

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

110 Name and address of the establishment you work in.

Person 1	Person 2	Person 3	Person 4	Person 5
.....
.....
.....
.....

Microcensus 2022



3

Core programme and survey component relating to labour market participation

Reference week:

For the legal basis and other legal information please refer to pages 85 and 86 of this questionnaire. When answering the questions, please observe the explanatory notes **1** to **21** on pages 81 to 84 of this questionnaire.

Thank you for your time.

<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"/>
Auswahlbezirks-Nr.										Lfd. Nr. des Haushalts im Auswahlbezirk					Folgebogen				

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 110 on page 32).

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"/> → 11	<input type="checkbox"/> → 11	<input type="checkbox"/> → 11	<input type="checkbox"/> → 11	<input type="checkbox"/> → 11
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 11.
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

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.

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

Male

Female

Gender diverse

Not stated in the birth register

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

5 When were you born?

Month

Year

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

6 Is your birthday before the last day of the reference week in 2022?

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"/>

Note

The reference week is given on the front cover.

Note

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

voluntary

7 What is your marital status?

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

Note

→ 11 The arrow and the numeral 11 mean that question 11 should be answered next.

8 Are you female and aged 15 up to and including 75 years?

	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"/> → 11	<input type="checkbox"/> → 11	<input type="checkbox"/> → 11	<input type="checkbox"/> → 11	<input type="checkbox"/> → 11

9 Have you ever given birth to a child?

	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

voluntary

10 How many children have you given birth to?

i Please indicate the number of live-born children. This includes children who died after birth.

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

11 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"/> → 13	<input type="checkbox"/> → 13	<input type="checkbox"/> → 13	<input type="checkbox"/> → 13	<input type="checkbox"/> → 13

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

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

Yes
 No → 17

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

Yes, number of those who moved out
 No 8

15 Have any household members died since the last interview?

Yes, number of those who died
 No 8

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

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

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

People and household

17 Do you live in a one-person household?

Yes → 23
 No

18 Does your mother live in this household?

i This includes stepmothers, adoptive and foster mothers.

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

19 Does your father live in this household?

i This includes stepfathers, adoptive and foster fathers.

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

20 Does your spouse live in this household?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, my spouse is number (see flap)	<input type="checkbox"/> → 22	<input type="checkbox"/> → 22	<input type="checkbox"/> → 22	<input type="checkbox"/> → 22	<input type="checkbox"/> → 22
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

22 What is your relationship to Person 1?

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

Housing circumstances

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

23 What kind of building do you live in?

Purely residential building (no residential establishment)	1	<input type="checkbox"/>	
Building for residential and commercial use (no residential establishment) and ...			
at least half of the total useful floor space is used for residential purposes	2	<input type="checkbox"/>	
less than half of the total useful floor space is used for residential purposes	3	<input type="checkbox"/>	} → 25
Residential establishment	4	<input type="checkbox"/>	
Inhabited accommodation (e.g. caravan or construction site trailer installed permanently, summerhouse, portacabin)	5	<input type="checkbox"/>	

24 In what type of residential building do you live?

i See also p. 81: **1** "Type of residential building".

Single-family house ...

- detached 1
- semi-detached 2
- terraced 3

Multi-family house ...

- detached 4
- other than detached 5

25 How many dwellings are there in the building you live in, including vacant dwellings?

i If you live in a single-family house, terraced house or semi-detached house, please indicate "1 dwelling". If your house has an additional (granny) flat, please indicate "2 dwellings".

See also p. 81: **2** "Dwelling".

- 1 dwelling 1
- 2 dwellings 2
- 3 or 4 dwellings 3
- 5 or 6 dwellings 4
- 7 to 9 dwellings 5
- 10 to 20 dwellings 6
- 21 dwellings or more 7

26 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 2019 7
- 2020 or later 10

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

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

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

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

See also p. 81: **E** "Living floor space".

