

Name and establishment flap

Please fold it out to complete the questionnaire!

Name flap

Please enter the names on the flap in the following order:

1. Adult in the household who is most familiar with the household’s financial matters

2. Spouse or cohabiting partner of Person 1
3. Children of Person 1 and/or Person 2

4. Relatives of Person 1 or Person 2

5. Other people in the household

(Please retain this order throughout the questionnaire.)

| 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

174 Name and address of the establishment you work in.

| Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-------------|-------------|-------------|-------------|-------------|
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |

5

Reference week:

Thank you for your time.

Auswahlbezirks-Nr.

Lfd. Nr. des Haushalts
im Auswahlbezirk

Folge-
bogen

Microcensus 2021



5

Core programme and survey component relating to income and living conditions

Reference week:

For the legal basis and other legal information please refer to pages 117 to 119 of this questionnaire. When answering the questions, please observe the explanatory notes **1** to **14** on pages 115 and 116 of this questionnaire.

Thank you for your time.

Amt für Statistik Berlin-Brandenburg
Ref. 51 Mikrozensus
Alt-Friedrichsfelde 60
10315 Berlin

If you have any questions, please contact us at
Phone: 030 9021-3337 / -3338
E-mail: mikrozensus@statistik-bbb.de

| | | |
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| | | |
| Auswahlbezirks-Nr. | Lfd. Nr. des Haushalts im Auswahlbezirk | Folge- bogen |

5

Reference week:

Thank you for your time.

Auswahlbezirks-Nr.

Lfd. Nr. des Haushalts
im Auswahlbezirk

Folge-
bogen

5

Reference week:

Thank you for your time.

| Auswahlbezirks-Nr. | Lfd. Nr. des Haushalts im Auswahlbezirk | Folge- bogen |
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Core programme and survey component relating to income and living conditions

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Thank you for your time.

Statistisches Landesamt Bremen
22
An der Weide 14 – 16
28195 Bremen

If you have any questions, please contact us at
Phone: 0421 361-2276
E-mail: mikrozensus@statistik.bremen.de

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| Auswahlbezirks-Nr. | Lfd. Nr. des Haushalts im Auswahlbezirk | Folge- bogen |
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Reference week:

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Thank you for your time.

Hessisches
Statistisches Landesamt
– Mikrozensus –
65175 Wiesbaden

If you have any questions, please contact us at
Phone: 0611 3802-280
E-mail: mikrozensus-silc@statistik.hessen.de

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| Auswahlbezirks-Nr. | Lfd. Nr. des Haushalts im Auswahlbezirk | Folge- bogen |

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5

Core programme and survey component relating to income and living conditions

Reference week:

Statistisches Amt
Mecklenburg-Vorpommern
Fachbereich Mikrozensus
Postfach 12 01 35
19018 Schwerin

If you have any questions, please contact us at
Phone: 0385 588-56786
E-mail: mikrozensus@statistik-mv.de

For the legal basis and other legal information please refer to pages 117 to 119 of this questionnaire. When answering the questions, please observe the explanatory notes **1** to **14** on pages 115 and 116 of this questionnaire.

Thank you for your time.

Auswahlbezirks-Nr. Lfd. Nr. des Haushalts im Auswahlbezirk Folgebogen

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Thank you for your time.

Landesamt für Statistik Niedersachsen
Dez. 22 – Mikrozensus –
Postfach 91 07 64
30427 Hannover

If you have any questions, please contact us at
Phone: 0511 9898 4455
E-mail: Mikrozensus@statistik.niedersachsen.de

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| Auswahlbezirks-Nr. | Lfd. Nr. des Haushalts im Auswahlbezirk | Folge- bogen |

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5

Core programme and survey component relating to income and living conditions

Reference week:

Statistisches Amt
für Hamburg und Schleswig-Holstein
Fröbelstr. 15 – 17
24113 Kiel

If you have any questions, please contact us at
Phone: 0431 6895 -9222 (for households from Hamburg)
-9250 (for households from Schleswig-Holstein)
E-mail: mikrozensus@statistik-nord.de

For the legal basis and other legal information please refer to pages 117 to 119 of this questionnaire. When answering the questions, please observe the explanatory notes **1** to **14** on pages 115 and 116 of this questionnaire.

Thank you for your time.

Auswahlbezirks-Nr.

Lfd. Nr. des Haushalts
im Auswahlbezirk

Folge-
bogen

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5

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Reference week:

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Thank you for your time.

Information und Technik
Nordrhein-Westfalen
Statistisches Landesamt
Referat 534 – Mikrozensus

If you have any questions, please contact us at
Phone: 0211 9449-4358
E-mail: mikrozensus@it.nrw.de

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| Auswahlbezirks-Nr. | Lfd. Nr. des Haushalts im Auswahlbezirk | Folge- bogen |

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Core programme and survey component relating to income and living conditions

Reference week:

Statistisches Landesamt
Rheinland-Pfalz
Mikrozensus
Mainzer Straße 14 – 16
56130 Bad Ems

If you have any questions, please contact us at
Phone: 02603 71-1170
E-mail: mz-sb@statistik.rlp.de

For the legal basis and other legal information please refer to pages 117 to 119 of this questionnaire. When answering the questions, please observe the explanatory notes **1** to **14** on pages 115 and 116 of this questionnaire.

Thank you for your time.

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|--------------------|--|-----------------|
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| Auswahlbezirks-Nr. | Lfd. Nr. des Haushalts im Auswahlbezirk | Folge- bogen |

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Reference week:

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Thank you for your time.

Statistisches Amt Saarland
A33 – Mikrozensus
Virchowstraße 7
66119 Saarbrücken

If you have any questions, please contact us at
Phone: 0681 501-5953
E-mail: mikrozensus.statistik@lzd.saarland.de

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| Auswahlbezirks-Nr. | Lfd. Nr. des Haushalts im Auswahlbezirk | Folge- bogen |

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5

Core programme and survey component relating to income and living conditions

Reference week:

Statistisches Landesamt
des Freistaates Sachsen
212
Macherstraße 63
01917 Kamenz

If you have any questions, please contact us at
Phone: 03578 33 2160
E-Mail: mikrozensus2020@statistik.sachsen.de

For the legal basis and other legal information please refer to pages 117 to 119 of this questionnaire. When answering the questions, please observe the explanatory notes **1** to **14** on pages 115 and 116 of this questionnaire.

Thank you for your time.

Auswahlbezirks-Nr.

Lfd. Nr. des Haushalts
im Auswahlbezirk

Folge-
bogen

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5

Core programme and survey component relating to income and living conditions

Reference week:

Statistisches Landesamt Sachsen-Anhalt
Dezernat 21 – Mikrozensus
Merseburger Straße 2
06110 Halle/Saale

If you have any questions, please contact us at
Phone: 0345 2318-0
E-mail: Mikrozensus@stala.mi.sachsen-anhalt.de

For the legal basis and other legal information please refer to pages 117 to 119 of this questionnaire. When answering the questions, please observe the explanatory notes **1** to **14** on pages 115 and 116 of this questionnaire.

Thank you for your time.

| | | |
|--------------------|--|-----------------|
| | | |
| Auswahlbezirks-Nr. | Lfd. Nr. des Haushalts im Auswahlbezirk | Folge- bogen |

Microcensus 2021



5

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Thank you for your time.

Thüringer Landesamt für Statistik
313
Europaplatz 3
99091 Erfurt

If you have any questions, please contact us at
Phone: 0361 57331-9440
E-mail: mikrozensus@statistik.thueringen.de

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|--------------------|--|-----------------|
| | | |
| Auswahlbezirks-Nr. | Lfd. Nr. des Haushalts im Auswahlbezirk | Folge- bogen |

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 174 on page 46).
- Please note the time before you begin filling out the questionnaire. At the end of the questionnaire you will be asked how long it took you to complete it.

We will guide you through the questionnaire.

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

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

In the example, Person 1 answers "Yes" and goes to question 10.

Person 2 answers "No" and goes to the next question.

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

Example: Hours per week

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

Example: Yes ☒
 No ☒

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

Household and dwelling

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

i Other households in your dwelling
consist of people with whom you do not live together or maintain a joint household.
People living in a shared dwelling should usually be treated as separate households.

Yes, number of other households

No, no other households 8

Note

The reference week is given on the front cover.

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

i People who are temporarily away from home,
for instance for job or health reasons, are part of your household if that is where they usually live.
Subtenants, visitors and domestic staff
are not household members.

Number of people in your household
(including yourself)

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

i If more than **5 people** live in the household,
please contact the statistical office to request an
extra questionnaire.
The contact details are given on the front cover.

Note

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

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

Male 1

Female 2

Gender diverse 3

Not stated in the birth register 4

| Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <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"/> |

5 When were you born?

Month

Year

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

voluntary

6 Is your birthday before the last day of the reference week in 2021?

Yes 1

No 8

| 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"/> |

| 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 life, family home).

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Yes | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | 8 <input type="checkbox"/> → 11 | <input type="checkbox"/> → 11 | <input type="checkbox"/> → 11 | <input type="checkbox"/> → 11 | <input type="checkbox"/> → 11 |

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

| | |
|-----------|-------------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> → 22 |

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

Yes, number of those who moved out ☐

No 8 ☐

13 Have any household members died since the last interview?

Yes, number of those who died ☐

No 8 ☐

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

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

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

15 Is this dwelling the main residence of at least one person in the household who was 16 years or older on 31 December 2020?

Yes ☐

No ☐ → 27

16 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"/> → 18 | <input type="checkbox"/> → 18 | <input type="checkbox"/> → 18 | <input type="checkbox"/> → 18 | <input type="checkbox"/> → 18 |

17 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"/> |

18 Have any household members moved out in the last 12 months?

Yes, number of those who moved out ☐

No 8 ☐ → 20

19 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

Month of moving out

Year of moving out

Where did the person move to?

To another private household

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

Abroad

To an unknown place

| 1. moved out person | 2. moved out person | 3. moved out person |
|----------------------------|--------------------------|--------------------------|
| | | |
| <div>Month</div> | <div>Month</div> | <div>Month</div> |
| <div>Year</div> | <div>Year</div> | <div>Year</div> |
| 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

20 Have any household members died in the last 12 months?

Yes, number of those who died

No 8 ☐ → 27

21 Please enter for each person who died his/her first name:

First name of the person who died

| 1. deceased person | 2. deceased person | 3. deceased person |
|--------------------|--------------------|--------------------|
| | | |
| ↳ 27 | ↳ 27 | ↳ 27 |

22 Have any people moved into your household between 1 January 2020 and today?

Yes 1 ☐

No 8 ☐ → 25

23 In what month and year did the last person move into your household?

Month

Year

24 Which life situation applied to him/her when he/she moved in?

In employment 1 ☐

Other life situation 4 ☐

25 Have any people moved out of your household since 1 January 2020?

Yes 1 ☐

No 8 ☐ → 27

26 If more than one person has moved out since 1 January 2020, please state the month and year when the last of them moved out.

Month of moving out

Year of moving out

People and household

27 Do you live in a one-person household?

Yes ☐ → 33

No ☐

28 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"/> |

29 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"/> |

30 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"/> → 32 | <input type="text"/> → 32 | <input type="text"/> → 32 | <input type="text"/> → 32 | <input type="text"/> → 32 |
| No 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

31 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"/> |

| | | | | | | |
|-----------|---|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 32 | 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"/> | <input type="checkbox"/> |
| | partner. | 3 <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| | daughter-in-law, son-in-law. | 5 <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| | great-granddaughter, great-grandson. | 7 <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| | mother-in-law, father-in-law. | 9 <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| | great-grandmother, great-grandfather. | 11 <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| | sister-in-law, brother-in-law. | 13 <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| | not related by birth/marriage. | 15 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Housing circumstances

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

33 Is this dwelling the main residence of at least one person in the household who was 16 years or older on 31 December 2020?

Yes ☐

No ☐ → 88

34 What type of building does your household live in?

Detached single-family house 1 ☐

Single-family house as a terraced house or semi-detached house 2 ☐

Single-family house with an additional (granny) flat or two-family house 3 ☐

Residential building with 3 to 9 dwellings 4 ☐

Residential building with 10 or more dwellings 5 ☐

Other type of building 6 ☐

35 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 1978 3 ☐

1979 to 1990 4 ☐

1991 to 2000 5 ☐

2001 to 2010 6 ☐

2011 to 2015 7 ☐

2016 or later 8 ☐

36 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, mansard, relevant balcony area and sublet rooms.

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

See also p. 115: **i** "Living floor space".

Floor space in full square metres

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

i This does not include the kitchen, bathroom, toilet, corridor, storerooms, balconies, and rooms used for commercial purposes.

Number of rooms

| | | |
|--|--|--|
| | | |
|--|--|--|

38 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.

Year of moving in

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

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

i Owners of a multi-family house who live in one dwelling themselves and rent out the remaining dwellings of the building please indicate "(Co-)owner".
Occupants of a cooperative dwelling please indicate "tenant".

(Co-)owner 1

| |
|--|
| |
|--|

Tenant 2

| |
|--|
| |
|--|

 → 46

40 Did your household pay 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.

Yes, ... (number of loans)

| |
|--|
| |
|--|

No 8

| |
|--|
| |
|--|

 → 42

41 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 repay a loan for more than one dwelling in the house, enter only the proportion of the overall loan that refers to the dwelling your household lives in.

