)	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211

210 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"/>

model questionnaire

211 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

212 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

model questionnaire

Person 1

Person 2

Person 3

Person 4

Person 5

213 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"/>

214 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. 126:

9 "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"/>

215 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"/>

216 What type of employment contract did you have in your last main job?

	Person 1	Person 2	Person 3	Person 4	Person 5
Open-ended work contract	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fixed-term work contract	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

217 Are you 90 years or older?

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

218 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"/> → 220	<input type="checkbox"/> → 220	<input type="checkbox"/> → 220	<input type="checkbox"/> → 220	<input type="checkbox"/> → 220

219 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"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Contacted private employment organisations	2 <input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Placed job wanted advertisements	3 <input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Responded to job offers	4 <input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Sent off unsolicited applications	5 <input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Asked friends, relatives, acquaintances	6 <input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Looked through job offers	7 <input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Took tests, interviews, exams	8 <input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Placed or updated online CVs	13 <input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Searched for premises, offices, equipment for self-employment or a freelance job	9 <input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Applied for licences, concessions or financial resources for self-employment or a freelance job	10 <input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Took other action for self-employment or a freelance job	11 <input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Took other action	12 <input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230

220 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"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
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"/> → 222	<input type="checkbox"/> → 222	<input type="checkbox"/> → 222	<input type="checkbox"/> → 222	<input type="checkbox"/> → 222

221 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"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230
Later, that is, more than 3 months after the reference week	8 <input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230	<input type="checkbox"/> → 230

222 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	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 228	<input type="checkbox"/> → 228	<input type="checkbox"/> → 228	<input type="checkbox"/> → 228	<input type="checkbox"/> → 228

223 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	1 <input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225
I am awaiting re-employment (following temporary lay-off)	2 <input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225
Own illness, consequences of an accident	3 <input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225
Permanently reduced earning capacity, permanent disability	4 <input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225
Have to look after children	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people with disabilities	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people in need of care	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family responsibilities	8 <input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225
Other personal responsibilities	9 <input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225
School or vocational education, studies	10 <input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225
Retirement	11 <input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225
Other main reason	12 <input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225	<input type="checkbox"/> → 225

224 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"/>

225 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	1 <input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

226 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"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Own illness, consequences of an accident 2	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Permanently reduced earning capacity, permanent disability 3	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
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"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Other personal responsibilities 8	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Retirement 9	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Other main reason 10	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234

227 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"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
There is no adequate care available at the relevant times of the day. 2	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Adequate care is too expensive. 3	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
I want to do it myself. 4	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Other essential reasons 5	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234

228 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"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Own illness, consequences of an accident 2	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Permanently reduced earning capacity, permanent disability 3	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
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"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Other personal responsibilities 8	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Retirement 9	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Other main reason 10	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234

229 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"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
There is no adequate care available at the relevant times of the day. 2	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Adequate care is too expensive. 3	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
I want to do it myself. 4	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Other essential reasons 9	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234

230 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 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 to less than 3 months 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 to less than 6 months 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 to less than 12 months 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 to less than 1 ½ years 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 ½ to less than 2 years 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 to less than 4 years 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 years or more 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

231 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 1	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

232 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"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Own illness, consequences of an accident 2	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Permanently reduced earning capacity, permanent disability 3	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
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"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Other personal responsibilities 8	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Retirement 9	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Other main reason 10	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234

model questionnaire

233 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"/>

Self-assessment of life situation in the reference week and other information on employment

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

• See also p. 125:

- i** **5** "Partial retirement" and
- 6** "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

235 Were you aged 16 years or over on 31 December 2024?

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"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244

236 In what year did you enter employment for the first time?

i This also includes apprenticeships/company-based vocational training and training at a vocational academy/cooperative state university.
 Please mark **“Not applicable”** even if so far you have done only a (second) job as a pupil or student.

Year of entering employment
 Not applicable9999

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

237 How many years have you been in employment since then?

i Only count the years in which you were actually in employment.
 This also includes apprenticeships/company-based vocational training and training at a vocational academy/cooperative state university.

Please round up to full years.
 Number of years

Person 1	Person 2	Person 3	Person 4	Person 5
_____	_____	_____	_____	_____

238 Do you do at least 1 hour of paid work (second job) in a usual week, although you are mainly not in employment (see question 234, answers 10-15)?

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"/> → 243	<input type="checkbox"/> → 243	<input type="checkbox"/> → 243	<input type="checkbox"/> → 243	<input type="checkbox"/> → 243

model questionnaire

239 What was your status in your last main job?

i See also p. 126: **7** "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"/>
freelancer 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	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public official (not including candidates), 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"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intern, trainee (including paid practical training or internship)	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary or professional soldier	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person doing compulsory military/civilian service	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In voluntary military service	12 <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)	13 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	99 <input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244

240 Please provide some keywords to describe your last main 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 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"/>

241 What was the title of your last main 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	

242 Enter the branch of activity of the establishment (location) in which you last worked in your main job.

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 your last main 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. 126:

9 "Establishment (location)"

model questionnaire

Person 1	
Person 2	
Person 3	
Person 4	
Person 5	

243 Please think of the last 5 years. What was the duration of your last unemployment?

No unemployment in the last 5 years

Duration of the last unemployment in months

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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

244 Which are your main sources of livelihood?

i See also p. 126:

11 "Main sources of livelihood"

Main sources of livelihood: code from List 244

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 244

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

245 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. 126: **12** "Net income".

Personal net income: code from List 245	Person 1	Person 2	Person 3	Person 4	Person 5
I had no income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

List 245			
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

246 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 245 that corresponds to the amount of your monthly net household income.

Code from List 245

--	--

Development of the household income

247 How has net household income changed compared with the previous year?

i Please take into account the income of all household members.

The net household income has increased. 1

The net household income is more or less unchanged. 2 → 250

The net household income has decreased. 3 → 249

248 What is the main reason for the increase in net household income?

Pay rise or working more hours 1 → 250

Return to work after illness, parental leave, childcare or looking after ill people or people in need of care 2 → 250

Change of job or new job 3 → 250

Change in household composition 4 → 250

Increase in social benefits or transfer payments 5 → 250

Indexation or reassessment of salary (only for employees in Belgium or Luxembourg) 6 → 250

Other reasons 7 → 250

Model questionnaire

249 What is the main reason for the decrease in net household income?

- Lower wage/salary or working fewer hours (includes also involuntary switch to self-employment) 1
- Parental leave, childcare or looking after ill people or people in need of care 2
- New job 3
- Loss of job, unemployment (including closure of own enterprise in case of self-employment) 4
- Inability to work due to illness, need of care or disability 5
- Divorce, dissolution of partnership or other changes in household composition 6
- Retirement 7
- Reduction of social benefits or transfer payments 8
- Other reasons 9

250 What development of your net household income do you expect for the next 12 months?

- The future net household income... ..
- will increase. 1
 - will remain unchanged. 2
 - will decrease. 3

251 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"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End	<input type="checkbox"/> → End

For persons aged under 15 years, the questionnaire ends here!

Educational and vocational attainment

252 Do you hold a general school certificate?

	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/Not yet	<input type="checkbox"/> → 256	<input type="checkbox"/> → 256	<input type="checkbox"/> → 256	<input type="checkbox"/> → 256	<input type="checkbox"/> → 256

253 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"/>

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

Germany

Abroad

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/> → 256	<input type="checkbox"/> → 256	<input type="checkbox"/> → 256	<input type="checkbox"/> → 256	<input type="checkbox"/> → 256
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

255 How long did you attend school?

Please round to the nearest year.