Floor space in full square metres

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

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

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

Number of rooms

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

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

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

Year of moving in

30 Which of the following characteristics apply to the building in which you live?

i The **access to the dwelling** represents the distance from the street to your front door. It is considered **to be free of steps or thresholds** even if there are steps or thresholds that can be negotiated with the help of lifts, ramps or the like.

The **clear width is sufficient** if it permits easy passage for users of walking aids (e. g. rollator), wheelchairs or pushchairs or if the clear width of doors is at least 90 cm and that of corridors is 120 cm.

Please mark all relevant boxes.

The access to the dwelling is free of steps or thresholds. 1

The clear width of the building entrance door is sufficient. 2

The clear width of the corridors inside the building is sufficient. 3

None of the above applies to the building. 8

31 Which of the following characteristics apply to your dwelling/single-family house?

i There is **sufficient clear width or circulation space** if the passageways or rooms can also be used with a walking aid (e.g. rollator) or wheelchair or if the clear width of doors is at least 90 cm and that of corridors is 120 cm. Your responses should refer to the dwelling/single-family house when empty.

Rooms in multi-storey dwellings/houses are considered to have step-free access if there is a stair lift, vertical lift or other type of lift.

Please mark all relevant boxes.

- There are no thresholds or bumps that are more than 2 cm high (not even in the access to the balcony, terrace or the like). 1
- All rooms are accessible step-free. 2
- The clear width of the dwelling's front door is sufficient. 3
- The clear width of all room doors is sufficient. 4
- All corridors are sufficiently wide. 5
- There is sufficient circulation space in front of the row of kitchen units. 6
- There is sufficient circulation space in the bathroom or sanitary facilities. 10
- The shower has level access. 12
- None of the above applies to my dwelling. 8

32 How are the bedrooms, dining and living rooms heated?

i See also p. 81: **4** "Heating of bedrooms, dining and living rooms".

Please mark all relevant boxes.

- District heating 1
- Central heating (block heating) 2
- Single-storey heating (e.g. gas furnace) 3
- Single-room or multi-room stoves, electrical storage or night storage heating 4

33 What type of energy is used to heat your bedrooms, dining and living rooms?

Type of energy mainly used
Code from List 33

Other types of energy used
Code from List 33

No other types of energy used. 8

34 What type of energy is used for your hot water supply?

Type of energy mainly used
Code from List 33

Other types of energy used
Code from List 33

No other types of energy used. 8

List 33			
District heat (long-distance heating)	1	Wood, wood pellets	10
Gas	2	Biomass (except wood), biogas	12
Electricity (no heat pump)	3	Solar energy (solar collectors)	13
Heating oil	4	Ground or other ambient heat, exhaust heat (e.g. heat pump, heat exchanger)	14
Briquettes, lignite	5		
Coke, hard coal	6		

35 If you live in the dwelling/single-family house as ...?

i Owners of a multi-family house who live in one dwelling themselves and rent out the remaining dwellings please mark "(co-) owner" of the building.

Occupants of a cooperative dwelling please indicate "main tenant" or "subtenant".

If you have a **right of residence**, please mark "Other (e.g. rent-free occupation or the like)".

Rent-free occupation applies where no payments have to be made to the owner, except for incidental rental expenses (e.g. electricity, water, heating, waste collection).

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

(Co-) owner of the building 1

(Co-) owner of the dwelling 2

Main tenant 3

Subtenant 4 } → 37

Other (e.g. rent-free occupation or the like) 5

36 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. This does not include loans for the maintenance of the real property.

Yes 1

No 8 } → 44

37 Who is the owner of the dwelling/house you live in?

i For communities of heirs and commonhold associations please indicate **private individuals**. **Private sector companies include**, for example, real estate companies, private sector housing companies and other companies (flats provided by the employer). **Please indicate "Municipality, Federation, Land, church or other public institutions"** as owner if they hold over 50% of the dwelling/house or of the company indicated as owner in the tenancy agreement.