Monthly amount of interest and repayment (full euros)
Monthly amount of interest (full euros)

| 1. Loan | 2. Loan | 3. Loan | 4. Loan | | | | | | | | | | | | | | | | | | | | |
|--|---------|---------|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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| | | | | | | | | | | | | | | | | | | | | | | | |

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

Number of person (see flap)

43 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.

| | 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, waste water) | 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"/> |
|-----------------------|----------------------------|------------------------------|----------------------|

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

| | No | Yes | Monthly amount (full euros) |
|-------------------|----------------------------|------------------------------|--------------------------------|
| 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 maintenance costs and repairs

i Only include the costs incurred in the last 12 months for work conducted **to maintain the value of the property** and for repairs. Do not include the costs of work conducted to increase the value of the property.

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

44 What are your current total housing costs per month (including interest on loans) regarding the dwelling/single-family house your household lives in?

i Please take into account expenses for interest on loans, real property tax, non-life or residential building insurance, waste collection, water consumption and waste water, chimney sweep, street cleaning, heating, gas and electricity, work conducted to maintain the value of the property and, in the case of owner-occupied dwellings, the commonhold contribution.

Please convert all housing costs to monthly amounts and then add up the monthly amounts.

Monthly housing costs (full euros)

45 How much of this amount is the monthly operating and incidental expenses (not including interest payments)?

i Please take into account expenses for non-life or residential building insurance, waste collection, water consumption and waste water, chimney sweep, street cleaning, heating, gas and electricity, and, in the case of commonhold associations, the commonhold contribution.

(full euros)

Monthly operating and incidental expenses

→ 53

46 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 to represent the tenant.

Number of person (see flap)

| Crisis | Percentage |
|--------|------------|
| Yes | 85 |
| No | 15 |

47 What is the total amount you pay to your landlord/landlady or property management 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. 115:

2 “Main tenant with subtenant” and

3 "Payment of rent for Hartz IV recipients".

(full euros)

Monthly total amount

| Response | Percentage |
|---|------------|
| Yes, the current system is the best way to run the country | 70% |
| No, the current system is not the best way to run the country | 30% |

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

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

They do not include telephone and broadcasting fees, garages or carports, electricity for lighting or for operating household appliances, television sets and the like.

Yes

1. ☐

Yes, but the incidental rental expenses are not shown.

7 \rightarrow 52

No

8. $\square \rightarrow 52$

49 What are these monthly incidental rental expenses?

(full euros)

Monthly amount

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

50 How much of this amount is the monthly operating expenses ("cold" incidental expenses not including heating and hot water)?

(full euros)

Monthly amount

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

51 How much of this amount is the monthly incidental expenses for heating and hot water ("warm" incidental expenses)?

(full euros)

Monthly amount

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

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

i This includes utilities contracts for electricity, gas and water which are concluded directly with the providers, as well as costs incurred in the last 12 months for work conducted to maintain the value of the property and for (smaller) repairs which are not paid by the landlord/landlady.

Please convert any annual amounts into monthly figures.

(full euros)

Yes, the average monthly amount is

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

No

8 ☐

Assessing the household's financial situation

53 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 and/or repayment regarding 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 ☐

Interest and/or repayment regarding 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 ☐

54 Are 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 ☐

55 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 a high-quality vegetarian meal every second day.

Yes 1 ☐

No 8 ☐

Making unexpected expenses of 1 150 euros or more from the household's own financial resources.

Yes 1 ☐

No 8 ☐

Keeping the dwelling adequately warm.

Yes 1 ☐

No 8 ☐

56 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 ☐

57 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 ☐

voluntary

58 Does your household repay consumer loans not used to finance owner-occupied housing?

Yes 1 ☐

No 8 ☐ → 60

59 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 a somewhat burden. 2 ☐

The repayment is not a burden at all. 3 ☐

Income situation of the household in 2020

Benefits received for children in 2020

60 Did your household receive children's allowance in 2020 for children living in the household?

Yes 1 ☐

No 8 ☐ → 62

Not applicable as household members do not have children. 9 ☐ → 71

61 For how many children living in the household did your household receive children's allowance in 2020?

Number of children

62 Did your household receive children's allowance in 2020 for children not living in the household?

Yes 1 ☐

No 8 ☐ → 64

63 For how many children not living in the household did your household receive children's allowance in 2020?

Number of children

64 Did your household receive supplementary children's allowance from the family benefits office of the employment agency in 2020 for children living in the household?

Yes 1 ☐

No 8 ☐ → 66

65 For which of the children did your household receive supplementary children's allowance in 2020?

Please enter for each child for how many months your household received the supplementary children's 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"/> |

66 Did your household receive advance maintenance payments in 2020 for children living in the household?

Yes 1 ☐

No 8 ☐ → 68

67 For which of the children did your household receive advance maintenance payments in 2020?

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

Number of months

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

68 Did your household receive long-term care allowance in 2020 for foster children or for children in need of care (under the Social Code, Book XI) who live in the household?

Yes 1 ☐

No 8 ☐ → 70

69 For which of the children did your household receive long-term care allowance in 2020?

Please enter for each child for how many months your household received long-term care allowance and what the monthly amount was.

Number of months

voluntary

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"/> |

70 Did your household receive benefits for education and participation or financial support for school supplies and school day trips in 2020?

(full euros)

Yes, an annual amount of

No 8

☐

Income from public benefits in 2020

71 Did your household receive the following public benefits in 2020?

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) |
|---|----------------------------|------------------------------|----------------------|-----------------------------|----------------------------|
| Unemployment benefit II (Hartz IV), social benefit, accommodation costs | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/> | or <input type="text"/> |
| voluntary including: accommodation costs | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/> | or <input type="text"/> |
| Public assistance or continuous subsistence payments | 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 in the form of rent support or mortgage and home upkeep support (not accommodation costs) | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/> | or <input type="text"/> |

Other income of the household in 2020

72 Did your household, or a household member, receive the following types of income in 2020?

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 2020. | 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 2020. | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/> | or <input type="text"/> |

73 Does your household have revenue from renting or leasing (proceeds less expenses for maintenance or, perhaps, for interest on loans)?

| | No | Yes | Number of months | Gross amount per month (full euros) | Gross annual amount (full euros) |
|---------------------------------------|----------------------------|------------------------------|----------------------|-------------------------------------|----------------------------------|
| Income from renting and leasing | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/> | or <input type="text"/> |

74 Did your household receive income from savings or investments (capital assets) in 2020?

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 <input type="checkbox"/> |
| No | 8 <input type="checkbox"/> → 76 |

75 What was the amount of income from these savings and investments (capital assets) in 2020?

Please add up all amounts of net income (after tax deduction, if applicable) of all 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 10 000 euros 5 ☐
- 10 000 euros or over 6 ☐

76 In your household, did any children aged 15 or under on 31 December 2020 receive income from own employment in 2020?

- Yes 1 ☐
- No 8 ☐ → 78

77 Which child earned income from own employment in 2020?

i For each child who received income from employment, 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 |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <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"/> |

78 Did any children aged 15 or under and living in your household on 31 December 2020 receive orphan's pension/benefit?

- Yes 1 ☐
- No 8 ☐ → 80

79 Which child received orphan's pension or orphan's benefit in 2020?

i 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 |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <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"/> |

80 Did your household produce food for its own use in its own garden or by keeping small animals in 2020?

Yes 1 ☐

No 8 ☐ → 82

81 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 2020

82 Did your household pay real property tax on real property in 2020?

i Real property includes any owner-occupied or rented-out/leased-out dwellings, houses or land for private use.

Yes 1 ☐

No 8 ☐ → 85

83 How much real property tax did you pay in 2020 on your owner-occupied main dwelling?

(full euros)

Annual amount

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

84 How much real property tax did you pay in 2020 on other real property (e. g. second dwellings, holiday dwellings and rented out/leased out real property)?

(full euros)

Annual amount

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

85 Did your household pay back loans in 2020 (repayment of mortgages and loans under savings and loan contracts) for the dwelling/ house your household lives in?

Yes 1 ☐

No 8 ☐ → 87

86 How much did your household pay back in 2020 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 repay a loan for more than one dwelling in the house, please enter only the proportion of the overall loan that refers to the dwelling you live in. Please enter the average monthly amount.

(full euros)

Monthly amount of interest and repayment

including: monthly amount of interest

87 Did your household make one of the following payments in 2020?

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 in the household. | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/> | or | <input type="text"/> |

Information and communication technologies in the household

88 Does your household have internet access?

i This refers to the possibility of accessing the internet **from home**.

This includes internet access through fixed devices (e.g. desktop computer) and mobile devices (e.g. smartphone).

Yes 1 ☐

No 8 ☐

I don't know. 7 ☐

Children in day care

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

Yes ☐
 No ☐ → 92

90 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"/> |
| None of the above categories applies. | 7 | <input type="checkbox"/> → 92 | <input type="checkbox"/> → 92 | <input type="checkbox"/> → 92 | <input type="checkbox"/> → 92 | <input type="checkbox"/> → 92 |

91 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"/> |
| None of the above categories applies. | 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

92 Is this dwelling the main residence of at least one person in the household who was 16 years or older on 31 December 2020?

Yes ☐
 No ☐ → 120

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

Yes ☐
 No ☐ → 96

94 During a usual week, how many hours is the child cared for or attends school?

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"/> |
| School (including breaks and free periods) | <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 does not yet attend school and is cared for only by his/her parents. 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

95 During a usual week, how many hours in total is the child cared for (sum total of hours for the types of care Listed in question 94)?

Please enter the number of full hours for each child aged 12 or under.

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Number of hours per week | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Not applicable as the child does not yet attend school and is cared for only by his/her parents. 0 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Health status and personal situation of children under 16 years

96 Is there at least one child in your household who was 15 years or younger on 31 December 2020?

Yes ☐

No ☐ → 109

97 How is the child's health in general?

Please indicate the state of health of each child who was 15 years or younger on 31 December 2020.

| | 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"/> |

98 Is the child limited because of a health problem in activities or prevented from undertaking activities most children of the same age usually do?

| | | 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"/> → 101 | <input type="checkbox"/> → 101 | <input type="checkbox"/> → 101 | <input type="checkbox"/> → 101 | <input type="checkbox"/> → 101 |

99 To what extent is the child limited in activities most children of the same age usually do?

| | | 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"/> |

100 How long has your child been affected by this limitation?

| | | 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"/> |

101 Was there any time during the last 12 months when any of the children in your household really needed a dental or orthodontic examination or treatment?

| | | |
|--|---|--------------------------------|
| Yes | 1 | <input type="checkbox"/> |
| No, no need for any examination or treatment. | 8 | <input type="checkbox"/> → 104 |

102 Did the children have a medical examination or treatment each time it was really needed?

| | | |
|--|---|--------------------------------|
| Yes | 1 | <input type="checkbox"/> → 104 |
| No, there was at least one occasion when they did not have an examination or treatment. | 8 | <input type="checkbox"/> |

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

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

| | | |
|---|---|--------------------------|
| The household could not afford it (too expensive). | 1 | <input type="checkbox"/> |
| The waiting time for an appointment or treatment was too long. | 2 | <input type="checkbox"/> |
| No time because of work or family responsibilities. | 3 | <input type="checkbox"/> |
| Too far to travel or no means of transport. | 4 | <input type="checkbox"/> |
| Other reasons | 5 | <input type="checkbox"/> |

104 Was there any time in the last 12 months when any of the children in your household really needed a medical examination or treatment?

Yes 1 ☐

No, no need for any examination or treatment. 8 ☐ → 107

105 Did the children have a medical examination or treatment each time it was really needed?

Yes 1 ☐ → 107

No, there was at least one occasion when they did not have an examination or treatment. 8 ☐

106 What was the main reason for not having a medical examination or treatment?

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

The household could not afford it (too expensive). 1 ☐

The waiting time for an appointment or treatment was too long. 2 ☐

No time because of work or family responsibilities. 3 ☐

Too far to travel or no means of transport. 4 ☐

Other reason 5 ☐

Which of the following statements apply to the children in your household who were 15 years or younger on 31 December 2020?

All the children have some new (not second-hand) clothes.

- Yes 1 ☐
- No, for financial reasons 2 ☐
- No, for other reasons 3 ☐

All the children have at least two pairs of properly fitting shoes in a good condition which are suitable for daily activities.

- Yes 1 ☐
- No, for financial reasons 2 ☐
- No, for other reasons 3 ☐

All the children eat fresh fruits and vegetables every day.

- Yes 1 ☐
- No, for financial reasons 2 ☐
- No, for other reasons 3 ☐

All the children have a meal with meat, chicken or fish or a high-quality vegetarian meal every day.

- Yes 1 ☐
- No, for financial reasons 2 ☐
- No, for other reasons 3 ☐

There are books for all the children in the household that are suitable for their age.

- Yes 1 ☐
- No, for financial reasons 2 ☐
- No, for other reasons 3 ☐

There is outdoor leisure equipment for all the children (e. g. bicycles, kick scooters, inline skates).