Number of years in school

	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"/>

256 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.

Yes

No/Not yet

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/> → 258	<input type="checkbox"/> → 258	<input type="checkbox"/> → 258	<input type="checkbox"/> → 258	<input type="checkbox"/> → 258
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Year

Not applicable as I have no general school certificate (yet).

	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"/>
	↳ 264	↳ 264	↳ 264	↳ 264	↳ 264
	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264

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

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"/>

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

260 Which is your highest qualification?

Please convert qualifications gained abroad to German equivalents.

	Person 1	Person 2	Person 3	Person 4	Person 5
Vocational qualification attained					
On-the-job training	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264
Internship	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264
Pre-vocational training year	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264	<input type="checkbox"/> → 264
Apprenticeship, vocational training in the dual system	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263
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	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263
Preparatory training for the intermediate service in public administration	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263
Training centre/school for health-care service occupations and social occupations:					
one year (e.g. geriatric care assistant)	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263
two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant)	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263
three years (e.g. physiotherapy, medical laboratory assistant, geriatric care)	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263
Nursery teacher/educator	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263
Master craftsman/craftswoman	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263
Technician's qualification or equivalent trade and technical school certificate	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263
Specialised and engineering schools of the GDR	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263
Specialised academy (in Bayern only)	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263	<input type="checkbox"/> → 263
Higher education institutions					
Diplom degree, Bachelor's, Master's, state examination e.g. for the teaching profession					
Vocational academy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College of public administration	<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)	<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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctoral degree	<input type="checkbox"/> → 262	<input type="checkbox"/> → 262	<input type="checkbox"/> → 262	<input type="checkbox"/> → 262	<input type="checkbox"/> → 262

model questionnaire

261 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master's	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

262 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	<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"/>

263 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"/>

model questionnaire

Continuing education and training

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

Pension insurance

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/> → 267	<input type="checkbox"/> → 267	<input type="checkbox"/> → 267	<input type="checkbox"/> → 267	<input type="checkbox"/> → 267
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

i See also p. 126:

i **13** "Statutory pension insurance"

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, compulsorily insured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, voluntarily insured	<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"/>

Internet access and internet use

267 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	<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"/>

268 Were you aged 16 years or over on 31 December 2024?

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

Health insurance coverage

269 What kind of health insurance did you have in 2024?

i For each kind of insurance, please enter the number of months in which you were covered by the respective insurance policy.

	Person 1	Person 2	Person 3	Person 4	Person 5
By statutory health insurance					
Compulsory insurance for myself (number of months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Voluntary insurance for myself (number of months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family member's insurance (number of months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student covered by students' health insurance (number of months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student covered by voluntary insurance (number of months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Private health insurance					
Insurance for myself (number of months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family member's insurance (number of months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student's insurance (number of months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I was entitled to free statutory medical care for soldiers etc. (number of months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I was not insured (number of months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

270 How is your health in general?

Please mark only one box.

	Person 1	Person 2	Person 3	Person 4	Person 5
Very good 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fair 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bad 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very bad 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

271 Do you have any chronic illness or long-standing health problem?

i This refers to illnesses or health problems that have lasted or are expected to last for at least 6 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"/>

272 Are you restricted from activities in normal everyday life due to a health problem? Would you say you are ...

	Person 1	Person 2	Person 3	Person 4	Person 5
Severely limited 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited but not severely 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not limited 8	<input type="checkbox"/> → 274	<input type="checkbox"/> → 274	<input type="checkbox"/> → 274	<input type="checkbox"/> → 274	<input type="checkbox"/> → 274

273 How long have you been affected by these limitations?

	Person 1	Person 2	Person 3	Person 4	Person 5
Less than 6 months 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 months or more 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

274 Was there any time in the last 12 months when you really needed dental or orthodontic examination or treatment for yourself?

	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, no need for any examination or treatment. 8	<input type="checkbox"/> → 277	<input type="checkbox"/> → 277	<input type="checkbox"/> → 277	<input type="checkbox"/> → 277	<input type="checkbox"/> → 277

275 Did you have a medical examination or treatment each time you needed it?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 277	<input type="checkbox"/> → 277	<input type="checkbox"/> → 277	<input type="checkbox"/> → 277	<input type="checkbox"/> → 277
No, there was at least one occasion when I did not have an examination or treatment. 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

276 What was the main reason for not having a dental/orthodontic examination or treatment?

Please mark only one box.

	Person 1	Person 2	Person 3	Person 4	Person 5
I could not afford it (too expensive). 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt the waiting time for an appointment or examination was too long. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could not take the time because of work or family responsibilities. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was too far away for me./I had no means of transport. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am afraid of dentists/orthodontists, hospitals, examinations or treatment. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wanted to wait and see if the problem got better on its own. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know any good dentist or orthodontist. 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had other reasons. 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

277 Was there any time in the last 12 months when you really needed any other medical examination or treatment for yourself?

	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, no need for any examination or treatment. 8	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280

278 Did you have a medical examination or treatment each time you needed it?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280	<input type="checkbox"/> → 280
No, there was at least one occasion when I did not have an examination or treatment. 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

279 What was your main reason for not having this other medical examination or treatment?

Please mark only one box.

	Person 1	Person 2	Person 3	Person 4	Person 5
I could not afford it (too expensive). 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt the waiting time for an appointment or examination was too long. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could not take the time because of work or family responsibilities. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was too far away for me./I had no means of transport. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am afraid of doctors, hospitals, examinations or treatment. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wanted to wait and see if the problem got better on its own. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know any good doctor. 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had other reasons. 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

280 How often have you consulted a dentist, orthodontist or other dental care specialists in the last 12 months to get advice, an examination or treatment for yourself?

	Person 1	Person 2	Person 3	Person 4	Person 5
Never	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 to 2 times	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 to 5 times	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 to 9 times	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 times or more	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

281 How often have you consulted a family doctor or a general practitioner in the last 12 months to get advice, an examination or treatment for yourself?

i Please include consultations in a medical practice, home visits and telephone consultations.

	Person 1	Person 2	Person 3	Person 4	Person 5
Never	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 to 2 times	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 to 5 times	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 to 9 times	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 times or more	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

282 How often have you consulted a medical specialist (e.g. ophthalmologist, dermatologist, orthopaedist, gynaecologist, physiotherapist, psychotherapist) in the last 12 months to get advice, an examination or treatment for yourself?

i Please include accident and emergency units involved in a medical emergency.

This does not refer to consultations with a dentist, general practitioner/family doctor or medical contacts you had as an in-patient/day patient in a hospital.

	Person 1	Person 2	Person 3	Person 4	Person 5
Never	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 to 2 times	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 to 5 times	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 to 9 times	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 times or more	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

283 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.

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

284 What is your height when not wearing shoes?

Please enter your height in cm.

Height in cm

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"/>

285 When you work, which of the following statements describes best what you do in a typical week of work? Would you say ...

- Mostly sitting 1
- Mostly standing 2
- Mostly walking or tasks of moderate physical effort 3
- Mostly heavy labour or physically demanding work 4
- I do not do any work-related activities. 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"/>

286 Think of sports, fitness and physical leisure activities, e.g. (Nordic) walking, ball games, jogging, cycling, swimming, aerobic, rowing or badminton. In a typical week, how often do you do sports, fitness or physical activities for at least 10 minutes without interruption in your leisure time?