One or more private individuals 1

A private sector company 2

Municipality, Federation, Land, church or other public institutions 3

A housing cooperative 4

38 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. 81:

- 5** "Main tenant with subtenant" and
- 6** "Payment of rent for Hartz IV recipients".

Monthly total amount full euros

39 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 heating, (hot) 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 } → 43

No 8

40 What are these monthly incidental rental expenses?

Monthly amount full euros

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

Monthly amount full euros

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

Monthly amount full euros

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

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

Please convert all expenses into monthly amounts and then sum up the monthly amounts.

Yes, the average monthly amount is full euros

No 8

44 Does your household currently receive public benefits for housing costs?

Please mark all relevant boxes.

- Yes, housing allowance in the form of rent support or mortgage and home upkeep support. 1
- Yes, accommodation costs as part of unemployment benefit II (Hartz IV). 2
- Yes, accommodation costs as part of basic security benefits in old age and in cases of reduced earning capacity. 3
- No, my household currently does not receive public benefits for housing costs. 8

Place of residence 12 months ago

45 12 months before the reference week, was your place of residence the same as today?

- | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Yes 1 | <input type="checkbox"/> → 50 | <input type="checkbox"/> → 50 | <input type="checkbox"/> → 50 | <input type="checkbox"/> → 50 | <input type="checkbox"/> → 50 |
| No 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not applicable, newborn person 7 | <input type="checkbox"/> → 50 | <input type="checkbox"/> → 50 | <input type="checkbox"/> → 50 | <input type="checkbox"/> → 50 | <input type="checkbox"/> → 50 |

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

- | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Yes 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No 8 | <input type="checkbox"/> → 49 | <input type="checkbox"/> → 49 | <input type="checkbox"/> → 49 | <input type="checkbox"/> → 49 | <input type="checkbox"/> → 49 |

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

- | In ... (Land):
Code from List 47 | 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 47

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

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

Person 1	<input type="text"/>	} → 50
Person 2	<input type="text"/>	
Person 3	<input type="text"/>	
Person 4	<input type="text"/>	
Person 5	<input type="text"/>	

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

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"/>

Information and communication technology in the household

50 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	<input type="checkbox"/>	} → 52
No	8	<input type="checkbox"/>	
I don't know.	7	<input type="checkbox"/>	

51 What is the contractually agreed data transfer speed of your household's internet connection?

i If your household has more than one internet connection, please indicate the internet connection with the highest data transfer speed.

1 to 6 megabits per second (Mbps)	1	<input type="checkbox"/>
Over 6 to 16 megabits per second (Mbps)	2	<input type="checkbox"/>
Over 16 to 30 megabits per second (Mbps)	3	<input type="checkbox"/>
Over 30 to 50 megabits per second (Mbps)	4	<input type="checkbox"/>
Over 50 to 100 megabits per second (Mbps)	5	<input type="checkbox"/>
Over 100 to 200 megabits per second (Mbps)	6	<input type="checkbox"/>
Over 200 to 400 megabits per second (Mbps)	10	<input type="checkbox"/>
Over 400 to 1000 megabits per second (Mbps)	11	<input type="checkbox"/>
Over 1000 megabits per second (Mbps)	12	<input type="checkbox"/>

Children in day care

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

- Yes
- No → 55

53 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"/> → 55	<input type="checkbox"/> → 55	<input type="checkbox"/> → 55	<input type="checkbox"/> → 55	<input type="checkbox"/> → 55

54 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"/>

Citizenship and duration of residence

55 Were you born in Germany?

i The place of birth is Germany also in the following cases:

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 57	<input type="checkbox"/> → 57	<input type="checkbox"/> → 57	<input type="checkbox"/> → 57	<input type="checkbox"/> → 57