- Yes 1 ☐
- No, for financial reasons 2 ☐
- No, for other reasons 3 ☐

There are indoor toys or games for all the children (e. g. baby toys, building blocks, board games, computer games).

- Yes 1 ☐
- No, for financial reasons 2 ☐
- No, for other reasons 3 ☐

107

All the children participate in a regular leisure activity (e.g. doing sports [children's gymnastics, football, swimming etc.], music lessons, sporting events, cinema).

Yes 1 ☐

No, for financial reasons 2 ☐

No, for other reasons 3 ☐

All the children have celebrations on special occasions (e.g. birthdays, name days, religious events).

Yes 1 ☐

No, for financial reasons 2 ☐

No, for other reasons 3 ☐

All the children invite friends round for playing or eating from time to time.

Yes 1 ☐

No, for financial reasons 2 ☐

No, for other reasons 3 ☐

All the children go on holiday away from home for at least 1 week per year (including stays with friends/relatives or in the household's own holiday accommodation).

Yes 1 ☐

No, for financial reasons 2 ☐

No, for other reasons 3 ☐

voluntary

108

Which of the following statements apply to the schoolchildren?

All the children attending school participate in school trips, school excursions or school events that cost money.

Yes 1 ☐

No, for financial reasons 2 ☐

No, for other reasons 3 ☐

Not applicable as there are no schoolchildren in the household. 9 ☐

All the children attending school have a suitable place at home to study or do homework.

Yes 1 ☐

No, for financial reasons 2 ☐

No, for other reasons 3 ☐

Not applicable as there are no schoolchildren in the household. 9 ☐

Housing circumstances and living conditions of children in separated and blended families

109 Is there at least one child in your household who is aged 17 or under?

Yes ☐

No ☐ → 116

110 Does the child have his/her own permanent space in your household to sleep in at night (this includes a bedroom shared with siblings)?

i Please mark the relevant box for each child aged 17 or under.

| | | 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 the household cannot afford it. | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, for other reasons | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

111 How often do you spend time actively with the child (e. g. meals, play, homework, walking, talking)?

i This refers to the time you, as a parent or legal guardian, spend together with the child. Please indicate the frequency of spending time with the child for each child aged 17 or under.

| | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |
| At least once a week | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Several times a month | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Once a month | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Less than once a month | 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Never | 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

112 Do any children aged 17 or under who live in the household have a parent outside the household?

i This does not include children whose parents both live outside the household.

Yes 1 ☐

No 8 ☐ → 116

113 How many children aged 17 or under have a parent outside the household?

i This does not include children whose parents both live outside the household.

Number of children

voluntary

| | | | | | | | | |
|-----------|---|--|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| voluntary | 114 | How many nights per month does the child whose mother or father lives outside the household usually stay in your household? | | | | | | |
| | | i Please enter the number of nights per month for each of these children. | | | | | | |
| | | Number of nights per month | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | Not applicable as the child does not have a parent outside the household. | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 115 | Who has custody over the child whose mother or father does not live in the household? | | | | | | |
| | | i Please mark the relevant box for each child. | | | | | | |
| | | Exclusively the mother | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Exclusively the father | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Both parents together | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Other (e.g. grandparents, other relatives, youth welfare office) | 4 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Not applicable as the child does not have a parent outside the household. | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 116 | Do persons in the household have children aged 17 or younger who live outside the household? | | | | | | | |
| | Yes | 1 <input type="checkbox"/> | | | | | | |
| | No | 8 <input type="checkbox"/> | → 118 | | | | | |
| 117 | How many children aged 17 or under whose parent(s) are household members live outside the household? | | | | | | | |
| | i This does not include children whose parents both live outside the household. | | | | | | | |
| | Number of children | <input type="text"/> | | | | | | |

Survey participation

| | | | |
|-----------|-----|---|----------------------------|
| voluntary | 118 | Have questions 1 to 117 been answered by a household member? | |
| | | Yes, person number (see flap) | <input type="text"/> |
| | | No | 8 <input type="checkbox"/> |
| | 119 | How many minutes did it take to answer this part of the questionnaire? | |
| | | Number of minutes | <input type="text"/> |

120 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 Saarbrücken between 1947 and 1956, which was French territory at the time).

| | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | 8 | <input type="checkbox"/> → 122 | <input type="checkbox"/> → 122 | <input type="checkbox"/> → 122 | <input type="checkbox"/> → 122 | <input type="checkbox"/> → 122 |

121 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"/> → 125 | <input type="checkbox"/> → 125 | <input type="checkbox"/> → 125 | <input type="checkbox"/> → 125 | <input type="checkbox"/> → 125 |
| No | 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

122 In which country (today’s borders) were you 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"/> |

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

i See also p. 115: **4** “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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

124 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"/> |

125 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"/> → 127 | <input type="checkbox"/> → 127 | <input type="checkbox"/> → 127 | <input type="checkbox"/> → 127 | <input type="checkbox"/> → 127 |
| 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"/> |

| 126 | What language do you mainly speak at home? | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----|--|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Albanian | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Arabic | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Bosnian | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Bulgarian | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Chinese | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Danish | 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | German | 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | English | 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | French | 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Greek | 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Italian | 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Croatian | 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Kurdish | 13 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Macedonian | 14 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Dutch | 15 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Pashto | 16 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Persian | 17 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Polish | 18 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Portuguese | 19 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Romanian | 20 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Russian | 21 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Serbian | 22 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Spanish | 23 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Turkish | 24 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Hungarian | 25 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Vietnamese | 26 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Another European language | 27 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Another African language | 28 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Another Asian language | 29 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Another language | 30 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Yes
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"/> |
| 8 | <input type="checkbox"/> → 129 | <input type="checkbox"/> → 129 | <input type="checkbox"/> → 129 | <input type="checkbox"/> → 129 | <input type="checkbox"/> → 129 |

128 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?

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"/> |

129 Do you have German citizenship?

Yes, German citizenship only
Yes, German citizenship and citizenship of at least one foreign country
No

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 | <input type="checkbox"/> → 134 | <input type="checkbox"/> → 134 | <input type="checkbox"/> → 134 | <input type="checkbox"/> → 134 | <input type="checkbox"/> → 134 |
| 2 | <input type="checkbox"/> → 133 | <input type="checkbox"/> → 133 | <input type="checkbox"/> → 133 | <input type="checkbox"/> → 133 | <input type="checkbox"/> → 133 |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

130 Of which foreign country do you have citizenship?

If you do not have citizenship of any country, please enter "stateless".

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"/> |

131 Do you have citizenship of another foreign country?

Yes
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"/> |
| 8 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 |

132 Of which second foreign country do you have citizenship?

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"/> |

} → 143

133 Of which other country do you have citizenship?

Person 1
 Person 2
 Person 3
 Person 4
 Person 5

| |
|--|
| |
| |
| |
| |
| |

134 How did you obtain German citizenship?

i See also p. 115: **E** "Citizenship".

By birth 1
 As a non-naturalised (ethnic) German repatriate 2
 As a naturalised (ethnic) German repatriate 3
 By naturalisation (no ethnic German repatriate) 4
 By adoption by German parent(s) 5

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 | <input type="checkbox"/> → 137 | <input type="checkbox"/> → 137 | <input type="checkbox"/> → 137 | <input type="checkbox"/> → 137 | <input type="checkbox"/> → 137 |
| 2 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 |
| 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"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 |

135 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"/> |

136 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
 Person 2
 Person 3
 Person 4
 Person 5

| |
|--|
| |
| |
| |
| |
| |

} → 143

137 Does your mother live in this household?

i This includes stepmothers, adoptive and foster mothers.

Yes
 No

| Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> → 140 | <input type="checkbox"/> → 140 | <input type="checkbox"/> → 140 | <input type="checkbox"/> → 140 | <input type="checkbox"/> → 140 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

i See also p. 115: **4** "Today's territory".

Yes, in (year)

Yes, but I do not know the year of arrival. 2

No 8

I don't know. 7

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

139 Is/was your mother a German citizen?

i See also p. 115: **5** "Citizenship".

Yes, by birth 1

Yes, as a non-naturalised (ethnic) German repatriate 2

Yes, as a naturalised (ethnic) German repatriate 3

Yes, by naturalisation (no ethnic German repatriate) 4

Yes, by adoption by German parent(s) 5

Yes, but I do not know how it was obtained. 6

No 8

I don't know. 7

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

140 Does your father live in this household?

i This includes stepfathers, adoptive and foster fathers.

Yes ☐ → 143

No ☐

| Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

i See also p. 115: **4** "Today's territory".

Yes, in (year)

Yes, but I do not know the year of arrival. 2

No 8

I don't know. 7

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

142 Is/was your father a German citizen?

i See also p. 115: **5** "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"/> |
| I don't know. | 7 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

i See also p. 115: **4** "Today's territory".

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--------------------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes | 1 <input type="checkbox"/> → 145 | <input type="checkbox"/> → 145 | <input type="checkbox"/> → 145 | <input type="checkbox"/> → 145 | <input type="checkbox"/> → 145 |
| No | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I don't know. | 7 <input type="checkbox"/> → 145 | <input type="checkbox"/> → 145 | <input type="checkbox"/> → 145 | <input type="checkbox"/> → 145 | <input type="checkbox"/> → 145 |

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

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

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

i See also p. 115: **4** "Today's territory".

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--------------------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes | 1 <input type="checkbox"/> → 147 | <input type="checkbox"/> → 147 | <input type="checkbox"/> → 147 | <input type="checkbox"/> → 147 | <input type="checkbox"/> → 147 |
| No | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I don't know. | 7 <input type="checkbox"/> → 147 | <input type="checkbox"/> → 147 | <input type="checkbox"/> → 147 | <input type="checkbox"/> → 147 | <input type="checkbox"/> → 147 |

146 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"/> |

School or university attendance

147 Have you been a pupil, apprentice, student in the last 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"/> → 153 | <input type="checkbox"/> → 153 | <input type="checkbox"/> → 153 | <input type="checkbox"/> → 153 | <input type="checkbox"/> → 153 |

148 Have you been a pupil, apprentice, student in the last 4 weeks before the reference week?

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

149 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 | 1 | <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) | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Special school, special needs school, special needs assistance | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| School offering several courses of education | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary general school, evening secondary general school | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intermediate school, evening intermediate school | 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comprehensive school | 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Waldorf school | 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grammar school | 9 | <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 | 10 | <input type="checkbox"/> → 153 | <input type="checkbox"/> → 153 | <input type="checkbox"/> → 153 | <input type="checkbox"/> → 153 | <input type="checkbox"/> → 153 |
| Evening grammar school, adult education college | 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please turn the page for more schools.

149 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vocational school offering an entrance qualification for higher education institutions: | | | | | |
| Specialised upper secondary school 13 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Full-time vocational school 14 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Two-year full-time vocational school 15 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vocational schools | | | | | |
| Pre-vocational training year 16 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basic vocational training year 17 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vocational school (dual system) 18 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Full-time vocational school providing a vocational qualification 19 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Training centre/school for health-care service occupations and social occupations | | | | | |
| one year (e.g. geriatric care assistant) 20 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant) 21 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| three years (e.g. physiotherapy, medical laboratory assistant, geriatric care) 22 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Training centre/school for educators 23 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Master craftsman training programme at trade and technical schools 24 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trade and technical school e.g. for technicians, business economists 25 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialised academy (in Bayern only) 26 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Higher education institutions | | | | | |
| Vocational academy 27 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| College of public administration 28 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| University of applied sciences, Cooperative State University (in Baden-Württemberg and Thüringen) ... 29 | <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) 30 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Doctoral studies 31 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

151 What is the title of your master craftsman specialisation?

i This refers to **master** craftsman 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

Person 2

Person 3

Person 4

Person 5

| |
|--|
| |
| |
| |
| |
| |

→ 153

152 What course of study did you take?

Bachelor's

Master's

Diplom degree or comparable course of study

| | 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"/> |

153 Is this dwelling your main residence?

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

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

Secondary general school certificate

Intermediate school certificate

Entrance qualification for universities of applied sciences

Higher education entrance qualification (general or subject-restricted)

Apprenticeship or comparable full-time vocational school certificate

Master craftsman certificate

Trade and technical school certificate or equivalent

Higher education degree

Not applicable as person is younger than 16 years or was not in apprenticeship.

Other qualification

| | 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"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please state the other qualification you wish to obtain.

Person 1

Person 2

Person 3

Person 4

Person 5

| |
|--|
| |
| |
| |
| |
| |

Health insurance coverage

155 What kind of health insurance did you have in 2020?

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"/> |

156 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"/> → 250 | <input type="checkbox"/> → 250 | <input type="checkbox"/> → 250 | <input type="checkbox"/> → 250 | <input type="checkbox"/> → 250 |

Employment situation in the reference week

157 Did you work for payment for at least 1 hour 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 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 |
| No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

158 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 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 |
| No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

159 Do you normally have work or a job from which you were absent in the reference week? Possible reasons are holidays, illness or parental leave.