- Twice or several times a day 1
- Once a day 2
- 4 to 6 times a week 3
- 1 to 3 times a week 4
- Less than once a week 5
- Never 6

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"/>

287 How often do you eat fruit?

i Please include dried, frozen and tinned fruit.
i This does not refer to fruit juices.

- Twice or several times a day 1
- Once a day 2
- 4 to 6 times a week 3
- 1 to 3 times a week 4
- Less than once a week 5
- Never 6

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"/>

model questionnaire

288 How often do you eat vegetables or salad?

i Please include dried, frozen and tinned vegetables.

This does not refer to potatoes or vegetable juices.

	Person 1	Person 2	Person 3	Person 4	Person 5
Twice or several times a day	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once a day	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 to 6 times a week	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 to 3 times a week	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than once a week	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

289 How often have you smoked tobacco products (e.g. cigarettes, pipe tobacco, water pipe) in the last 12 months?

This includes electronic cigarettes or similar electronic products, e.g. e-shisha, e-pipe.

	Person 1	Person 2	Person 3	Person 4	Person 5
Daily	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A few times a week	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A few times a month	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At few times in the year	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

290 How often have you drunk alcohol of any kind (e.g. beer, wine, sparkling wine, spirits, cocktails, mixed alcoholic drinks, liqueurs, home-made or home-distilled alcohol) in the last 12 months?

	Person 1	Person 2	Person 3	Person 4	Person 5
Daily	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A few times a week	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A few times a month	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At few times in the year	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

Ability to do basic activities

i The following questions refer to your ability to do various basic activities. Please ignore any temporary problems.

291 Do you have difficulty in seeing, even when wearing glasses or contact lenses?

Would you say ...

	Person 1	Person 2	Person 3	Person 4	Person 5
No difficulty	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some difficulty	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A lot of difficulty	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannot see at all	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

292 Do you have difficulty in hearing, even when using a hearing aid?

Would you say ...

	Person 1	Person 2	Person 3	Person 4	Person 5
No difficulty 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some difficulty 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A lot of difficulty 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannot hear at all 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

293 Do you have difficulty in walking or climbing steps?

Would you say ...

	Person 1	Person 2	Person 3	Person 4	Person 5
No difficulty 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some difficulty 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A lot of difficulty 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannot walk or climb steps at all 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

294 Do you have difficulty in remembering or concentrating?

Would you say ...

	Person 1	Person 2	Person 3	Person 4	Person 5
No difficulty 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some difficulty 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A lot of difficulty 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannot remember/focus at all 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

295 Do you have difficulty with self-care such as washing all over, taking a shower or dressing?

Would you say ...

	Person 1	Person 2	Person 3	Person 4	Person 5
No difficulty 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some difficulty 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A lot of difficulty 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannot wash or dress at all 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

296 When using your usual language, do you have difficulty in communicating, e.g. understanding or being understood by others?

Would you say ...

	Person 1	Person 2	Person 3	Person 4	Person 5
No difficulty 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some difficulty 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A lot of difficulty 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannot communicate at all 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

297 Which of the following statements apply to your life situation?

I can replace worn-out clothes by new (not second-hand) ones.

Yes 1

No, I cannot afford it 2

No, for other reasons 3

I have at least two pairs of properly fitting shoes in a good condition that are suitable for daily activities.

Yes 1

No, I cannot afford it 2

No, for other reasons 3

I get together with friends or relatives for a drink/meal at least once a month.

Yes 1

No, I cannot afford it 2

No, for other reasons 3

I regularly participate in leisure activities, even if they cost money (e.g. exercise, sporting events, cinema, concerts).

Yes 1

No, I cannot afford it 2

No, for other reasons 3

I spend a small amount of money each week on myself (e.g. for magazines, small gifts or going out for ice cream).

Yes 1

No, I cannot afford it 2

No, for other reasons 3

I have an internet connection for personal use when I need it (e.g. via smartphone, computer, laptop or tablet).

Yes 1

No, I cannot afford it 2

No, for other reasons 3

Person 1

Person 2

Person 3

Person 4

Person 5

model questionnaire

298 Overall, how satisfied are you with your life?

i Please answer on a scale from 0 to 10 where “0” is “not at all satisfied” and “10” is “completely satisfied”.

Please mark only one box.

	not at all satisfied										completely satisfied
	0	1	2	3	4	5	6	7	8	9	10
Person 1	<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"/>
Person 2	<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"/>
Person 3	<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"/>
Person 4	<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"/>
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"/>

299 Some say that you can trust most people. Others think that you cannot be careful enough with other people. Do you think that one can trust most people?

i Please answer on a scale from 0 to 10 where “0” is “you cannot trust anyone” and “10” is “you can trust most people”.

Please mark only one box.

	You cannot trust anyone										You can trust most people
	0	1	2	3	4	5	6	7	8	9	10
Person 1	<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"/>
Person 2	<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"/>
Person 3	<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"/>
Person 4	<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"/>
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"/>

model questionnaire

300 Do you have relatives, friends or neighbours you could ask for help? Help of any kind is meant here, e.g. assistance in day-to-day life, or someone to talk to, or material or financial assistance.

i This refers to people not living in your household.

	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"/>

301 Were you aged between 16 and 65 years (inclusive) at the end of 2024?

	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"/> → 304	<input type="checkbox"/> → 304	<input type="checkbox"/> → 304	<input type="checkbox"/> → 304	<input type="checkbox"/> → 304

302 Are you in employment or a student/pupil?

	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"/> → 304	<input type="checkbox"/> → 304	<input type="checkbox"/> → 304	<input type="checkbox"/> → 304	<input type="checkbox"/> → 304

303 In usual circumstances, are you able to get to work or your school or university in 1 hour by using public transport, cycling or walking?

i Please only consider normal rush hour delays. Do not include unusual delays or traffic jams. Additionally, do not consider days off, public holidays or days you work from 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"/>
Not applicable as I am working/studying full-time from home and do not commute.	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

304 Overall, how satisfied are you with the public green spaces in your local area (municipality, town or town/city district)?

i Please answer on a scale from 0 to 10 where “0” is “not at all satisfied” and “10” is “completely satisfied”.

Please mark only one box.

	not at all satisfied										completely satisfied	Don't know
	0	1	2	3	4	5	6	7	8	9	10	99
Person 1	<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"/>
Person 2	<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"/>
Person 3	<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"/>
Person 4	<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"/>
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"/>

305 The last time your mobile phone broke, did you try to have it repaired?

	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"/>
Not applicable as I have never owned a mobile phone or my phone has never been broken.	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

306 What did you do with your last mobile phone that was unusable and not working properly?

	Person 1	Person 2	Person 3	Person 4	Person 5
It is still in my home, but I do not currently use it. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I sold it or gave it to someone else. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Es wurde über die Elektroschrottsammlung oder ein Recyclingsystem entsorgt (einschließlich der Entsorgung durch den Händler/Verkäufer). 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was disposed of through electronic waste collection/recycling (including leaving it to the retailer to dispose of). 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable as I have never owned a mobile phone or I am still using my phone. 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

307 In the last 12 months, which mode of transport did you use most often?

i Consider transport for all different activities and different purposes: going to work, school/ university, shopping, hobbies, etc.