56 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"/> → 60	<input type="checkbox"/> → 60	<input type="checkbox"/> → 60	<input type="checkbox"/> → 60	<input type="checkbox"/> → 60
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

57 In which country (today’s borders) were you born?

Person 1

Person 2

Person 3

Person 4

Person 5

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

i See also p. 81: **7** “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"/>

59 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"/>

60 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"/> → 62	<input type="checkbox"/> → 62	<input type="checkbox"/> → 62	<input type="checkbox"/> → 62	<input type="checkbox"/> → 62
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"/>

61	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"/>

62	Have you ever interrupted your stay in the Federal Republic of Germany (today's territory) and lived abroad for at least one year?	Person 1	Person 2	Person 3	Person 4	Person 5
	Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No	8 <input type="checkbox"/> → 64	<input type="checkbox"/> → 64	<input type="checkbox"/> → 64	<input type="checkbox"/> → 64	<input type="checkbox"/> → 64

63 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"/>

64 Thinking of the last 10 years: Did you arrive in Germany within that period and/or did you interrupt your stay in Germany for at least 1 year?

Yes

No

Not applicable as I was born in Germany and have never interrupted my stay in Germany for at least 1 year.

	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"/>
	} → 66				
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

voluntary

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

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"/>

66 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"/> → 71	<input type="checkbox"/> → 71	<input type="checkbox"/> → 71	<input type="checkbox"/> → 71	<input type="checkbox"/> → 71
2	<input type="checkbox"/> → 70	<input type="checkbox"/> → 70	<input type="checkbox"/> → 70	<input type="checkbox"/> → 70	<input type="checkbox"/> → 70
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

67 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"/>

68 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"/> → 80	<input type="checkbox"/> → 80	<input type="checkbox"/> → 80	<input type="checkbox"/> → 80	<input type="checkbox"/> → 80

69 Of which second foreign country do you have citizenship?

Person 1	<input type="text"/>	} → 80
Person 2	<input type="text"/>	
Person 3	<input type="text"/>	
Person 4	<input type="text"/>	
Person 5	<input type="text"/>	

70 Of which other country do you have citizenship?

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

71 How did you obtain German citizenship?

i See also p. 82: **B** "Citizenship".

	Person 1	Person 2	Person 3	Person 4	Person 5
By birth	1 <input type="checkbox"/> → 74	<input type="checkbox"/> → 74	<input type="checkbox"/> → 74	<input type="checkbox"/> → 74	<input type="checkbox"/> → 74
As a non-naturalised (ethnic) German repatriate	2 <input type="checkbox"/> → 80	<input type="checkbox"/> → 80	<input type="checkbox"/> → 80	<input type="checkbox"/> → 80	<input type="checkbox"/> → 80
As a naturalised (ethnic) German repatriate	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By naturalisation (no ethnic German repatriate)	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By adoption by German parent(s)	5 <input type="checkbox"/> → 80	<input type="checkbox"/> → 80	<input type="checkbox"/> → 80	<input type="checkbox"/> → 80	<input type="checkbox"/> → 80

72 When were you naturalised?

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

73 Which citizenship did you have before your naturalisation?

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

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

Person 1	<input type="text"/>	} → 80
Person 2	<input type="text"/>	
Person 3	<input type="text"/>	
Person 4	<input type="text"/>	
Person 5	<input type="text"/>	

74 Does your mother live in this household?

i This includes stepmothers, adoptive and foster mothers.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/> → 77	<input type="checkbox"/> → 77	<input type="checkbox"/> → 77	<input type="checkbox"/> → 77	<input type="checkbox"/> → 77
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

i See also p. 81: **7** "Today's territory".

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

76 Is/was your mother a German citizen?

i See also p. 82: **8** "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"/>

77 Does your father live in this household?

i This includes stepfathers, adoptive and foster fathers.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/> → 80	<input type="checkbox"/> → 80	<input type="checkbox"/> → 80	<input type="checkbox"/> → 80	<input type="checkbox"/> → 80
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

i See also p. 81: **7** "Today's territory".