Yes
No

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 | <input type="checkbox"/> → 161 | <input type="checkbox"/> → 161 | <input type="checkbox"/> → 161 | <input type="checkbox"/> → 161 | <input type="checkbox"/> → 161 |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

160 Did you do any casual or small work for payment in the reference week, such as 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

Yes
No

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 |
| 8 | <input type="checkbox"/> → 215 | <input type="checkbox"/> → 215 | <input type="checkbox"/> → 215 | <input type="checkbox"/> → 215 | <input type="checkbox"/> → 215 |

161 Why did you not work in the reference week?

i See also p. 115:
6 "Partial retirement" and
7 "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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Holidays, special leave | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Compensation leave (within the framework of a working time account or an annualised hours contract) | 3 <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 |
| Maternity leave | 4 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Partial retirement | 5 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vocational and continuing training | 6 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 |
| Strike, lockout | 10 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bad weather | 11 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Short-time work for technical or economic reasons ... | 12 <input type="checkbox"/> → 163 | <input type="checkbox"/> → 163 | <input type="checkbox"/> → 163 | <input type="checkbox"/> → 163 | <input type="checkbox"/> → 163 |
| General and continuing education, school attendance | 13 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal, family responsibilities | 14 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other reasons | 15 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have already found a job but did not yet work in that job in the reference week. | 16 <input type="checkbox"/> → 215 | <input type="checkbox"/> → 215 | <input type="checkbox"/> → 215 | <input type="checkbox"/> → 215 | <input type="checkbox"/> → 215 |

162 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"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 |
| 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"/> |

163 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"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 | <input type="checkbox"/> → 165 |
| More than 3 months | 8 <input type="checkbox"/> → 216 | <input type="checkbox"/> → 216 | <input type="checkbox"/> → 216 | <input type="checkbox"/> → 216 | <input type="checkbox"/> → 216 |

164 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"/> → 217 | <input type="checkbox"/> → 217 | <input type="checkbox"/> → 217 | <input type="checkbox"/> → 217 | <input type="checkbox"/> → 217 |

Job during the reference week

165 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. 115: **8** "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 | 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"/> → 167 | <input type="checkbox"/> → 167 | <input type="checkbox"/> → 167 | <input type="checkbox"/> → 167 | <input type="checkbox"/> → 167 |
| Salary earner (not including apprentices) | 5 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wage earner (not including apprentices), homeworker | 6 <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"/> → 167 | <input type="checkbox"/> → 167 | <input type="checkbox"/> → 167 | <input type="checkbox"/> → 167 | <input type="checkbox"/> → 167 |
| In voluntary military service | 11 <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) | 12 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other employee with a small-scale job | 13 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

166 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"/> |

167 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. 115: **9** “Marginal employment”.

| | | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes, a 450-euros job, mini-job (average maximum earnings of 450 euros per month) | 1 | 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"/> |
| 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 unemployment benefit II) | 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"/> |

168 How often do you work in your job?

| | | | | | | |
|---------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Regularly | 1 | 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"/> |
| 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"/> |

Job during the reference week

169 Please provide some keywords to describe your current job.

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

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

voluntary

170 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

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

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

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

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

No

172 What activities does your current job usually consist of?

Please mark all relevant boxes.

Giving guidance to staff

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

Supervising staff

Distributing work

Checking the work performed

None of the above

173 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.

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. 116: **10** “Establishment (location)”.

Person 1

Person 2

Person 3

Person 4

Person 5

| |
|--|
| |
| |
| |
| |
| |

174 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.

175 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”.

Yes

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"/> |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--------------------------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Up to 10 people | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 to 19 people | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 to 49 people | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50 to 249 people | 4 <input type="checkbox"/> → 178 | <input type="checkbox"/> → 178 | <input type="checkbox"/> → 178 | <input type="checkbox"/> → 178 | <input type="checkbox"/> → 178 |
| 250 to 499 people | 5 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 500 people or more | 6 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

177 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

178 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"/> → 181 | <input type="checkbox"/> → 181 | <input type="checkbox"/> → 181 | <input type="checkbox"/> → 181 | <input type="checkbox"/> → 181 |

179 Is this dwelling your main residence?

| | 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 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"/> |

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

i This includes a change of occupation without retraining.

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

Scope and scale of current job

182 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** please mark the category relating to the time before you entered partial retirement.

| | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------------|--|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Full-time | | <input type="checkbox"/> → 185 | <input type="checkbox"/> → 185 | <input type="checkbox"/> → 185 | <input type="checkbox"/> → 185 | <input type="checkbox"/> → 185 |
| Part-time | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

183 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| School education, studies, other education or advanced training | 2 | <input type="checkbox"/> → 185 | <input type="checkbox"/> → 185 | <input type="checkbox"/> → 185 | <input type="checkbox"/> → 185 | <input type="checkbox"/> → 185 |
| Own illness, consequences of an accident | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Permanently reduced earning capacity, permanent disability | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> → 185 | <input type="checkbox"/> → 185 | <input type="checkbox"/> → 185 | <input type="checkbox"/> → 185 | <input type="checkbox"/> → 185 |
| Other personal reasons | 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I want to work part-time. | 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other main reason | 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Please mark all relevant boxes.

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

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

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

- Yes 1
- No 8

| Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> → 187 | <input type="checkbox"/> → 187 | <input type="checkbox"/> → 187 | <input type="checkbox"/> → 187 | <input type="checkbox"/> → 187 |

186 How many hours per week do you usually work?

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

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

Number of hours

| Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ↳ 193 | ↳ 193 | ↳ 193 | ↳ 193 | ↳ 193 |

187 Do you have a working contract for your job with a company that has placed you in a temporary assignment?

- Yes 1
- No 8

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

188 Do you have a fixed-term working contract?

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

- Yes, fixed-term contract 1
- No, open-ended contract 8

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

189 Is this dwelling your main residence?

- Yes 1
- No 8

| Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> → 191 | <input type="checkbox"/> → 191 | <input type="checkbox"/> → 191 | <input type="checkbox"/> → 191 | <input type="checkbox"/> → 191 |

voluntary

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

- Written employment contract 1
- Verbal employment agreement 2

| 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"/> |

| | | | | | | | |
|------------|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 191 | 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"/> |

| | | | | | | | |
|------------|--|--|----------------------|----------------------|----------------------|----------------------|----------------------|
| 192 | 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. 116: ii "Stand-by duty". | | | | | | |
| | Please round to the nearest half hour (e. g. 40.5). | | | | | | |
| | Number of hours | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | | | | |
|------------|---|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 193 | 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"/> → 195 | <input type="checkbox"/> → 195 | <input type="checkbox"/> → 195 | <input type="checkbox"/> → 195 | <input type="checkbox"/> → 195 |

| | | | | | | | |
|------------|--|--|----------------------|----------------------|----------------------|----------------------|----------------------|
| 194 | In all, how many days off did you have in the reference week? | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
| | i Please include half days and count them as 0.5. | | | | | | |
| | Number of days | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | | | | |
|------------|---|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 195 | In the reference week, were there (other) days when you did not work because of illness, injury or a temporary limitation? | | 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"/> → 197 | <input type="checkbox"/> → 197 | <input type="checkbox"/> → 197 | <input type="checkbox"/> → 197 | <input type="checkbox"/> → 197 |

| | | | | | | | |
|------------|--|--|----------------------|----------------------|----------------------|----------------------|----------------------|
| 196 | How many days in total did you not work in the reference week because of illness? | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
| | i Please include half days and count them as 0.5. | | | | | | |
| | Number of days | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | | | | |
|------------|---|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 197 | 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 | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | No | 8 | <input type="checkbox"/> → 199 | <input type="checkbox"/> → 199 | <input type="checkbox"/> → 199 | <input type="checkbox"/> → 199 | <input type="checkbox"/> → 199 |

198 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.

Number of days

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

199 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, and work done at home provided that it is a normal part of your job, such as for teachers.

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

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

Number of hours

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

Second or additional jobs

200 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.

Yes, I had 2 jobs.

Yes, I had more than 2 jobs.

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"/> → 210 | <input type="checkbox"/> → 210 | <input type="checkbox"/> → 210 | <input type="checkbox"/> → 210 | <input type="checkbox"/> → 210 |

201 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. 115: **9** "Marginal employment".

Yes, a 450-euros job, mini-job (average maximum earnings of 450 euros per month)

Yes, short-term employment (a maximum of 3 months or 70 days worked per year)

Yes, a one-euro job, (job opportunity for people receiving unemployment benefit II)

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"/> |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

202 How often do you work in your additional job?

Regularly

Irregularly, occasionally

On a seasonal basis

| | 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"/> |

203 What is your status in your additional job?

i See also p. 115: **8** "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 | 3 | <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 | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wage earner, homemaker | 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes, executive duties (including the authority to take staff, budget and strategy decisions) | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, supervisory duties (guiding and supervising staff, distributing work and checking the outcome) | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

207 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 relevant branch of activity.

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. 116: **10** “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"/> |

208 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).

| | 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"/> |

209 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” in the number-of-hours box.

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

| | 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"/> |

Number of desired working hours

210 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"/> → 214 | <input type="checkbox"/> → 214 | <input type="checkbox"/> → 214 | <input type="checkbox"/> → 214 | <input type="checkbox"/> → 214 |
| Increase | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reduce | 3 | <input type="checkbox"/> → 213 | <input type="checkbox"/> → 213 | <input type="checkbox"/> → 213 | <input type="checkbox"/> → 213 | <input type="checkbox"/> → 213 |

211 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 tying myself down 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"/> |

212 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 | 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

213 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 | <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"/> |

214 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 | <div><input type="checkbox"/></div> | <div><input type="checkbox"/></div> | <div><input type="checkbox"/></div> | <div><input type="checkbox"/></div> | <div><input type="checkbox"/></div> |
| No | 8 | <div><input type="checkbox"/></div> | <div><input type="checkbox"/></div> | <div><input type="checkbox"/></div> | <div><input type="checkbox"/></div> | <div><input type="checkbox"/></div> |
| | | <div>}]→ 240</div> | <div>}]→ 240</div> | <div>}]→ 240</div> | <div>}]→ 240</div> | <div>}]→ 240</div> |

Last job or absence from work

215 Have you ever worked for pay or been in paid employment?

i Former unpaid family workers please mark "Yes, for a total of more than three months".
If you were in paid (self-)employment more than once, please add up the times.

| | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes, for a total of more than three months | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, for a total of less than three months | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | 8 | <input type="checkbox"/> → 226 | <input type="checkbox"/> → 226 | <input type="checkbox"/> → 226 | <input type="checkbox"/> → 226 | <input type="checkbox"/> → 226 |

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

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

Reasons related to the labour market

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

Family reasons

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

Personal reasons

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

Other reasons

| | | | | | | |
|-------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Other main reason | 14 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

217 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"/> |

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

i See also p. 115: **B** "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 | 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"/> → 220 | <input type="checkbox"/> → 220 | <input type="checkbox"/> → 220 | <input type="checkbox"/> → 220 | <input type="checkbox"/> → 220 |
| Salary earner (not including apprentices) | 5 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wage earner (not including apprentices), homeworker | 6 <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"/> → 220 | <input type="checkbox"/> → 220 | <input type="checkbox"/> → 220 | <input type="checkbox"/> → 220 | <input type="checkbox"/> → 220 |
| 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"/> |

219 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"/> |

220 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

| |
|--|
| |
| |
| |
| |
| |

221 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

Person 1

Person 2

Person 3

Person 4

Person 5

| |
|--|
| |
| |
| |
| |
| |

222 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"/> |

223 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.

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 job/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. 116: **10** "Establishment (location)".

Person 1
 Person 2
 Person 3
 Person 4
 Person 5

| |
|--|
| |
| |
| |
| |
| |

224 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".