	Person 1	Person 2	Person 3	Person 4	Person 5
Car (private, company, rental, taxi, car share, etc.) 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transport (bus, tram, train, metro, ferry, etc.) 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle (including electric bicycle or electric scooter) .. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moped or motorbike (including electric) 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable as I am unable to leave the house. <input type="checkbox"/> → 309	<input type="checkbox"/> → 309	<input type="checkbox"/> → 309	<input type="checkbox"/> → 309	<input type="checkbox"/> → 309	<input type="checkbox"/> → 309

308 In the last 12 months, which was your second most used mode of transport?

i Consider transport for all different activities and different purposes: going to work, school/ university, shopping, hobbies, etc.

	Person 1	Person 2	Person 3	Person 4	Person 5
Car (private, company, rental, taxi, car share, etc.) 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transport (bus, tram, train, metro, ferry, etc.) 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle (including electric bicycle or electric scooter) .. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moped or motorbike (including electric) 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable as no other transport is used. 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

309 In a typical week, how many hours do you usually spend driving a non-electric car?

i Consider your own car, a company car or borrowed cars that you drive in a typical week. Consider all activities and purposes in a typical week: going to work, school/university, shopping, hobbies, etc.

Please indicate "0" hours if you do not drive a car or only drive an electric car.

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

310 In the last 12 months, how many private or business flights did you take within Europe?

Please consider round trips as one flight.

	Person 1	Person 2	Person 3	Person 4	Person 5
One	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two to three	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Four or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No flights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

311 In the last 12 months, how many private or business flights did you take to destinations outside Europe?

Please consider round trips as one flight.

	Person 1	Person 2	Person 3	Person 4	Person 5
One	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two to three	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Four or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No flights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

312 In the last 12 months, how often have you eaten meat, poultry or fish?

Daily	1	<input type="checkbox"/>
Every week	2	<input type="checkbox"/>
Less often than every week	3	<input type="checkbox"/>
Not at all, I am vegetarian or vegan	4	<input type="checkbox"/>

313 In the last 5 years, has your house/dwelling been damaged by extreme weather events, for example, storms, flooding, hail, heat waves, wildfires, earthquakes, etc.?

i Damage that occurred outside the house/dwelling (e.g. damage to the garden, driveway or garage (located in a separate building)) should not be considered.

Yes	1	<input type="checkbox"/>
No	8	<input type="checkbox"/>
I don't know.	9	<input type="checkbox"/>

model questionnaire

Note



Please enter your name in the box at the side.

Person 1:

314 Was your situation unchanged over the entire year of 2024?

If yes, please enter the code from List 314 → 315

If no, please enter for each month the code from List 314

January

February

March

April

May

June

July

August

September

October

November

December

model questionnaire

List 314

Employee, public official (including temporary or professional soldier)		Voluntary social/ecological/cultural year, in the Federal Volunteer Service or in voluntary military service	21
Full-time	1	Pupil, person in non-remunerated vocational training, student	15
Part-time	2	Pensioner	16
Self-employed person, freelancer		Unemployed	17
Full-time	3	Housewife/househusband	18
Part-time	4	Permanently unfit for work	19
In marginal employment	5	Other	20
Person in employment ...			
on parental leave	6		
in partial retirement.....	7		
Apprentice receiving apprenticeship pay	10		
Unpaid family worker in a family business			
Full-time	11		
Part-time	12		

315 Did you receive income (wage/salary) as an employee in 2024?

i This includes mini-jobs and remuneration of public officials or judges.

Yes 1

No 8 → 319

316 Did you receive the following types of income (wage/salary) as an employee or public official in 2024?

i Please enter the net amount (income after deduction of taxes and social insurance contributions, if applicable).

	No	Yes	Number of months	Net amount per month (full euros)	or	Annual net amount per month (full euros)
Wage/salary from main job (not including extra payments such as Christmas bonus or other bonuses, not including company car and not including children's allowance)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Wage/salary from second job (not including extra payments)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or	<input type="text"/>

317 Did you receive one or more of the following extra payments in 2024?

i Please enter the net amount.

	No	Yes	Net annual amount (full euros)
Christmas bonus	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Vacation bonus	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Other bonuses and shares in profits	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Severance pay in case of dismissal for operational reasons (before reaching retirement age)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Severance pay in case of retirement	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Early retirement payments	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>

model questionnaire

318 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2024?

i If you do not know the gross amount of the non-cash benefit, you may enter 1% of the list price of the company car, plus 0.03% of the list price for every kilometre of the distance between your dwelling and your place of work, e.g. a distance of 10 km corresponds to 1.3% of the list price.

	No	Yes	Number of months	Gross amount per month (full euros)
Private use of a company car	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Payments in kind or discounts (e.g. staff housing, food, free fuel)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

319 Did you receive income from self-employment or freelance work in 2024?

Yes 1

No 8 → 321

320 What was your income from self-employment or freelance work in 2024?

i Please also take into account withdrawals in kind or profits from the business assets.
If you generated negative income (losses) in total in 2024, please enter this amount with a minus sign.

Income

Gross annual amount (full euros)

model questionnaire

Income from pensions in 2024

321 Did you receive pensions based on your own entitlements in 2024?

Yes 1

No 8 → 323

322 What income from pensions based on your own entitlements did you receive in 2024?

i Please enter the amount received, not including health insurance contributions.

	No	Yes	Number of months	Amount per month (full euros)	or	Annual amount (full euros)
Old-age pension from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Public official's pension (retirement pension)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Pension from the supplementary pension funds for public service employees	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Company pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Pension from occupational pension funds or from the agricultural pension fund	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Public official's pension due to incapacity for work	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Injury pension from statutory accident insurance ...	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Pension on account of reduced earning capacity from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Pension from abroad	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
War pension, victim's pension for SED injustice or equalisation of burdens pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>

323 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2024? ..

i Please enter the amount received, not including health insurance contributions.

No	Yes	Number of months	Amount per month (full euros)	or	Annual amount (full euros)
8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>		<input type="text"/>

324 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2024?

Please mark all relevant boxes.

Widow's pension/benefit or orphan's pension/benefit...	
from statutory pension insurance	1 <input type="checkbox"/>
in accordance with the Public Officials Pensions Act	2 <input type="checkbox"/>
from supplementary pension funds, company pension	3 <input type="checkbox"/>
from occupational pension funds or the agricultural pension fund	4 <input type="checkbox"/>
from another country (pension from abroad)	5 <input type="checkbox"/>
from statutory accident insurance	6 <input type="checkbox"/>
Other public widow's or orphan's pension	7 <input type="checkbox"/>
Not applicable	<input type="checkbox"/>

325 Did you receive unemployment benefit or other benefits from the employment agency in 2024?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Unemployment benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Support for business start-up; start-up grant	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Short-time working benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Winter benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Insolvency benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

326 Did you receive the following benefits for initial or continuing vocational education and training from the employment agency in 2024?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Citizen's benefit bonus (75 euros per month)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Continuing education and training benefit for continuing education that leads to a professional qualification (150 euros per month)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Continuing education and training bonus for passing an intermediate examination (1000 euros)	8 <input type="checkbox"/>	<input type="checkbox"/>			
Continuing education and training bonus for passing a final examination (1500 euros)	8 <input type="checkbox"/>	1 <input type="checkbox"/>			
Transitional allowance, training stipend	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Skills development benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Other grants towards initial or continuing vocational education and training (e.g. travel expenses, cost of accommodation away from home, cost of childcare during training measures)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

model questionnaire

327 Did you receive any of the following benefits in 2024?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Public promotion of education and training (training assistance (BAföG), scholarship/grant), vocational training allowance, grants towards upgrading training under the Upgrading Training Assistance Act	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/> or	<input type="text"/>
Parental allowance, parental allowance 'Plus'	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/> or	<input type="text"/>
Long-term care allowance from statutory long-term care insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/> or	<input type="text"/>
			Number of days		Annual amount (full euros)
Carer's grant from statutory long-term care insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		<input type="text"/>
			Number of months		
Maternity payments from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Maternity payments from the Federal Office for Social Security (BAS)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Sickness pay from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Injury benefit or transitional allowance from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Transitional allowance from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Blindness benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		

model questionnaire

Private old-age provision and benefits from private old-age provision in 2024

328 Did you make contributions to private old-age provision in 2024 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)?