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

79 Is/was your father a German citizen?

i See also p. 82: **B** "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"/>

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

i See also p. 81: **Z** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 82	<input type="checkbox"/> → 82	<input type="checkbox"/> → 82	<input type="checkbox"/> → 82	<input type="checkbox"/> → 82
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"/> → 82	<input type="checkbox"/> → 82	<input type="checkbox"/> → 82	<input type="checkbox"/> → 82	<input type="checkbox"/> → 82

81 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"/>

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

i See also p. 81: **Z** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 84	<input type="checkbox"/> → 84	<input type="checkbox"/> → 84	<input type="checkbox"/> → 84	<input type="checkbox"/> → 84
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"/> → 84	<input type="checkbox"/> → 84	<input type="checkbox"/> → 84	<input type="checkbox"/> → 84	<input type="checkbox"/> → 84

83 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

84 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"/> → 90	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90

85 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"/>

86 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"/> → 90	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90
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.

still:

86 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"/> → 90	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90
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"/> → 88	<input type="checkbox"/> → 88	<input type="checkbox"/> → 88	<input type="checkbox"/> → 88	<input type="checkbox"/> → 88
Trade and technical school e.g. for technicians, business economists 25	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90
Specialised academy (in Bayern only) 26	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90
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"/> → 89	<input type="checkbox"/> → 89	<input type="checkbox"/> → 89	<input type="checkbox"/> → 89	<input type="checkbox"/> → 89
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"/> → 90	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90

87 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"/> → 90	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90	<input type="checkbox"/> → 90
Upper secondary grades in grammar school 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

88 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	<input type="text"/>	} → 90
Person 2	<input type="text"/>	
Person 3	<input type="text"/>	
Person 4	<input type="text"/>	
Person 5	<input type="text"/>	

89 What course of study did you take?

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

Questions about impairments

90 Do you have an officially recognised disability?

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 92	<input type="checkbox"/> → 92	<input type="checkbox"/> → 92	<input type="checkbox"/> → 92	<input type="checkbox"/> → 92
No response	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

91 What is the officially recognised degree of disability?

	Person 1	Person 2	Person 3	Person 4	Person 5
less than 30	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 less than 40	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 less than 50	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 less than 60	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60 less than 70	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70 less than 80	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80 less than 90	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90 less than 100	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know.	88 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response	99 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

voluntary

	Person 1	Person 2	Person 3	Person 4	Person 5
92 Are you 15 years or older?					
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/> → 238	<input type="checkbox"/> → 238	<input type="checkbox"/> → 238	<input type="checkbox"/> → 238	<input type="checkbox"/> → 238

Employment situation in the reference week

	Person 1	Person 2	Person 3	Person 4	Person 5
93 Did you do at least 1 hour of paid work in the reference week? Please take into account also self-employment and minor jobs.					
Yes	1 <input type="checkbox"/> → 101	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Person 1	Person 2	Person 3	Person 4	Person 5
94 Did you work for at least 1 hour in the reference week as an unpaid family worker in a family business?					
Yes	1 <input type="checkbox"/> → 101	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Person 1	Person 2	Person 3	Person 4	Person 5
95 Do you normally have work or a job from which you were absent in the reference week? Possible reasons are e. g. holidays, illness or parental leave.					
Yes	1 <input type="checkbox"/> → 97	<input type="checkbox"/> → 97	<input type="checkbox"/> → 97	<input type="checkbox"/> → 97	<input type="checkbox"/> → 97
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

96 Did you do any casual paid work or have a paid second job in the reference week, such as those listed below? This refers to work that you did not do for your own family.

i It includes working, for example, as/in ...