Yes
 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"/> |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

225 What type of work contract did you have in your last main job?

Open-ended work contract
 Fixed-term work contract

| | 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"/> |

226 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"/> → 228 | <input type="checkbox"/> → 228 | <input type="checkbox"/> → 228 | <input type="checkbox"/> → 228 | <input type="checkbox"/> → 228 |

227 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contacted private employment organisations | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Placed job wanted advertisements | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responded to job offers | 4 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sent off unsolicited applications | 5 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Asked friends, relatives, acquaintances | 6 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Looked through job offers | 7 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Took tests, interviews, exams | 8 <input type="checkbox"/> → 238 | <input type="checkbox"/> → 238 | <input type="checkbox"/> → 238 | <input type="checkbox"/> → 238 | <input type="checkbox"/> → 238 |
| Placed or updated online CVs | 13 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Searched for premises, offices, equipment for self-employment or a freelance job. | 9 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Applied for licences, concessions or financial resources for self-employment or a freelance job. | 10 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Took other action for self-employment or a freelance job | 11 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Took other action | 12 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

228 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"/> → 238 | <input type="checkbox"/> → 238 | <input type="checkbox"/> → 238 | <input type="checkbox"/> → 238 | <input type="checkbox"/> → 238 |
| 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 find a job in the reference week. | 8 <input type="checkbox"/> → 230 | <input type="checkbox"/> → 230 | <input type="checkbox"/> → 230 | <input type="checkbox"/> → 230 | <input type="checkbox"/> → 230 |

| | | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 229 When will you start your new job? | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
| Within the next 3 months after the reference week ... | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Later, that is, after more than 3 months after the reference week | 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | → 238 | → 238 | → 238 | → 238 | → 238 |

| | | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 230 If you are not looking for a job, would you nevertheless like to work? | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
| i This also refers to jobs with only a few hours. | | | | | | |
| 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"/> |
| | | → 236 | → 236 | → 236 | → 236 | → 236 |

| | | | | | | |
|--|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 231 Why did you not look for a job in the reference week and the preceding 3 weeks? | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
| <i>If there are several reasons, please mark the main one.</i> | | | | | | |
| No suitable job available | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am awaiting re-employment (following temporary lay-off). | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Own illness, consequences of an accident | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Permanently reduced earning capacity, permanent disability | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other personal responsibilities | 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| School or vocational education, studies | 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Retirement | 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other main reason | 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | → 233 | → 233 | → 233 | → 233 | → 233 |

| | | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 232 Why do you yourself look after children, people with disabilities or people in need of care? | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
| <i>Please mark all relevant boxes.</i> | | | | | | |
| 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"/> |

233 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"/> → 240 | <input type="checkbox"/> → 240 | <input type="checkbox"/> → 240 | <input type="checkbox"/> → 240 | <input type="checkbox"/> → 240 |
| No | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

234 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Own illness, consequences of an accident | 2 <input type="checkbox"/> → 240 | <input type="checkbox"/> → 240 | <input type="checkbox"/> → 240 | <input type="checkbox"/> → 240 | <input type="checkbox"/> → 240 |
| Permanently reduced earning capacity, permanent disability | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other personal responsibilities | 8 <input type="checkbox"/> → 240 | <input type="checkbox"/> → 240 | <input type="checkbox"/> → 240 | <input type="checkbox"/> → 240 | <input type="checkbox"/> → 240 |
| Retirement | 9 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other main reason | 10 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Please mark all relevant boxes.

| | 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"/> → 240 | <input type="checkbox"/> → 240 | <input type="checkbox"/> → 240 | <input type="checkbox"/> → 240 | <input type="checkbox"/> → 240 |
| 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"/> |

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

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

Please mark all relevant boxes.

| | | 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"/> |

238 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"/> |

239 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"/> | <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"/> |

Self-assessment of life situation in the reference week

240 Regarding your situation in the reference week: Which category best describes it?

i See also p. 115:

6 "Partial retirement" and

7 "Caregiver Leave Act/Family Caregiver Leave Act".

Salary earner, wage earner, public official (including temporary or professional soldiers, apprentices) and currently

| | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |
|-------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

241 Is this dwelling your main residence?

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"/> → 250 | <input type="checkbox"/> → 250 | <input type="checkbox"/> → 250 | <input type="checkbox"/> → 250 | <input type="checkbox"/> → 250 |

242 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 compulsory/voluntary military service or civilian service/Federal Volunteer Service or if you have done a (second) job as a pupil or student.

Year of entering employment

Not applicable 0

| 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="checkbox"/> → 250 | <input type="checkbox"/> → 250 | <input type="checkbox"/> → 250 | <input type="checkbox"/> → 250 | <input type="checkbox"/> → 250 |

243 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 |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

244 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 240, answers 9-15)?

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"/> → 249 | <input type="checkbox"/> → 249 | <input type="checkbox"/> → 249 | <input type="checkbox"/> → 249 | <input type="checkbox"/> → 249 |

245 What was your status in your last main job?

i See also p. 115: **8** "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 | 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 (not including apprentices) | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wage earner (not including apprentices), homeworker | 6 | <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"/> → 249 | <input type="checkbox"/> → 249 | <input type="checkbox"/> → 249 | <input type="checkbox"/> → 249 | <input type="checkbox"/> → 249 |

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

247 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

248 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. 116: **10** "Establishment (location)".

Person 1

Person 2

Person 3

Person 4

Person 5

voluntary

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

No unemployment in the last 5 years

0

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"/> |

250 Which are your main sources of livelihood?

i See also p. 116:
12 "Main sources of livelihood".

Main sources of livelihood:

Code from List 250

| 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 250

| | | | |
|--|---|--|----|
| Own employment | 1 | Income of the parents | 8 |
| Unemployment benefit I | 2 | Income of the partner, spouse or other relatives | 14 |
| Unemployment benefit II (Hartz IV), social 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 | 5 | Benefits for asylum seekers | 11 |
| Own property, savings, interest, renting, leasing, life interest retained for older people, life assurance, specific pensions fund (Versorgungswerk) | 6 | Benefits from own long-term care insurance (long-term care allowance) | 12 |
| Parental allowance | 7 | Other financial support, e.g. early retirement payments, allowances for foster children, sickness pay, loan in accordance with the Caregiver Leave Act or the Family Caregiver Leave Act | 13 |

251 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 or II (Hartz IV), social 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), 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. 116: **1B** "Net income".

Personal net income:

Code from List 251

I had no income. 90

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

List 251

| | | | |
|--------------------------------------|----|--|----|
| 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 |

252 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 251 that corresponds to the amount of your monthly net household income.

Code from List 251

Development of the household income

253 Is this dwelling the main residence of at least one person in the household who was 16 years or older on 31 December 2020?

Yes ☐

No ☐ → 258

254 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 ☐ → 257

The net household income has decreased. 3 ☐ → 256

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

Pay rise or working more hours 1 ☐

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

Change of job or new job 3 ☐

Change in household composition 4 ☐ → 257

Increase in social benefits or transfer payments 5 ☐

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

Other reasons 7 ☐

256 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 ☐

voluntary

257 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 ☐

258 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
259 Do you hold a general school certificate?

| | 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 yet | 8 <input type="checkbox"/> → 263 | <input type="checkbox"/> → 263 | <input type="checkbox"/> → 263 | <input type="checkbox"/> → 263 | <input type="checkbox"/> → 263 |

260 Which is your highest qualification?

Please convert qualifications gained abroad to German equivalents.

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| School certificate obtained after no more than 7 years of school attendance | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary general school certificate (also former school type starting with grade 1) | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| School of general education in the GDR | | | | | |
| school certificate obtained after grade 8 or 9 | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| school certificate obtained after grade 10 | 4 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intermediate school certificate, intermediate school-leaving certificate or equivalent | 5 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Entrance qualification for universities of applied sciences | 6 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Higher education entrance qualification (general or subject-restricted) | 7 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Certificate of special school | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---------------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Germany | 1 <input type="checkbox"/> → 263 | <input type="checkbox"/> → 263 | <input type="checkbox"/> → 263 | <input type="checkbox"/> → 263 | <input type="checkbox"/> → 263 |
| Abroad | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

262 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"/> |

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

i **Vocational training also includes** a pre-vocational training year, on-the-job training or an internship of at least 12 months.

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

Yes 1

No/Not yet 8

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

264 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"/> |
| ↳ 271 | ↳ 271 | ↳ 271 | ↳ 271 | ↳ 271 |
| <input type="checkbox"/> → 271 | <input type="checkbox"/> → 271 | <input type="checkbox"/> → 271 | <input type="checkbox"/> → 271 | <input type="checkbox"/> → 271 |

265 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"/> |

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

Germany 1

Abroad 2

| 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"/> |

267 Which is your highest qualification?

Please convert qualifications gained abroad to German equivalents.

Vocational qualification attained

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| On-the-job training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Internship | <input type="checkbox"/> → 271 | <input type="checkbox"/> → 271 | <input type="checkbox"/> → 271 | <input type="checkbox"/> → 271 | <input type="checkbox"/> → 271 |
| Pre-vocational training year | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Apprenticeship, vocational training in the dual system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Preparatory training for the intermediate service in public administration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Training centre/school for health-care service occupations and social occupations | | | | | |
| one year (e.g. geriatric care assistant) | <input type="checkbox"/> → 270 | <input type="checkbox"/> → 270 | <input type="checkbox"/> → 270 | <input type="checkbox"/> → 270 | <input type="checkbox"/> → 270 |
| two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| three years (e.g. physiotherapy, medical laboratory assistant, geriatric care) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nursery teacher/educator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Master craftsman/craftswoman | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Technician's qualification or equivalent trade and technical school certificate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialised and engineering schools of the GDR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialised academy (in Bayern only) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 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"/> |
| Doctor's degree | <input type="checkbox"/> → 269 | <input type="checkbox"/> → 269 | <input type="checkbox"/> → 269 | <input type="checkbox"/> → 269 | <input type="checkbox"/> → 269 |

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

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

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

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

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

270 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).

Main field:

Person 1

Person 2

Person 3

Person 4

Person 5

Continuing education and training

271 In the 4 weeks before the reference week, did you participate in continuing vocational training courses/seminars or in leisure, sports or hobby-related courses?

i **Forms of continuing training are**
e.g. courses, seminars, conferences, private tuition, study circles, e-learning activities.

Continuing vocational training includes
retraining, career advancement courses, courses preparing for new tasks in the job, advanced training (e.g. computers, management, rhetoric).

| | 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"/> |

Pension insurance

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

| | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes | 1 | <input type="checkbox"/> → 274 | <input type="checkbox"/> → 274 | <input type="checkbox"/> → 274 | <input type="checkbox"/> → 274 | <input type="checkbox"/> → 274 |
| No | 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

i See also p. 116:

14 "Statutory pension insurance".

| | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes, compulsorily insured | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, voluntarily insured | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Internet access and internet use

274 Did you use the internet in the last 3 months before the reference week?

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).

| | | 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"/> |

275 Is this dwelling your main residence?

| | | 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 |

276 Were you aged 16 years or over on 31 December 2020?

| | | 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 |

Your health

277 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"/> |

278 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"/> |

279 Are you permanently limited in your normal day-to-day activities by any health problem?

| | | 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"/> → 282 | <input type="checkbox"/> → 282 | <input type="checkbox"/> → 282 | <input type="checkbox"/> → 282 | <input type="checkbox"/> → 282 |

280 To what extent are you limited in your normal day-to-day activities?

| | | 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"/> |

281 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"/> |

voluntary

282 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"/> → 285 | <input type="checkbox"/> → 285 | <input type="checkbox"/> → 285 | <input type="checkbox"/> → 285 | <input type="checkbox"/> → 285 |

283 Did you have an examination or treatment each time you needed it?

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes | 1 <input type="checkbox"/> → 285 | <input type="checkbox"/> → 285 | <input type="checkbox"/> → 285 | <input type="checkbox"/> → 285 | <input type="checkbox"/> → 285 |
| 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"/> |

284 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"/> |

285 Was there any time in the last 12 months when you really needed any other medical examination or treatment (excluding dental/orthodontic) 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"/> → 288 | <input type="checkbox"/> → 288 | <input type="checkbox"/> → 288 | <input type="checkbox"/> → 288 | <input type="checkbox"/> → 288 |

286 Did you have an examination or treatment each time you needed it?

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes | 1 <input type="checkbox"/> → 288 | <input type="checkbox"/> → 288 | <input type="checkbox"/> → 288 | <input type="checkbox"/> → 288 | <input type="checkbox"/> → 288 |
| 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"/> |

287 What was the main reason for not having a 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"/> |

Assessment of your life situation

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

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

| | | 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, I cannot afford it | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, for other reasons | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | | | | | | |
|------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, I cannot afford it | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, for other reasons | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | | | | | | |
|------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, I cannot afford it | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, for other reasons | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | | | | | | |
|------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, I cannot afford it | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, for other reasons | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, I cannot afford it | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, for other reasons | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | | | | | | |
|------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, I cannot afford it | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, for other reasons | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Housing circumstances and living conditions of children in separated and blended families

voluntary

289 Are you the mother or father of at least one child in your household who is aged 17 or under?

| | 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"/> → 291 | <input type="checkbox"/> → 291 | <input type="checkbox"/> → 291 | <input type="checkbox"/> → 291 | <input type="checkbox"/> → 291 |

290 Are there any reasons that prevent you from spending more time together with those children living in your household?

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes, because of my work | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, because of my vocational training/my studies | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, because living separated | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, for health reasons | 4 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, because of the distance | 5 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, the child does not want it or has other priorities. | 6 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, other reason | 7 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, there is nothing that prevents me from spending more time with the children. | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

291 Are you the mother or father of at least one child not living in your household who is aged 17 or under?

i If both parents of those children live in the household, please indicate "No".

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes, number of children who don't live in the household | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| No | 8 <input type="checkbox"/> → 301 | <input type="checkbox"/> → 301 | <input type="checkbox"/> → 301 | <input type="checkbox"/> → 301 | <input type="checkbox"/> → 301 |

i The following questions on children should only be answered by their mother or father.

voluntary

292 Who is the mother/father of the child that does not live in the household?

Number of the mother/father (see flap)

293 How old is the child?

Age of the child

294 How much time does it take you to get to your child?

i Please enter the time (in minutes) it usually takes.

Minutes

295 How often have you contacted your child via telephone, social media etc. in the last 12 months?

Every day 1

At least once a week 2

Several times a month 3

Once a month 4

Less than once a month 5

Never 6

296 How often do you spend time actively with the child that does not live in the household (e. g. meals, play, homework, walking, talking)?

i This refers to the time you spend together with the child.