No	Yes	Number of months	Amount per month (full euros)
8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

329 Did you receive a pension from private old-age provision in 2024 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)?

No	Yes	Number of months	Amount per month (full euros)
8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

Participation in the survey

330 Have you answered the questions yourself?

Yes 1 → 332

No, another household member has answered the questions. 2

No, someone not living in the household has answered the questions. 3 → 332

331 Which household member has answered the questions?

Please enter the number (see flap) of the person who has answered the questions.

332 How many minutes did it take you to complete the questionnaire?

Number of minutes

model questionnaire

model questionnaire

Note



Please enter your name in the box at the side.

314 Was your situation unchanged over the entire year of 2024?

If yes, please enter the code from List 314 → 315

If no, please enter for each month the code from List 314

January

February

March

April

May

June

July

August

September

October

November

December

Person 2:

model questionnaire

List 314

Employee, public official (including temporary or professional soldier)		Voluntary social/ecological/cultural year, in the Federal Volunteer Service or in voluntary military service	21
Full-time	1	Pupil, person in non-remunerated vocational training, student	15
Part-time.....	2	Pensioner	16
Self-employed person, freelancer		Unemployed	17
Full-time	3	Housewife/househusband	18
Part-time.....	4	Permanently unfit for work	19
In marginal employment	5	Other	20
Person in employment ...			
on parental leave	6		
in partial retirement.....	7		
Apprentice receiving apprenticeship pay	10		
Unpaid family worker in a family business			
Full-time	11		
Part-time.....	12		

315 Did you receive income (wage/salary) as an employee in 2024?

i This includes mini-jobs and remuneration of public officials or judges.

Yes 1

No 8 → 319

316 Did you receive the following types of income (wage/salary) as an employee or public official in 2024?

i Please enter the net amount (income after deduction of taxes and social insurance contributions, if applicable).

	No	Yes	Number of months	Net amount per month (full euros)	or	Annual net amount per month (full euros)
Wage/salary from main job (not including extra payments such as Christmas bonus or other bonuses, not including company car and not including children's allowance)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Wage/salary from second job (not including extra payments)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or	<input type="text"/>

317 Did you receive one or more of the following extra payments in 2024?

i Please enter the net amount.

	No	Yes	Net annual amount (full euros)
Christmas bonus	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Vacation bonus	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Other bonuses and shares in profits	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Severance pay in case of dismissal for operational reasons (before reaching retirement age)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Severance pay in case of retirement	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Early retirement payments	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>

model questionnaire

318 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2024?

i If you do not know the gross amount of the non-cash benefit, you may enter 1% of the list price of the company car, plus 0.03% of the list price for every kilometre of the distance between your dwelling and your place of work, e.g. a distance of 10 km corresponds to 1.3% of the list price.

	No	Yes	Number of months	Gross amount per month (full euros)
Private use of a company car	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Payments in kind or discounts (e.g. staff housing, food, free fuel)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

319 Did you receive income from self-employment or freelance work in 2024?

Yes 1

No 8 → 321

320 What was your income from self-employment or freelance work in 2024?

i Please also take into account withdrawals in kind or profits from the business assets.
If you generated negative income (losses) in total in 2024, please enter this amount with a minus sign.

Income

Gross annual amount (full euros)

model questionnaire

Income from pensions in 2024

321 Did you receive pensions based on your own entitlements in 2024?

Yes 1

No 8 → 323

322 What income from pensions based on your own entitlements did you receive in 2024?

i Please enter the amount received, not including health insurance contributions.

	No	Yes	Number of months	Amount per month (full euros)	or	Annual amount (full euros)
Old-age pension from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Public official's pension (retirement pension)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Pension from the supplementary pension funds for public service employees	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Company pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Pension from occupational pension funds or from the agricultural pension fund	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Public official's pension due to incapacity for work	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Injury pension from statutory accident insurance ...	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Pension on account of reduced earning capacity from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Pension from abroad	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
War pension, victim's pension for SED injustice or equalisation of burdens pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>

323 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2024? ..

i Please enter the amount received, not including health insurance contributions.

No	Yes	Number of months	Amount per month (full euros)	or	Annual amount (full euros)
8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>		<input type="text"/>

324 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2024?

Please mark all relevant boxes.

Widow's pension/benefit or orphan's pension/benefit...	
from statutory pension insurance	1 <input type="checkbox"/>
in accordance with the Public Officials Pensions Act	2 <input type="checkbox"/>
from supplementary pension funds, company pension	3 <input type="checkbox"/>
from occupational pension funds or the agricultural pension fund	4 <input type="checkbox"/>
from another country (pension from abroad)	5 <input type="checkbox"/>
from statutory accident insurance	6 <input type="checkbox"/>
Other public widow's or orphan's pension	7 <input type="checkbox"/>
Not applicable	<input type="checkbox"/>

325 Did you receive unemployment benefit or other benefits from the employment agency in 2024?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Unemployment benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Support for business start-up; start-up grant	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Short-time working benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Winter benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Insolvency benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

326 Did you receive the following benefits for initial or continuing vocational education and training from the employment agency in 2024?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Citizen's benefit bonus (75 euros per month)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Continuing education and training benefit for continuing education that leads to a professional qualification (150 euros per month)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Continuing education and training bonus for passing an intermediate examination (1000 euros)	8 <input type="checkbox"/>	<input type="checkbox"/>			
Continuing education and training bonus for passing a final examination (1500 euros)	8 <input type="checkbox"/>	1 <input type="checkbox"/>			
Transitional allowance, training stipend	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Skills development benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Other grants towards initial or continuing vocational education and training (e.g. travel expenses, cost of accommodation away from home, cost of childcare during training measures)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

model questionnaire

327 Did you receive any of the following benefits in 2024?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Public promotion of education and training (training assistance (BAföG), scholarship/grant), vocational training allowance, grants towards upgrading training under the Upgrading Training Assistance Act	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/> or	<input type="text"/>
Parental allowance, parental allowance 'Plus'	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/> or	<input type="text"/>
Long-term care allowance from statutory long-term care insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/> or	<input type="text"/>
Carer's grant from statutory long-term care insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	Number of days	Annual amount (full euros)
Maternity payments from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	Number of months	
Maternity payments from the Federal Office for Social Security (BAS)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Sickness pay from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Injury benefit or transitional allowance from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Transitional allowance from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Blindness benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		

model questionnaire

Private old-age provision and benefits from private old-age provision in 2024

328 Did you make contributions to private old-age provision in 2024 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)?	No	Yes	Number of months	Amount per month (full euros)
	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
329 Did you receive a pension from private old-age provision in 2024 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)?	No	Yes	Number of months	Amount per month (full euros)
	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

Participation in the survey

330 Have you answered the questions yourself?	
Yes	1 <input type="checkbox"/> → 332
No, another household member has answered the questions.	2 <input type="checkbox"/>
No, someone not living in the household has answered the questions.	3 <input type="checkbox"/> → 332

331 Which household member has answered the questions?

Please enter the number (see flap) of the person who has answered the questions.