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101
No	<input type="checkbox"/> → 189	<input type="checkbox"/> → 189	<input type="checkbox"/> → 189	<input type="checkbox"/> → 189	<input type="checkbox"/> → 189

97 Why did you not work in the reference week?

i See also p. 82:
9 "Partial retirement" and
10 "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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holidays, special leave	<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)	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101
Maternity leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational and continuing training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Released from work under the Caregiver Leave Act ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-season	<input type="checkbox"/> → 100	<input type="checkbox"/> → 100	<input type="checkbox"/> → 100	<input type="checkbox"/> → 100	<input type="checkbox"/> → 100
Strike, lockout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bad weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-time work for technical or economic reasons ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General and continuing education, school attendance	<input type="checkbox"/> → 99	<input type="checkbox"/> → 99	<input type="checkbox"/> → 99	<input type="checkbox"/> → 99	<input type="checkbox"/> → 99
Personal or family responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons	<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.	<input type="checkbox"/> → 189	<input type="checkbox"/> → 189	<input type="checkbox"/> → 189	<input type="checkbox"/> → 189	<input type="checkbox"/> → 189

98 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	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable because self-employed, freelancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

99 Indicate the total period of your absence from work.

	Person 1	Person 2	Person 3	Person 4	Person 5
3 months or less	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101	<input type="checkbox"/> → 101
More than 3 months	<input type="checkbox"/> → 190	<input type="checkbox"/> → 190	<input type="checkbox"/> → 190	<input type="checkbox"/> → 190	<input type="checkbox"/> → 190

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

	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"/> → 190	<input type="checkbox"/> → 190	<input type="checkbox"/> → 190	<input type="checkbox"/> → 190	<input type="checkbox"/> → 190

Job during the reference week

101 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. 82: **11** "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"/> → 103	<input type="checkbox"/> → 103	<input type="checkbox"/> → 103	<input type="checkbox"/> → 103	<input type="checkbox"/> → 103
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"/> → 103	<input type="checkbox"/> → 103	<input type="checkbox"/> → 103	<input type="checkbox"/> → 103	<input type="checkbox"/> → 103
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"/>

102 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"/>

103 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. 82: **12** “Marginal employment”.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, a 450-euros job, mini-job (average maximum earnings of 450 euros per month)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, short-term employment (a maximum of 3 months or 70 days worked per year)	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, a one-euro job, (job opportunity for people receiving 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"/>

104 How often do you work in your job?

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

Job during the reference week

105 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"/>

106 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	

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

108 What activities does your current job usually consist of?

Please mark all relevant boxes.

	Person 1	Person 2	Person 3	Person 4	Person 5
Giving guidance to staff	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervising staff	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distributing work	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checking the work performed	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

109 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 branch of activity you currently work in.

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

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

See also p. 83: **IE** “Establishment (location)”

Person 1

Person 2

Person 3

Person 4

Person 5

110 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.

111 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"/>

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

→ 114 → 114 → 114 → 114 → 114

113 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

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

i If you are **self-employed** or a **freelancer** and you changed your line of business, please mark "Yes".
 If you are an employee and you **started a new job** with your current or a new employer, please mark "Yes".
 A **change of job** includes a switch from dependent employment to self-employment or freelance work and vice versa.

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

115 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"/>

Location of place of work

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

117 Is your place of work located in Germany?

	Person 1	Person 2	Person 3	Person 4	Person 5
In ... (Land): Code from List 117	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
My place of work is not in Germany.	88 <input type="checkbox"/> → 119	<input type="checkbox"/> → 119	<input type="checkbox"/> → 119	<input type="checkbox"/> → 119	<input type="checkbox"/> → 119

Liste 117

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

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

Person 1	<input type="text"/>	} → 128
Person 2	<input type="text"/>	
Person 3	<input type="text"/>	
Person 4	<input type="text"/>	
Person 5	<input type="text"/>	