Several times a day 1

Once a day 2

At least once a week 3

Several times a month 4

Once a month 5

Less than once a month 6

Never 7

Child aged 17 or younger who does not live in the household

1. child

2. child

3. child

4. child

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Child aged 17 or younger who does not live in the household

1. child 2. child 3. child 4. child

297 Does the child have his/her own permanent space in your household to sleep in at night (including bedroom shared with siblings)?

Yes 1 ☐ ☐ ☐ ☐

No, because the household cannot afford it. 2 ☐ ☐ ☐ ☐

No, for other reasons 3 ☐ ☐ ☐ ☐

298 How many nights per month does the child usually stay in your household?

Number of nights per month

299 Who has custody over the child?

Exclusively the mother 1 ☐ ☐ ☐ ☐

Exclusively the father 2 ☐ ☐ ☐ ☐

Both parents together 3 ☐ ☐ ☐ ☐

Other (e.g. grandparents, other relatives, youth welfare office) 4 ☐ ☐ ☐ ☐

300 Are there any reasons that prevent you from spending more time together with the children not living in your household?

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes, because of my work 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, because of my vocational training/my studies 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, because living separated 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, for health reasons 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, because of the distance 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, the child does not want it or has other priorities. 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, other reasons 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, there is nothing that prevents me from spending more time with the children. 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

301 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"/> |

302 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"/> |

303 Do you have relatives, friends, neighbours or other people you could ask for financial assistance (money, loans or similar support) if you needed it?

This refers to people not living in your household.

Yes

No

1

8

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

304 Do you have relatives, friends, neighbours or other people you could ask for other help if you needed it?
This may be someone to talk to about personal matters or to help with daily activities.

This refers to people not living in your household.

Yes

No

1

8

| Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--------------------------|--|--|---|---|
| <input type="checkbox"/> | <div><input type="checkbox"/><div>}]→ p. 91, 305</div></div> | <div><input type="checkbox"/><div>}]→ p. 97, 305</div></div> | <div><input type="checkbox"/><div>}]→ p. 103, 305</div></div> | <div><input type="checkbox"/><div>}]→ p. 109, 305</div></div> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Note

Please enter your name in the box at the side.

Person 1:

305 Was your situation unchanged over the entire year of 2020?

If yes, please enter the code from List 305.

 → 306

If no, please enter for each month the code from List 305 that mainly applied in that month.

| | |
|-----------------|----------------------|
| January | <input type="text"/> |
| February | <input type="text"/> |
| March | <input type="text"/> |
| April | <input type="text"/> |
| May | <input type="text"/> |
| June | <input type="text"/> |
| July | <input type="text"/> |
| August | <input type="text"/> |
| September | <input type="text"/> |
| October | <input type="text"/> |
| November | <input type="text"/> |
| December | <input type="text"/> |

List 305

| | | | |
|---|---|---|----|
| Employee, public official (including temporary or professional soldier) | | Apprentice receiving apprenticeship pay | 10 |
| Full-time | 1 | Unpaid family worker in a family business | |
| Part-time | 2 | Full-time | 11 |
| Self-employed person, freelancer | | Part-time | 12 |
| Full-time | 3 | In the Federal Volunteer Service (also social, ecological or cultural year) | 13 |
| Part-time | 4 | In voluntary military service | 14 |
| In marginal employment | 5 | Pupil, person in non-remunerated vocational training, student | 15 |
| Person in employment ... | | Pensioner | 16 |
| on parental leave | 6 | Unemployed | 17 |
| in partial retirement | 7 | Housewife/househusband | 18 |
| fully or partly released from work under the Caregiver Leave Act | 8 | Permanently unfit for work | 19 |
| partly released from work under the Family Caregiver Leave Act | 9 | Other | 20 |

Income from employment in 2020

306 Did you receive income (wage/salary) as an employee in 2020?

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

Yes 1 ☐
 No 8 ☐ → 311

307 Did you receive the following types of income (wage/salary) as an employee or public official in 2020?

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) | Annual net amount (full euros) |
|---|----------------------------|------------------------------|----------------------|-----------------------------------|--------------------------------|
| Wage/salary from main job (not including extra payments such as Christmas bonus, 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"/> |
| Wage replacement for parents in case of day care centre or school closures due to the coronavirus crisis | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/> | or <input type="text"/> |

308 Did you receive one or more of the following extra payments in 2020?

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

| | No | Yes | Annual net 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"/> |

309 What income (wage/salary), including extra payments, did you receive as an employee or public official in 2020?

i Please enter the total amount of all income types from questions 307 to 308.

Total amount Annual net amount (full euros)

310 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2020?

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 | voluntary | |
|---|----------------------------|------------------------------|----------------------|-----------------------------------|
| | | | Number of months | Monthly gross amount (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"/> |

311 Did you receive income from self-employment in 2020?

Yes 1 ☐

No 8 ☐ → 316

312 What was your income or loss from self-employment or freelance work in 2020?

| | Annual gross amount (full euros) |
|--------------|----------------------------------|
| Profit | <input type="text"/> |
| Loss | <input type="text"/> |

**313 Did you withdraw assets from your business in 2020?
Please include withdrawals of non-financial assets.**

Yes 1 ☐

No 8 ☐ → 315

voluntary

314 What were your total withdrawals from business assets for own consumption?

| | Annual net amount (full euros) |
|-------------------|--------------------------------|
| Withdrawals | <input type="text"/> |

315 Did you receive any compensation for loss of earnings due to the coronavirus crisis in 2020?

| | No | Yes | voluntary | |
|--------------------|----------------------------|------------------------------|----------------------|--------------------------------|
| | | | Number of months | Annual net amount (full euros) |
| Compensation | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/> |

Income from pensions in 2020

316 Did you receive pensions based on your own entitlements in 2020?

Yes 1 ☐

No 8 ☐ → 318

317 What income from pensions based on your own entitlements did you receive in 2020?

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) | Annual net 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 or 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"/> |
| Of which: | | | | voluntary | |
| 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"/> |

318 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2020?

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

319 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2020?

Please mark all relevant boxes.

Widow's 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"/> |

320 Did you receive unemployment benefit I or other benefits from the employment agency in 2020?

| | No | Yes | Number of months | Amount per month (full euros) | Annual amount (full euros) |
|---|--------------------------|--------------------------|------------------------|-------------------------------|----------------------------|
| Unemployment benefit I | <input type="checkbox"/> | <input type="checkbox"/> | → <input type="text"/> | <input type="text"/> | or <input type="text"/> |
| Financial support for continuing training | <input type="checkbox"/> | <input type="checkbox"/> | → <input type="text"/> | <input type="text"/> | or <input type="text"/> |
| Support for business start-up | <input type="checkbox"/> | <input type="checkbox"/> | → <input type="text"/> | <input type="text"/> | or <input type="text"/> |
| Short-time working benefit | <input type="checkbox"/> | <input type="checkbox"/> | → <input type="text"/> | <input type="text"/> | or <input type="text"/> |
| Winter benefit | <input type="checkbox"/> | <input type="checkbox"/> | → <input type="text"/> | <input type="text"/> | or <input type="text"/> |
| Insolvency benefit | <input type="checkbox"/> | <input type="checkbox"/> | → <input type="text"/> | <input type="text"/> | or <input type="text"/> |
| Transitional allowance | <input type="checkbox"/> | <input type="checkbox"/> | → <input type="text"/> | <input type="text"/> | or <input type="text"/> |

321 What was the total amount of the benefits you received from the employment agency in 2020?

i Please enter the total of the benefits from question 320 as an average monthly amount or as an annual amount.

| | Amount per month (full euros) | Annual amount (full euros) |
|--|-------------------------------|----------------------------|
| Total amount | <input type="text"/> | or <input type="text"/> |
| Not applicable as I did not receive unemployment benefit I nor any other benefits from the employment agency. | <input type="checkbox"/> | |

322 Did you receive any of the following benefits in 2020?

| | 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) | <input type="checkbox"/> | <input type="checkbox"/> | → <input type="text"/> | <input type="text"/> | or <input type="text"/> |
| Parental allowance | <input type="checkbox"/> | <input type="checkbox"/> | → <input type="text"/> | <input type="text"/> | or <input type="text"/> |
| For students: interim financial help in pandemic-related hardship | <input type="checkbox"/> | <input type="checkbox"/> | → <input type="text"/> | <input type="text"/> | or <input type="text"/> |
| Long-term care allowance from statutory long-term care insurance | <input type="checkbox"/> | <input type="checkbox"/> | → <input type="text"/> | <input type="text"/> | or <input type="text"/> |
| Maternity payments from statutory health insurance | <input type="checkbox"/> | <input type="checkbox"/> | → <input type="text"/> | <input type="text"/> | or <input type="text"/> |
| Maternity payments from the Federal Insurance Office | <input type="checkbox"/> | <input type="checkbox"/> | → <input type="text"/> | <input type="text"/> | or <input type="text"/> |
| Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen) ... | <input type="checkbox"/> | <input type="checkbox"/> | → <input type="text"/> | <input type="text"/> | or <input type="text"/> |
| Sickness pay from statutory health insurance | <input type="checkbox"/> | <input type="checkbox"/> | → <input type="text"/> | <input type="text"/> | or <input type="text"/> |
| Injury benefit or transitional allowance from statutory accident insurance | <input type="checkbox"/> | <input type="checkbox"/> | → <input type="text"/> | <input type="text"/> | or <input type="text"/> |
| Transitional allowance from statutory pension insurance | <input type="checkbox"/> | <input type="checkbox"/> | → <input type="text"/> | <input type="text"/> | or <input type="text"/> |
| Blindness benefit | <input type="checkbox"/> | <input type="checkbox"/> | → <input type="text"/> | <input type="text"/> | or <input type="text"/> |

Private old-age provision and benefits from private old-age provision in 2020

323 Did you make contributions to private old-age provision in 2020 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)?

No ☐ 8 Yes ☐ 1 →

voluntary

Number of months Amount per month (full euros)

324 Did you receive a pension from private old-age provision in 2020 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)?

No ☐ 8 Yes ☐ 1 →

Number of months Amount per month (full euros)

Participation in the survey

325 Have you yourself answered the questions from 120?

Yes 1 ☐ → 327

No, another household member has answered the questions. 2 ☐

No, someone not living in the household has answered the questions. 3 ☐ → 327

326 Which household member has answered the questions?

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

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

Number of minutes

voluntary

Note

Please enter your name in the box at the side.

Person 2:

305 Was your situation unchanged over the entire year of 2020?

If yes, please enter the code from List 305.

 → 306

If no, please enter for each month the code from List 305 that mainly applied in that month.

| | |
|-----------------|---|
| January | <input type="text"/> <input type="text"/> |
| February | <input type="text"/> <input type="text"/> |
| March | <input type="text"/> <input type="text"/> |
| April | <input type="text"/> <input type="text"/> |
| May | <input type="text"/> <input type="text"/> |
| June | <input type="text"/> <input type="text"/> |
| July | <input type="text"/> <input type="text"/> |
| August | <input type="text"/> <input type="text"/> |
| September | <input type="text"/> <input type="text"/> |
| October | <input type="text"/> <input type="text"/> |
| November | <input type="text"/> <input type="text"/> |
| December | <input type="text"/> <input type="text"/> |

List 305

| | | | |
|---|---|---|----|
| Employee, public official (including temporary or professional soldier) | | Apprentice receiving apprenticeship pay | 10 |
| Full-time | 1 | Unpaid family worker in a family business | |
| Part-time | 2 | Full-time | 11 |
| Self-employed person, freelancer | | Part-time | 12 |
| Full-time | 3 | In the Federal Volunteer Service (also social, ecological or cultural year) | 13 |
| Part-time | 4 | In voluntary military service | 14 |
| In marginal employment | 5 | Pupil, person in non-remunerated vocational training, student | 15 |
| Person in employment ... | | Pensioner | 16 |
| on parental leave | 6 | Unemployed | 17 |
| in partial retirement | 7 | Housewife/househusband | 18 |
| fully or partly released from work under the Caregiver Leave Act | 8 | Permanently unfit for work | 19 |
| partly released from work under the Family Caregiver Leave Act | 9 | Other | 20 |

Income from employment in 2020

306 Did you receive income (wage/salary) as an employee in 2020?

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

Yes 1 ☐
 No 8 ☐ → 311

307 Did you receive the following types of income (wage/salary) as an employee or public official in 2020?

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) | Annual net amount (full euros) |
|---|----------------------------|------------------------------|----------------------|-----------------------------------|--------------------------------|
| Wage/salary from main job (not including extra payments such as Christmas bonus, 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"/> |
| Wage replacement for parents in case of day care centre or school closures due to the coronavirus crisis | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/> | or <input type="text"/> |

308 Did you receive one or more of the following extra payments in 2020?

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

| | No | Yes | Annual net 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"/> |

309 What income (wage/salary), including extra payments, did you receive as an employee or public official in 2020?

i Please enter the total amount of all income types from questions 307 to 308.

Total amount Annual net amount (full euros)

310 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2020?