332 How many minutes did it take you to complete the questionnaire?

Number of minutes

model questionnaire

model questionnaire

Note



Please enter your name in the box at the side.

314 Was your situation unchanged over the entire year of 2024?

If yes, please enter the code from List 314 → 315

If no, please enter for each month the code from List 314

January

February

March

April

May

June

July

August

September

October

November

December

model questionnaire

Person 3:

List 314	
Employee, public official (including temporary or professional soldier)	
Full-time	1
Part-time.....	2
Self-employed person, freelancer	
Full-time	3
Part-time.....	4
In marginal employment	5
Person in employment ...	
on parental leave	6
in partial retirement.....	7
Apprentice receiving apprenticeship pay	10
Unpaid family worker in a family business	
Full-time	11
Part-time.....	12
Voluntary social/ecological/cultural year, in the Federal Volunteer Service or in voluntary military service	21
Pupil, person in non-remunerated vocational training, student	15
Pensioner	16
Unemployed	17
Housewife/househusband	18
Permanently unfit for work	19
Other	20

315 Did you receive income (wage/salary) as an employee in 2024?

i This includes mini-jobs and remuneration of public officials or judges.

Yes 1

No 8 → 319

316 Did you receive the following types of income (wage/salary) as an employee or public official in 2024?

i Please enter the net amount (income after deduction of taxes and social insurance contributions, if applicable).

	No	Yes	Number of months	Net amount per month (full euros)	or	Annual net amount per month (full euros)
Wage/salary from main job (not including extra payments such as Christmas bonus or other bonuses, not including company car and not including children's allowance)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Wage/salary from second job (not including extra payments)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or	<input type="text"/>

317 Did you receive one or more of the following extra payments in 2024?

i Please enter the net amount.

	No	Yes	Net annual amount (full euros)
Christmas bonus	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Vacation bonus	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Other bonuses and shares in profits	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Severance pay in case of dismissal for operational reasons (before reaching retirement age)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Severance pay in case of retirement	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Early retirement payments	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>

model questionnaire

318 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2024?

i If you do not know the gross amount of the non-cash benefit, you may enter 1% of the list price of the company car, plus 0.03% of the list price for every kilometre of the distance between your dwelling and your place of work, e.g. a distance of 10 km corresponds to 1.3% of the list price.

	No	Yes	Number of months	Gross amount per month (full euros)
Private use of a company car	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Payments in kind or discounts (e.g. staff housing, food, free fuel)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

319 Did you receive income from self-employment or freelance work in 2024?

Yes 1

No 8 → 321

320 What was your income from self-employment or freelance work in 2024?

i Please also take into account withdrawals in kind or profits from the business assets.
If you generated negative income (losses) in total in 2024, please enter this amount with a minus sign.

Income

Gross annual amount (full euros)

model questionnaire

Income from pensions in 2024

321 Did you receive pensions based on your own entitlements in 2024?

Yes 1

No 8 → 323

322 What income from pensions based on your own entitlements did you receive in 2024?

i Please enter the amount received, not including health insurance contributions.

	No	Yes	Number of months	Amount per month (full euros)	or	Annual amount (full euros)
Old-age pension from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Public official's pension (retirement pension)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Pension from the supplementary pension funds for public service employees	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Company pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Pension from occupational pension funds or from the agricultural pension fund	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Public official's pension due to incapacity for work	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Injury pension from statutory accident insurance ...	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Pension on account of reduced earning capacity from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Pension from abroad	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
War pension, victim's pension for SED injustice or equalisation of burdens pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>

323 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2024? ..

i Please enter the amount received, not including health insurance contributions.

No	Yes	Number of months	Amount per month (full euros)	or	Annual amount (full euros)
8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>

324 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2024?

Please mark all relevant boxes.

Widow's pension/benefit or orphan's pension/benefit...	
from statutory pension insurance	1 <input type="checkbox"/>
in accordance with the Public Officials Pensions Act	2 <input type="checkbox"/>
from supplementary pension funds, company pension	3 <input type="checkbox"/>
from occupational pension funds or the agricultural pension fund	4 <input type="checkbox"/>
from another country (pension from abroad)	5 <input type="checkbox"/>
from statutory accident insurance	6 <input type="checkbox"/>
Other public widow's or orphan's pension	7 <input type="checkbox"/>
Not applicable	<input type="checkbox"/>

325 Did you receive unemployment benefit or other benefits from the employment agency in 2024?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Unemployment benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Support for business start-up; start-up grant	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Short-time working benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Winter benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Insolvency benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

326 Did you receive the following benefits for initial or continuing vocational education and training from the employment agency in 2024?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Citizen's benefit bonus (75 euros per month)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Continuing education and training benefit for continuing education that leads to a professional qualification (150 euros per month)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Continuing education and training bonus for passing an intermediate examination (1000 euros)	8 <input type="checkbox"/>	<input type="checkbox"/>			
Continuing education and training bonus for passing a final examination (1500 euros)	8 <input type="checkbox"/>	1 <input type="checkbox"/>			
Transitional allowance, training stipend	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Skills development benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Other grants towards initial or continuing vocational education and training (e.g. travel expenses, cost of accommodation away from home, cost of childcare during training measures)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

model questionnaire

327 Did you receive any of the following benefits in 2024?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Public promotion of education and training (training assistance (BAföG), scholarship/grant), vocational training allowance, grants towards upgrading training under the Upgrading Training Assistance Act	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/> or	<input type="text"/>
Parental allowance, parental allowance 'Plus'	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/> or	<input type="text"/>
Long-term care allowance from statutory long-term care insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/> or	<input type="text"/>
Carer's grant from statutory long-term care insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	Number of days	Annual amount (full euros)
Maternity payments from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	Number of months	
Maternity payments from the Federal Office for Social Security (BAS)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Sickness pay from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Injury benefit or transitional allowance from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Transitional allowance from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Blindness benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		

model questionnaire

Private old-age provision and benefits from private old-age provision in 2024

328 Did you make contributions to private old-age provision in 2024 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)?	No	Yes	Number of months	Amount per month (full euros)
	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
329 Did you receive a pension from private old-age provision in 2024 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)?	No	Yes	Number of months	Amount per month (full euros)
	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

Participation in the survey

330 Have you answered the questions yourself?	
Yes	1 <input type="checkbox"/> → 332
No, another household member has answered the questions.	2 <input type="checkbox"/>
No, someone not living in the household has answered the questions.	3 <input type="checkbox"/> → 332

331 Which household member has answered the questions?

Please enter the number (see flap) of the person who has answered the questions.

332 How many minutes did it take you to complete the questionnaire?

Number of minutes

model questionnaire

model questionnaire

Note



Please enter your name in the box at the side.