119 In which country do you work?

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Belgium	BE <input type="checkbox"/> → 120	<input type="checkbox"/> → 120	<input type="checkbox"/> → 120	<input type="checkbox"/> → 120	<input type="checkbox"/> → 120
Denmark	DK <input type="checkbox"/> → 121	<input type="checkbox"/> → 121	<input type="checkbox"/> → 121	<input type="checkbox"/> → 121	<input type="checkbox"/> → 121
France	FR <input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122
Netherlands	NL <input type="checkbox"/> → 123	<input type="checkbox"/> → 123	<input type="checkbox"/> → 123	<input type="checkbox"/> → 123	<input type="checkbox"/> → 123
Austria	AT <input type="checkbox"/> → 124	<input type="checkbox"/> → 124	<input type="checkbox"/> → 124	<input type="checkbox"/> → 124	<input type="checkbox"/> → 124
Poland	PL <input type="checkbox"/> → 125	<input type="checkbox"/> → 125	<input type="checkbox"/> → 125	<input type="checkbox"/> → 125	<input type="checkbox"/> → 125
Switzerland	CH <input type="checkbox"/> → 126	<input type="checkbox"/> → 126	<input type="checkbox"/> → 126	<input type="checkbox"/> → 126	<input type="checkbox"/> → 126
Czech Republic	CZ <input type="checkbox"/> → 127	<input type="checkbox"/> → 127	<input type="checkbox"/> → 127	<input type="checkbox"/> → 127	<input type="checkbox"/> → 127
Luxembourg	LU <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Russian Federation	RU <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
United Kingdom	GB <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
United States	US <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other country (please state):

Person 1	<input type="text"/>	} → 128
Person 2	<input type="text"/>	
Person 3	<input type="text"/>	
Person 4	<input type="text"/>	
Person 5	<input type="text"/>	

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Antwerp	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brussels	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flemish Brabant	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hainaut	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limburg	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liège	6 <input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128
Luxembourg	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Namur	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
East Flanders	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walloon Brabant	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Flanders	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Hovedstaden	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central Jutland	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North Jutland	3 <input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128
Zealand	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Southern Denmark	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Burgundy	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Champagne-Ardenne	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alsace	3 <input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128
Franche-Comte	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lorraine	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other region	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Drenthe	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flevoland	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friesland	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gelderland	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groningen	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limburg	6 <input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128
North Brabant	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North Holland	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overijssel	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zeeland	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Holland	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utrecht	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Burgenland	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carinthia	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Austria	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Austria	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salzburg	5 <input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128
Styria	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tyrol	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vorarlberg	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vienna	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Dolnoslaskie (Lower Silesia)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lubuskie (Lubusz)	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wielkopolskie (Greater Poland)	3 <input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128
Zachodniopomorskie (West Pomerania)	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other region/voivodeship	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Lake Geneva region	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Espace Mittelland	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Northwestern Switzerland	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zurich	4 <input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128
Eastern Switzerland	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central Switzerland	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ticino	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Jihozapad (Southwest)	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prague	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severovychod (Northeast)	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severozapad (Northwest)	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stredni Cechy (Central Bohemia)	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other region/oblast	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scope and scale of current job

128 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	1 <input type="checkbox"/> → 131	<input type="checkbox"/> → 131	<input type="checkbox"/> → 131	<input type="checkbox"/> → 131	<input type="checkbox"/> → 131
Part-time	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

129 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"/> → 131	<input type="checkbox"/> → 131	<input type="checkbox"/> → 131	<input type="checkbox"/> → 131	<input type="checkbox"/> → 131
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"/> → 131	<input type="checkbox"/> → 131	<input type="checkbox"/> → 131	<input type="checkbox"/> → 131	<input type="checkbox"/> → 131
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"/>

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

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

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

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

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

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

i If you have been **self-employed** for less than 12 months, your answer should refer to the period of your self-employment. People who supply goods or services **to final consumers only**, please indicate the number of customers. If there are "customers" as well as "clients", please indicate the number of clients.