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 | voluntary | |
|---|----------------------------|------------------------------|----------------------|-----------------------------------|
| | | | Number of months | Monthly gross amount (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"/> |

311 Did you receive income from self-employment in 2020?

Yes 1 ☐

No 8 ☐ → 316

312 What was your income or loss from self-employment or freelance work in 2020?

Annual gross amount (full euros)

Profit

Loss

313 Did you withdraw assets from your business in 2020? Please include withdrawals of non-financial assets.

Yes 1 ☐

No 8 ☐ → 315

voluntary

314 What were your total withdrawals from business assets for own consumption?

Annual net amount (full euros)

Withdrawals

315 Did you receive any compensation for loss of earnings due to the coronavirus crisis in 2020?

| | No | Yes | voluntary | |
|--------------------|----------------------------|------------------------------|----------------------|--------------------------------|
| | | | Number of months | Annual net amount (full euros) |
| Compensation | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/> |

Income from pensions in 2020

316 Did you receive pensions based on your own entitlements in 2020?

Yes 1 ☐

No 8 ☐ → 318

317 What income from pensions based on your own entitlements did you receive in 2020?

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) | Annual net 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 or 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"/> |
| Of which: | | | | | |
| 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"/> |

318 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2020?

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

319 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2020?

Please mark all relevant boxes.

Widow's 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"/> |

320 Did you receive unemployment benefit I or other benefits from the employment agency in 2020?

| | No | Yes | Number of months | Amount per month (full euros) | Annual amount (full euros) |
|---|--------------------------|--------------------------|------------------|-------------------------------|----------------------------|
| Unemployment benefit I | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Financial support for continuing training | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Support for business start-up | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Short-time working benefit | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Winter benefit | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Insolvency benefit | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Transitional allowance | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |

321 What was the total amount of the benefits you received from the employment agency in 2020?

i Please enter the total of the benefits from question 320 as an average monthly amount or as an annual amount.

| | Amount per month (full euros) | Annual amount (full euros) |
|--|-------------------------------|----------------------------|
| Total amount | | or |
| Not applicable as I did not receive unemployment benefit I nor any other benefits from the employment agency. | <input type="checkbox"/> | |

322 Did you receive any of the following benefits in 2020?

| | 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) | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Parental allowance | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| For students: interim financial help in pandemic-related hardship | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Long-term care allowance from statutory long-term care insurance | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Maternity payments from statutory health insurance | <input type="checkbox"/> | <input type="checkbox"/> | → | | |
| Maternity payments from the Federal Insurance Office | <input type="checkbox"/> | <input type="checkbox"/> | → | | |
| Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen) ... | <input type="checkbox"/> | <input type="checkbox"/> | → | | |
| Sickness pay from statutory health insurance | <input type="checkbox"/> | <input type="checkbox"/> | → | | |
| Injury benefit or transitional allowance from statutory accident insurance | <input type="checkbox"/> | <input type="checkbox"/> | → | | |
| Transitional allowance from statutory pension insurance | <input type="checkbox"/> | <input type="checkbox"/> | → | | |
| Blindness benefit | <input type="checkbox"/> | <input type="checkbox"/> | → | | |

Private old-age provision and benefits from private old-age provision in 2020

323 Did you make contributions to private old-age provision in 2020 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)?

No ☐ Yes ☐ →

voluntary

Number of months Amount per month (full euros)

324 Did you receive a pension from private old-age provision in 2020 (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)

Participation in the survey

325 Have you yourself answered the questions from 120?

Yes 1 ☐ → 327

No, another household member has answered the questions. 2 ☐

No, someone not living in the household has answered the questions. 3 ☐ → 327

326 Which household member has answered the questions?

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

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

Number of minutes

Note

Please enter your name in the box at the side.

305 Was your situation unchanged over the entire year of 2020?

If yes, please enter the code from List 305.

 → 306

If no, please enter for each month the code from List 305 that mainly applied in that month.

| | |
|-----------------|---|
| January | <input type="text"/> <input type="text"/> |
| February | <input type="text"/> <input type="text"/> |
| March | <input type="text"/> <input type="text"/> |
| April | <input type="text"/> <input type="text"/> |
| May | <input type="text"/> <input type="text"/> |
| June | <input type="text"/> <input type="text"/> |
| July | <input type="text"/> <input type="text"/> |
| August | <input type="text"/> <input type="text"/> |
| September | <input type="text"/> <input type="text"/> |
| October | <input type="text"/> <input type="text"/> |
| November | <input type="text"/> <input type="text"/> |
| December | <input type="text"/> <input type="text"/> |

List 305

| | | | |
|---|---|---|----|
| Employee, public official (including temporary or professional soldier) | | Apprentice receiving apprenticeship pay | 10 |
| Full-time | 1 | Unpaid family worker in a family business | |
| Part-time | 2 | Full-time | 11 |
| Self-employed person, freelancer | | Part-time | 12 |
| Full-time | 3 | In the Federal Volunteer Service (also social, ecological or cultural year) | 13 |
| Part-time | 4 | In voluntary military service | 14 |
| In marginal employment | 5 | Pupil, person in non-remunerated vocational training, student | 15 |
| Person in employment ... | | Pensioner | 16 |
| on parental leave | 6 | Unemployed | 17 |
| in partial retirement | 7 | Housewife/househusband | 18 |
| fully or partly released from work under the Caregiver Leave Act | 8 | Permanently unfit for work | 19 |
| partly released from work under the Family Caregiver Leave Act | 9 | Other | 20 |

Person 3:

Income from employment in 2020

306 Did you receive income (wage/salary) as an employee in 2020?

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

Yes 1 ☐
 No 8 ☐ → 311

307 Did you receive the following types of income (wage/salary) as an employee or public official in 2020?

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) | Annual net amount (full euros) |
|---|----------------------------|------------------------------|----------------------|-----------------------------------|--------------------------------|
| Wage/salary from main job (not including extra payments such as Christmas bonus, 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"/> |
| Wage replacement for parents in case of day care centre or school closures due to the coronavirus crisis | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/> | or <input type="text"/> |

308 Did you receive one or more of the following extra payments in 2020?

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

| | No | Yes | Annual net 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"/> |

309 What income (wage/salary), including extra payments, did you receive as an employee or public official in 2020?

i Please enter the total amount of all income types from questions 307 to 308.

Annual net amount (full euros)
 Total amount

310 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2020?

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 | voluntary | |
|---|----------------------------|------------------------------|----------------------|-----------------------------------|
| | | | Number of months | Monthly gross amount (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"/> |

311 Did you receive income from self-employment in 2020?

Yes 1 ☐

No 8 ☐ → 316

312 What was your income or loss from self-employment or freelance work in 2020?

Annual gross amount (full euros)

Profit

Loss

313 Did you withdraw assets from your business in 2020? Please include withdrawals of non-financial assets.

Yes 1 ☐

No 8 ☐ → 315

voluntary

314 What were your total withdrawals from business assets for own consumption?

Annual net amount (full euros)

Withdrawals

315 Did you receive any compensation for loss of earnings due to the coronavirus crisis in 2020?

| | No | Yes | voluntary | |
|--------------------|----------------------------|------------------------------|----------------------|--------------------------------|
| | | | Number of months | Annual net amount (full euros) |
| Compensation | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/> |

Income from pensions in 2020

316 Did you receive pensions based on your own entitlements in 2020?

Yes 1 ☐

No 8 ☐ → 318

317 What income from pensions based on your own entitlements did you receive in 2020?

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) | Annual net 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 or 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"/> |
| Of which: | | | | | |
| 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"/> |

318 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2020?

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

319 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2020?

Please mark all relevant boxes.

Widow's 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"/> |

320 Did you receive unemployment benefit I or other benefits from the employment agency in 2020?

| | No | Yes | Number of months | Amount per month (full euros) | Annual amount (full euros) |
|---|--------------------------|--------------------------|------------------|-------------------------------|----------------------------|
| Unemployment benefit I | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Financial support for continuing training | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Support for business start-up | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Short-time working benefit | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Winter benefit | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Insolvency benefit | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Transitional allowance | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |

321 What was the total amount of the benefits you received from the employment agency in 2020?

i Please enter the total of the benefits from question 320 as an average monthly amount or as an annual amount.

| | Amount per month (full euros) | Annual amount (full euros) |
|--|-------------------------------|----------------------------|
| Total amount | | or |
| Not applicable as I did not receive unemployment benefit I nor any other benefits from the employment agency. | <input type="checkbox"/> | |

322 Did you receive any of the following benefits in 2020?

| | 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) | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Parental allowance | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| For students: interim financial help in pandemic-related hardship | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Long-term care allowance from statutory long-term care insurance | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Maternity payments from statutory health insurance | <input type="checkbox"/> | <input type="checkbox"/> | → | | |
| Maternity payments from the Federal Insurance Office | <input type="checkbox"/> | <input type="checkbox"/> | → | | |
| Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen) ... | <input type="checkbox"/> | <input type="checkbox"/> | → | | |
| Sickness pay from statutory health insurance | <input type="checkbox"/> | <input type="checkbox"/> | → | | |
| Injury benefit or transitional allowance from statutory accident insurance | <input type="checkbox"/> | <input type="checkbox"/> | → | | |
| Transitional allowance from statutory pension insurance | <input type="checkbox"/> | <input type="checkbox"/> | → | | |
| Blindness benefit | <input type="checkbox"/> | <input type="checkbox"/> | → | | |

Private old-age provision and benefits from private old-age provision in 2020

323 Did you make contributions to private old-age provision in 2020 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)?

No ☐ Yes ☐ →

voluntary

Number of months Amount per month (full euros)

324 Did you receive a pension from private old-age provision in 2020 (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)

Participation in the survey

325 Have you yourself answered the questions from 120?

Yes 1 ☐ → 327

No, another household member has answered the questions. 2 ☐

No, someone not living in the household has answered the questions. 3 ☐ → 327

326 Which household member has answered the questions?

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

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

Number of minutes

Note

Please enter your name in the box at the side.

305 Was your situation unchanged over the entire year of 2020?

If yes, please enter the code from List 305.

 → 306

If no, please enter for each month the code from List 305 that mainly applied in that month.

| | |
|-----------------|---|
| January | <input type="text"/> <input type="text"/> |
| February | <input type="text"/> <input type="text"/> |
| March | <input type="text"/> <input type="text"/> |
| April | <input type="text"/> <input type="text"/> |
| May | <input type="text"/> <input type="text"/> |
| June | <input type="text"/> <input type="text"/> |
| July | <input type="text"/> <input type="text"/> |
| August | <input type="text"/> <input type="text"/> |
| September | <input type="text"/> <input type="text"/> |
| October | <input type="text"/> <input type="text"/> |
| November | <input type="text"/> <input type="text"/> |
| December | <input type="text"/> <input type="text"/> |

List 305

| | | | |
|---|---|---|----|
| Employee, public official (including temporary or professional soldier) | | Apprentice receiving apprenticeship pay | 10 |
| Full-time | 1 | Unpaid family worker in a family business | |
| Part-time | 2 | Full-time | 11 |
| Self-employed person, freelancer | | Part-time | 12 |
| Full-time | 3 | In the Federal Volunteer Service (also social, ecological or cultural year) | 13 |
| Part-time | 4 | In voluntary military service | 14 |
| In marginal employment | 5 | Pupil, person in non-remunerated vocational training, student | 15 |
| Person in employment ... | | Pensioner | 16 |
| on parental leave | 6 | Unemployed | 17 |
| in partial retirement | 7 | Housewife/househusband | 18 |
| fully or partly released from work under the Caregiver Leave Act | 8 | Permanently unfit for work | 19 |
| partly released from work under the Family Caregiver Leave Act | 9 | Other | 20 |

Income from employment in 2020

306 Did you receive income (wage/salary) as an employee in 2020?

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

Yes 1 ☐
 No 8 ☐ → 311

307 Did you receive the following types of income (wage/salary) as an employee or public official in 2020?

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) | Annual net amount (full euros) |
|---|----------------------------|------------------------------|----------------------|-----------------------------------|--------------------------------|
| Wage/salary from main job (not including extra payments such as Christmas bonus, 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"/> |
| Wage replacement for parents in case of day care centre or school closures due to the coronavirus crisis | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/> | or <input type="text"/> |

308 Did you receive one or more of the following extra payments in 2020?

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

| | No | Yes | Annual net 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"/> |

309 What income (wage/salary), including extra payments, did you receive as an employee or public official in 2020?

i Please enter the total amount of all income types from questions 307 to 308.

Total amount Annual net amount (full euros)

310 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2020?

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 | voluntary | |
|---|----------------------------|------------------------------|----------------------|-----------------------------------|
| | | | Number of months | Monthly gross amount (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"/> |

311 Did you receive income from self-employment in 2020?

Yes 1 ☐

No 8 ☐ → 316

312 What was your income or loss from self-employment or freelance work in 2020?

Annual gross amount (full euros)

Profit

Loss

**313 Did you withdraw assets from your business in 2020?
Please include withdrawals of non-financial assets.**

Yes 1 ☐

No 8 ☐ → 315

voluntary

314 What were your total withdrawals from business assets for own consumption?

Annual net amount (full euros)

Withdrawals

315 Did you receive any compensation for loss of earnings due to the coronavirus crisis in 2020?

| | No | Yes | voluntary | |
|--------------------|----------------------------|------------------------------|----------------------|--------------------------------|
| | | | Number of months | Annual net amount (full euros) |
| Compensation | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/> |

Income from pensions in 2020

316 Did you receive pensions based on your own entitlements in 2020?

Yes 1 ☐

No 8 ☐ → 318

317 What income from pensions based on your own entitlements did you receive in 2020?

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) | Annual net 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 or 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"/> |
| Of which: | | | | | |
| 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"/> |

318 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2020?