314 Was your situation unchanged over the entire year of 2024?

If yes, please enter the code from List 314 → 315

If no, please enter for each month the code from List 314

January

February

March

April

May

June

July

August

September

October

November

December

model questionnaire

List 314

Employee, public official (including temporary or professional soldier)		Voluntary social/ecological/cultural year, in the Federal Volunteer Service or in voluntary military service	21
Full-time	1	Pupil, person in non-remunerated vocational training, student	15
Part-time.....	2	Pensioner	16
Self-employed person, freelancer		Unemployed	17
Full-time	3	Housewife/househusband	18
Part-time.....	4	Permanently unfit for work	19
In marginal employment	5	Other	20
Person in employment ...			
on parental leave	6		
in partial retirement.....	7		
Apprentice receiving apprenticeship pay	10		
Unpaid family worker in a family business			
Full-time	11		
Part-time.....	12		

Person 4:

315 Did you receive income (wage/salary) as an employee in 2024?

i This includes mini-jobs and remuneration of public officials or judges.

Yes 1

No 8 → 319

316 Did you receive the following types of income (wage/salary) as an employee or public official in 2024?

i Please enter the net amount (income after deduction of taxes and social insurance contributions, if applicable).

	No	Yes	Number of months	Net amount per month (full euros)	or	Annual net amount per month (full euros)
Wage/salary from main job (not including extra payments such as Christmas bonus or other bonuses, not including company car and not including children's allowance)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Wage/salary from second job (not including extra payments)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or	<input type="text"/>

317 Did you receive one or more of the following extra payments in 2024?

i Please enter the net amount.

	No	Yes	Net annual amount (full euros)
Christmas bonus	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Vacation bonus	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Other bonuses and shares in profits	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Severance pay in case of dismissal for operational reasons (before reaching retirement age)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Severance pay in case of retirement	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Early retirement payments	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>

model questionnaire

318 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2024?

i If you do not know the gross amount of the non-cash benefit, you may enter 1% of the list price of the company car, plus 0.03% of the list price for every kilometre of the distance between your dwelling and your place of work, e.g. a distance of 10 km corresponds to 1.3% of the list price.

	No	Yes	Number of months	Gross amount per month (full euros)
Private use of a company car	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Payments in kind or discounts (e.g. staff housing, food, free fuel)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

319 Did you receive income from self-employment or freelance work in 2024?

Yes 1

No 8 → 321

320 What was your income from self-employment or freelance work in 2024?

i Please also take into account withdrawals in kind or profits from the business assets.
If you generated negative income (losses) in total in 2024, please enter this amount with a minus sign.

Income

Gross annual amount (full euros)

model questionnaire

Income from pensions in 2024

321 Did you receive pensions based on your own entitlements in 2024?

Yes 1

No 8 → 323

322 What income from pensions based on your own entitlements did you receive in 2024?

i Please enter the amount received, not including health insurance contributions.

	No	Yes	Number of months	Amount per month (full euros)	or	Annual amount (full euros)
Old-age pension from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Public official's pension (retirement pension)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Pension from the supplementary pension funds for public service employees	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Company pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Pension from occupational pension funds or from the agricultural pension fund	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Public official's pension due to incapacity for work	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Injury pension from statutory accident insurance ...	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Pension on account of reduced earning capacity from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Pension from abroad	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
War pension, victim's pension for SED injustice or equalisation of burdens pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>

323 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2024? ..

i Please enter the amount received, not including health insurance contributions.

	No	Yes	Number of months	Amount per month (full euros)	or	Annual amount (full euros)
	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>

324 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2024?

Please mark all relevant boxes.

Widow's pension/benefit or orphan's pension/benefit...

- from statutory pension insurance 1
- in accordance with the Public Officials Pensions Act 2
- from supplementary pension funds, company pension 3
- from occupational pension funds or the agricultural pension fund 4
- from another country (pension from abroad) 5
- from statutory accident insurance 6
- Other public widow's or orphan's pension 7
- Not applicable

325 Did you receive unemployment benefit or other benefits from the employment agency in 2024?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Unemployment benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Support for business start-up; start-up grant	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Short-time working benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Winter benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Insolvency benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

326 Did you receive the following benefits for initial or continuing vocational education and training from the employment agency in 2024?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Citizen's benefit bonus (75 euros per month)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Continuing education and training benefit for continuing education that leads to a professional qualification (150 euros per month)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Continuing education and training bonus for passing an intermediate examination (1000 euros)	8 <input type="checkbox"/>	<input type="checkbox"/>			
Continuing education and training bonus for passing a final examination (1500 euros)	8 <input type="checkbox"/>	1 <input type="checkbox"/>			
Transitional allowance, training stipend	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Skills development benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Other grants towards initial or continuing vocational education and training (e.g. travel expenses, cost of accommodation away from home, cost of childcare during training measures)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

327 Did you receive any of the following benefits in 2024?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Public promotion of education and training (training assistance (BAföG), scholarship/grant), vocational training allowance, grants towards upgrading training under the Upgrading Training Assistance Act	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/> or	<input type="text"/>
Parental allowance, parental allowance 'Plus'	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/> or	<input type="text"/>
Long-term care allowance from statutory long-term care insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/> or	<input type="text"/>
Carer's grant from statutory long-term care insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	Number of days	Annual amount (full euros)
Maternity payments from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	Number of months	
Maternity payments from the Federal Office for Social Security (BAS)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Sickness pay from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Injury benefit or transitional allowance from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Transitional allowance from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Blindness benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		

model questionnaire

Private old-age provision and benefits from private old-age provision in 2024

328 Did you make contributions to private old-age provision in 2024 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)?	No	Yes	Number of months	Amount per month (full euros)
	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
329 Did you receive a pension from private old-age provision in 2024 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)?	No	Yes	Number of months	Amount per month (full euros)
	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

Participation in the survey

330 Have you answered the questions yourself?	
Yes	1 <input type="checkbox"/> → 332
No, another household member has answered the questions.	2 <input type="checkbox"/>
No, someone not living in the household has answered the questions.	3 <input type="checkbox"/> → 332

331 Which household member has answered the questions?

Please enter the number (see flap) of the person who has answered the questions.

332 How many minutes did it take you to complete the questionnaire?

Number of minutes

model questionnaire

model questionnaire

Note



Please enter your name in the box at the side.

314 Was your situation unchanged over the entire year of 2024?

If yes, please enter the code from List 314 → 315

If no, please enter for each month the code from List 314

January

February

March

April

May

June

July

August

September

October

November

December

model questionnaire

List 314

Employee, public official (including temporary or professional soldier)		Voluntary social/ecological/cultural year, in the Federal Volunteer Service or in voluntary military service	21
Full-time	1	Pupil, person in non-remunerated vocational training, student	15
Part-time.....	2	Pensioner	16
Self-employed person, freelancer		Unemployed	17
Full-time	3	Housewife/househusband	18
Part-time.....	4	Permanently unfit for work	19
In marginal employment	5	Other	20
Person in employment ...			
on parental leave	6		
in partial retirement.....	7		
Apprentice receiving apprenticeship pay	10		
Unpaid family worker in a family business			
Full-time	11		
Part-time.....	12		

315 Did you receive income (wage/salary) as an employee in 2024?

i This includes mini-jobs and remuneration of public officials or judges.

Yes 1

No 8 → 319

316 Did you receive the following types of income (wage/salary) as an employee or public official in 2024?

i Please enter the net amount (income after deduction of taxes and social insurance contributions, if applicable).

	No	Yes	Number of months	Net amount per month (full euros)	or	Annual net amount per month (full euros)
Wage/salary from main job (not including extra payments such as Christmas bonus or other bonuses, not including company car and not including children's allowance)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Wage/salary from second job (not including extra payments)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>	or	<input type="text"/>

317 Did you receive one or more of the following extra payments in 2024?

i Please enter the net amount.