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

319 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2020?

Please mark all relevant boxes.

Widow's 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"/> |

320 Did you receive unemployment benefit I or other benefits from the employment agency in 2020?

| | No | Yes | Number of months | Amount per month (full euros) | Annual amount (full euros) |
|---|--------------------------|--------------------------|------------------|-------------------------------|----------------------------|
| Unemployment benefit I | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Financial support for continuing training | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Support for business start-up | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Short-time working benefit | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Winter benefit | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Insolvency benefit | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Transitional allowance | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |

321 What was the total amount of the benefits you received from the employment agency in 2020?

i Please enter the total of the benefits from question 320 as an average monthly amount or as an annual amount.

| | Amount per month (full euros) | Annual amount (full euros) |
|--|-------------------------------|----------------------------|
| Total amount | | or |
| Not applicable as I did not receive unemployment benefit I nor any other benefits from the employment agency. | <input type="checkbox"/> | |

322 Did you receive any of the following benefits in 2020?

| | 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) | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Parental allowance | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| For students: interim financial help in pandemic-related hardship | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Long-term care allowance from statutory long-term care insurance | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Maternity payments from statutory health insurance | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Maternity payments from the Federal Insurance Office | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen) ... | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Sickness pay from statutory health insurance | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Injury benefit or transitional allowance from statutory accident insurance | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Transitional allowance from statutory pension insurance | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Blindness benefit | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |

Private old-age provision and benefits from private old-age provision in 2020

323 Did you make contributions to private old-age provision in 2020 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)?

No ☐ 8 Yes ☐ 1 →

voluntary

Number of months Amount per month (full euros)

324 Did you receive a pension from private old-age provision in 2020 (e.g. from a life assurance, pension insurance, occupational disability insurance or supplementary long-term care insurance)?

No ☐ 8 Yes ☐ 1 →

Number of months Amount per month (full euros)

Participation in the survey

325 Have you yourself answered the questions from 120?

Yes 1 ☐ → 327

No, another household member has answered the questions. 2 ☐

No, someone not living in the household has answered the questions. 3 ☐ → 327

326 Which household member has answered the questions?

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

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

Number of minutes

voluntary

Note

Please enter your name in the box at the side.

305 Was your situation unchanged over the entire year of 2020?

If yes, please enter the code from List 305.

 → 306

If no, please enter for each month the code from List 305 that mainly applied in that month.

| | |
|-----------------|---|
| January | <input type="text"/> <input type="text"/> |
| February | <input type="text"/> <input type="text"/> |
| March | <input type="text"/> <input type="text"/> |
| April | <input type="text"/> <input type="text"/> |
| May | <input type="text"/> <input type="text"/> |
| June | <input type="text"/> <input type="text"/> |
| July | <input type="text"/> <input type="text"/> |
| August | <input type="text"/> <input type="text"/> |
| September | <input type="text"/> <input type="text"/> |
| October | <input type="text"/> <input type="text"/> |
| November | <input type="text"/> <input type="text"/> |
| December | <input type="text"/> <input type="text"/> |

List 305

| | | | |
|---|---|---|----|
| Employee, public official (including temporary or professional soldier) | | Apprentice receiving apprenticeship pay | 10 |
| Full-time | 1 | Unpaid family worker in a family business | |
| Part-time | 2 | Full-time | 11 |
| Self-employed person, freelancer | | Part-time | 12 |
| Full-time | 3 | In the Federal Volunteer Service (also social, ecological or cultural year) | 13 |
| Part-time | 4 | In voluntary military service | 14 |
| In marginal employment | 5 | Pupil, person in non-remunerated vocational training, student | 15 |
| Person in employment ... | | Pensioner | 16 |
| on parental leave | 6 | Unemployed | 17 |
| in partial retirement | 7 | Housewife/househusband | 18 |
| fully or partly released from work under the Caregiver Leave Act | 8 | Permanently unfit for work | 19 |
| partly released from work under the Family Caregiver Leave Act | 9 | Other | 20 |

Income from employment in 2020

306 Did you receive income (wage/salary) as an employee in 2020?

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

Yes 1 ☐
 No 8 ☐ → 311

307 Did you receive the following types of income (wage/salary) as an employee or public official in 2020?

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) | Annual net amount (full euros) |
|---|----------------------------|------------------------------|----------------------|-----------------------------------|--------------------------------|
| Wage/salary from main job (not including extra payments such as Christmas bonus, 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"/> |
| Wage replacement for parents in case of day care centre or school closures due to the coronavirus crisis | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/> | or <input type="text"/> |

308 Did you receive one or more of the following extra payments in 2020?

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

| | No | Yes | Annual net 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"/> |

309 What income (wage/salary), including extra payments, did you receive as an employee or public official in 2020?

i Please enter the total amount of all income types from questions 307 to 308.

Total amount Annual net amount (full euros)

310 Did you receive non-cash benefits from the private use of a company car or from payments in kind in 2020?

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 | voluntary | |
|---|----------------------------|------------------------------|----------------------|-----------------------------------|
| | | | Number of months | Monthly gross amount (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"/> |

311 Did you receive income from self-employment in 2020?

Yes 1 ☐

No 8 ☐ → 316

312 What was your income or loss from self-employment or freelance work in 2020?

Annual gross amount (full euros)

Profit

Loss

313 Did you withdraw assets from your business in 2020? Please include withdrawals of non-financial assets.

Yes 1 ☐

No 8 ☐ → 315

voluntary

314 What were your total withdrawals from business assets for own consumption?

Annual net amount (full euros)

Withdrawals

315 Did you receive any compensation for loss of earnings due to the coronavirus crisis in 2020?

| | No | Yes | voluntary | |
|--------------------|----------------------------|------------------------------|----------------------|--------------------------------|
| | | | Number of months | Annual net amount (full euros) |
| Compensation | 8 <input type="checkbox"/> | 1 <input type="checkbox"/> → | <input type="text"/> | <input type="text"/> |

Income from pensions in 2020

316 Did you receive pensions based on your own entitlements in 2020?

Yes 1 ☐

No 8 ☐ → 318

317 What income from pensions based on your own entitlements did you receive in 2020?

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) | Annual net 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 or 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"/> |
| Of which: | | | | | |
| 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"/> |

318 Did you receive income from widow's pensions/benefits or orphan's pensions/benefits in 2020?

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

319 What type of widow's pension/benefit or orphan's pension/benefit did you receive in 2020?

Please mark all relevant boxes.

Widow's 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"/> |

320 Did you receive unemployment benefit I or other benefits from the employment agency in 2020?

| | No | Yes | Number of months | Amount per month (full euros) | Annual amount (full euros) |
|---|--------------------------|--------------------------|------------------|-------------------------------|----------------------------|
| Unemployment benefit I | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Financial support for continuing training | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Support for business start-up | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Short-time working benefit | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Winter benefit | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Insolvency benefit | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Transitional allowance | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |

321 What was the total amount of the benefits you received from the employment agency in 2020?

i Please enter the total of the benefits from question 320 as an average monthly amount or as an annual amount.

| | Amount per month (full euros) | Annual amount (full euros) |
|--|-------------------------------|----------------------------|
| Total amount | | or |
| Not applicable as I did not receive unemployment benefit I nor any other benefits from the employment agency. | <input type="checkbox"/> | |

322 Did you receive any of the following benefits in 2020?

| | 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) | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Parental allowance | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| For students: interim financial help in pandemic-related hardship | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Long-term care allowance from statutory long-term care insurance | <input type="checkbox"/> | <input type="checkbox"/> | → | | or |
| Maternity payments from statutory health insurance | <input type="checkbox"/> | <input type="checkbox"/> | → | | |
| Maternity payments from the Federal Insurance Office | <input type="checkbox"/> | <input type="checkbox"/> | → | | |
| Family childcare allowance (only in Bayern) or Land childcare allowance (only in Sachsen) ... | <input type="checkbox"/> | <input type="checkbox"/> | → | | |
| Sickness pay from statutory health insurance | <input type="checkbox"/> | <input type="checkbox"/> | → | | |
| Injury benefit or transitional allowance from statutory accident insurance | <input type="checkbox"/> | <input type="checkbox"/> | → | | |
| Transitional allowance from statutory pension insurance | <input type="checkbox"/> | <input type="checkbox"/> | → | | |
| Blindness benefit | <input type="checkbox"/> | <input type="checkbox"/> | → | | |

Private old-age provision and benefits from private old-age provision in 2020

323 Did you make contributions to private old-age provision in 2020 (e.g. to private pension insurance, life assurance, occupational disability insurance or accident insurance)?

No ☐ Yes ☐ →

voluntary

Number of months Amount per month (full euros)

324 Did you receive a pension from private old-age provision in 2020 (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)

Participation in the survey

325 Have you yourself answered the questions from 120?

Yes 1 ☐ → 327

No, another household member has answered the questions. 2 ☐

No, someone not living in the household has answered the questions. 3 ☐ → 327

326 Which household member has answered the questions?

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

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

Number of minutes

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 Main tenant with subtenant

In the case of subletting, please state the monthly rent for the whole dwelling, not just for the dwelling areas occupied by the main tenant.

3 Payment of rent for Hartz IV recipients

Recipients of Hartz IV benefits (unemployment benefit II, social benefit) 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.

4 Today's territory

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

5 Citizenship

Please also mark "By birth" if the person concerned acquired German citizenship by birth but later was temporarily deprived of it.

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, 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".

6 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.

7 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.

There has been a legal entitlement to family caregiver leave since 2015. This means that employees may reduce their weekly working time if they look after a close relative in need of care at home.

8 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, you are either a wage earner or salary 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.

The category of wage earners comprises skilled workers as well as semi-skilled 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".

9 Marginal employment

In the case of marginal employment, that is, a 450-euros job (also referred to as mini-job; with a pay of up to 450 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 unemployment benefit II plus an additional expenses allowance of usually 1 to 2 euros per hour worked.

10 Establishment (location)

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

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

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

11 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.

12 Main sources of livelihood

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

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

13 Net income

Please also include:

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

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

14 Statutory pension insurance

You have statutory pension insurance if you are insured with the German Federal Pension Insurance (Deutsche Rentenversicherung Bund, formerly BfA, LVA) and 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 unemployment benefit II (Hartz IV). 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).

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, obligation to provide information

The legal basis is provided by the Microcensus Act (MZG), Regulation (EU) No 2019/1700, Regulations (EU) No 2019/2180, (EU) No 2019/2181 and (EU) No 2019/2242 implementing Regulation (EU) No 2019/1700, Delegated Regulations (EU) No 2020/256 and (EU) No 2020/258 in conjunction with the Federal Statistics Act (BStatG).

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.

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

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

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

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

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

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

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 <http://eur-lex.europa.eu/>.

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

- contrary to Section 15 (1), second sentence, (2) and (5), first sentence, of the Federal Statistics Act, wilfully or negligently provides no information, or provides information which is late, incomplete or untrue,
- or
- contrary to Section 15 (3) of the Federal Statistics Act does not give a reply in the prescribed format.

The regulatory offence is punishable by a fine not exceeding five thousand euros.

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

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

Where the provision of information is voluntary, consent to the processing of such voluntary data can be revoked at any time. The revocation will only apply in the future. Any processing of information prior to the revocation will not be affected by it.

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 always 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 (e.g. Federal Information Technology Centre (ITZBund), computer centres of the Länder).

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 persons concerned 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 (EC) No 2019/1700 provides for transmission of collected individual data to the Commission (Eurostat). Pursuant to Article 15 of the Regulation as regards access to confidential data for scientific purposes, Eurostat may - within its own access facilities or within other access facilities accredited by Eurostat and in accordance with the conditions stipulated in Article 7 of Regulation (EU) No 557/2013 - provide access to individual data not including name and address for scientific purposes and pass on sets of individual data from the data sets regarding the domains specified in Article 3 of Regulation (EU) No 2019/1700 provided that those sets of individual data have been modified so as to reduce the risk of identifying the statistical unit to an appropriate level.

Persons receiving individual data are also obliged to maintain confidentiality.

Auxiliary variables, reference numbers, separation and deletion

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

- Pursuant to Section 14 (5), first sentence, 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), second sentence, of the Microcensus Act, the information on the variables pursuant to Section 14 (5), first sentence, 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.

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

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

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

Rights and duties of the interviewers, ways of providing information

Volunteer interviewers are employed to reduce the burden for the respondents, but the survey may also be conducted in writing. 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.

The interviewers should help the respondents to answer the questions.

The answers to the questions in the questionnaire may be provided orally to the interviewers or by electronic means or in writing.

For the written survey, the respondents receive the questionnaires, including information on how to complete them, direct 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 or may, in due time, 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 the respondents, 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. 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 commissioners of the statistical offices of the Federation and the Länder or to the competent data protection supervisory authorities. Their contact data are available at: <https://www.statistikportal.de/de/datenschutz>