	No	Yes	Net annual amount (full euros)
Christmas bonus	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Vacation bonus	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Other bonuses and shares in profits	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Severance pay in case of dismissal for operational reasons (before reaching retirement age)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Severance pay in case of retirement	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>
Early retirement payments	8 <input type="checkbox"/>	1 <input type="checkbox"/>	→ <input type="text"/>

model questionnaire

318 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2024?

i If you do not know the gross amount of the non-cash benefit, you may enter 1% of the list price of the company car, plus 0.03% of the list price for every kilometre of the distance between your dwelling and your place of work, e.g. a distance of 10 km corresponds to 1.3% of the list price.

	No	Yes	Number of months	Gross amount per month (full euros)
Private use of a company car	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Payments in kind or discounts (e.g. staff housing, food, free fuel)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

319 Did you receive income from self-employment or freelance work in 2024?

Yes 1

No 8 → 321

320 What was your income from self-employment or freelance work in 2024?

i Please also take into account withdrawals in kind or profits from the business assets.
If you generated negative income (losses) in total in 2024, please enter this amount with a minus sign.

Income

Gross annual amount (full euros)

model questionnaire

Income from pensions in 2024

321 Did you receive pensions based on your own entitlements in 2024?

Yes 1

No 8 → 323

322 What income from pensions based on your own entitlements did you receive in 2024?

i Please enter the amount received, not including health insurance contributions.

	No	Yes	Number of months	Amount per month (full euros)	or	Annual amount (full euros)
Old-age pension from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Public official's pension (retirement pension)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Pension from the supplementary pension funds for public service employees	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Company pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Pension from occupational pension funds or from the agricultural pension fund	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Public official's pension due to incapacity for work	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Injury pension from statutory accident insurance ...	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Pension on account of reduced earning capacity from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
Pension from abroad	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>
War pension, victim's pension for SED injustice or equalisation of burdens pension	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>

323 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2024? ..

i Please enter the amount received, not including health insurance contributions.

No	Yes	Number of months	Amount per month (full euros)	or	Annual amount (full euros)
8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or	<input type="text"/>

324 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2024?

Please mark all relevant boxes.

Widow's pension/benefit or orphan's pension/benefit...	
from statutory pension insurance	1 <input type="checkbox"/>
in accordance with the Public Officials Pensions Act	2 <input type="checkbox"/>
from supplementary pension funds, company pension	3 <input type="checkbox"/>
from occupational pension funds or the agricultural pension fund	4 <input type="checkbox"/>
from another country (pension from abroad)	5 <input type="checkbox"/>
from statutory accident insurance	6 <input type="checkbox"/>
Other public widow's or orphan's pension	7 <input type="checkbox"/>
Not applicable	<input type="checkbox"/>

325 Did you receive unemployment benefit or other benefits from the employment agency in 2024?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Unemployment benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Support for business start-up; start-up grant	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Short-time working benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Winter benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Insolvency benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

326 Did you receive the following benefits for initial or continuing vocational education and training from the employment agency in 2024?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Citizen's benefit bonus (75 euros per month)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Continuing education and training benefit for continuing education that leads to a professional qualification (150 euros per month)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Continuing education and training bonus for passing an intermediate examination (1000 euros)	8 <input type="checkbox"/>	<input type="checkbox"/>			
Continuing education and training bonus for passing a final examination (1500 euros)	8 <input type="checkbox"/>	1 <input type="checkbox"/>			
Transitional allowance, training stipend	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Skills development benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>
Other grants towards initial or continuing vocational education and training (e.g. travel expenses, cost of accommodation away from home, cost of childcare during training measures)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	or <input type="text"/>

model questionnaire

327 Did you receive any of the following benefits in 2024?

	No	Yes	Number of months	Amount per month (full euros)	Annual amount (full euros)
Public promotion of education and training (training assistance (BAföG), scholarship/grant), vocational training allowance, grants towards upgrading training under the Upgrading Training Assistance Act	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/> or	<input type="text"/>
Parental allowance, parental allowance 'Plus'	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/> or	<input type="text"/>
Long-term care allowance from statutory long-term care insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/> or	<input type="text"/>
Carer's grant from statutory long-term care insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	Number of days	Annual amount (full euros)
Maternity payments from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	Number of months	
Maternity payments from the Federal Office for Social Security (BAS)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen)	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Sickness pay from statutory health insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Injury benefit or transitional allowance from statutory accident insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Transitional allowance from statutory pension insurance	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		
Blindness benefit	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>		

model questionnaire

Private old-age provision and benefits from private old-age provision in 2024

328 Did you make contributions to private old-age provision in 2024 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)?	No	Yes	Number of months	Amount per month (full euros)
	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
329 Did you receive a pension from private old-age provision in 2024 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)?	No	Yes	Number of months	Amount per month (full euros)
	8 <input type="checkbox"/>	1 <input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

Participation in the survey

330 Have you answered the questions yourself?	
Yes	1 <input type="checkbox"/> → 332
No, another household member has answered the questions.	2 <input type="checkbox"/>
No, someone not living in the household has answered the questions.	3 <input type="checkbox"/> → 332

331 Which household member has answered the questions?

Please enter the number (see flap) of the person who has answered the questions.

332 How many minutes did it take you to complete the questionnaire?

Number of minutes

model questionnaire

model questionnaire

1 Living floor space

The total living floor space of the dwelling is the cumulative floor space of all rooms in the dwelling. Rooms outside the self-contained dwelling (e. g. mansards) and cellar and attic rooms converted for residential use also form part of the dwelling.

The living floor space of a rented dwelling is usually stated in the tenancy agreement.

If you calculate the living floor space yourself please include the individual areas as follows:

- the full living floor space of rooms with a clear height of at least 2 metres;
- half the living floor space of rooms or of floor areas under a sloping ceiling in rooms with a clear height of at least 1 metre but less than 2 metres;
- a quarter of the floor space of balconies, loggias, roof gardens.

2 Payment of rent in event of receipt of services from the Employment Agency (Employment Office)

Recipients of benefits whose rent is paid in full or in part by the employment agency (job centre) are to state the full amount of rent and incidental rental expenses paid to the landlord/landlady or property management.

3 Today's territory

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

4 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".

5 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.

6 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.

7 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".

8 Marginal employment

In the case of marginal employment, that is, a 538-euro 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.

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.

9 Establishment (location)

An establishment is the location where you work (e. g. 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.

10 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.

11 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.

12 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.

13 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 income and living conditions will be collected from a maximum of 12 percent of the microcensus respondents.

Legal basis, voluntariness

The legal basis is provided by the Microcensus Act (MZG), Regulation (EU) No 2019/1700, Implementing Regulations (EU) No 2019/2180, (EU) No 2019/2181, (EU) No 2019/2242 and (EU) No 2022/2498, Delegated Regulations (EU) No 2020/256, (EU) No 2020/258, (EU) No 2020/2175 and (EU) No 2023/167 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 8 (1) to (3) of the Microcensus Act.

Providing information is voluntary in accordance with Section 8 (3) in conjunction with Section 13 (7), sentence 2, of the Microcensus Act.

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.

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.

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/>.

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 household number and the person number are used as reference numbers. The household number is used to distinguish the households participating in the survey. It consists of a code for the Land and a serial number for the household. The person number is a serial number of the household members.

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