	Person 1	Person 2	Person 3	Person 4	Person 5
None	1 <input type="checkbox"/> } → 134	<input type="checkbox"/> } → 134	<input type="checkbox"/> } → 134	<input type="checkbox"/> } → 134	<input type="checkbox"/> } → 134
One	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two to nine	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ten or more	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable because I am an unpaid family worker	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

i See also p. 83: **14** "Income earned in the last 12 months".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable because I am an unpaid family worker	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	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"/>

voluntary

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, I can decide on them myself. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, the start and end of my working times are determined by the clients or customers. 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, my working times are determined by other people or (external) circumstances. 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

136 How many hours per week do you usually work?

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of hours 151	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

	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"/>

138 Do you have a fixed-term working contract?

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, fixed-term contract 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, open-ended contract 8	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141

139 Why are you in fixed-term employment?

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Could not find permanent job 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do not want permanent job 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contract for probationary period 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprentice receiving apprenticeship pay 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other kind of training (e. g. legal/teaching/medical internship, other practical training) 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job was advertised only as fixed-term employment 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am working as a stand-in. 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other main reason 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

140 How long is the total contract period?

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Number of months 151	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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

Month

Year

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

142 How did you find your current job?

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

Please **only indicate the method** that was successful.

By answering an advertisement in a newspaper or on the internet

Through relatives, friends, acquaintances

Through the employment agency (job centre) or other employment authorities

Through private employment organisations

Through an educational, vocational or continuing training institution

Through practical training, internships or previous work experiences

Through a speculative application, by applying for an unsolicited job

My employer/a headhunter contacted me personally

By bidding for a public tender

In some other way

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

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

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"/>

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

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"/>

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, I can decide on them myself. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I can decide on them myself within the scope of flexible working time arrangements. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I have fixed working times. 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

i Temporary soldiers please mark "Yes, a written contract".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, a written contract 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, a verbal agreement 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/> → 150	<input type="checkbox"/> → 150	<input type="checkbox"/> → 150	<input type="checkbox"/> → 150	<input type="checkbox"/> → 150
No response 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/> } → 150	<input type="checkbox"/> } → 150	<input type="checkbox"/> } → 150	<input type="checkbox"/> } → 150	<input type="checkbox"/> } → 150
No response 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Contractual hours of work 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No response 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

149 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"/>

150 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. 83: **15** "Stand-by duty".

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

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

151 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"/> → 153	<input type="checkbox"/> → 153	<input type="checkbox"/> → 153	<input type="checkbox"/> → 153	<input type="checkbox"/> → 153

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

i Please include half days and count them as 0.5.

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

153 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"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155

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

i Please include half days and count them as 0.5.

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

155 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"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157

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

i Please include half days and count them as 0.5.

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

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/> → 161	<input type="checkbox"/> → 161	<input type="checkbox"/> → 161	<input type="checkbox"/> → 161	<input type="checkbox"/> → 161

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

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

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

Number of hours

Person 1	Person 2	Person 3	Person 4	Person 5
□,□	□,□	□,□	□,□	□,□

159 How are the additional hours (overtime) remunerated?

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

Yes, ...

hours compensated by flexible working time or time off (working time account) 1

hours remunerated in addition to your salary/wage (paid overtime)

hours not remunerated and not otherwise compensated (unpaid overtime)

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"/>
□,□	□,□	□,□	□,□	□,□
□,□	□,□	□,□	□,□	□,□

160 Which statement applies to most of the extra hours worked?

Hours worked to accumulate credit hours or to reduce debit hours 1

Paid or unpaid overtime hours 2

Other hours 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"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164	<input type="checkbox"/> → 164
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

162 Why did you work less or not at all?

i See also p. 82:

10 "Caregiver Leave Act/Family Caregiver Leave Act".

Reason:	Person 1	Person 2	Person 3	Person 4	Person 5
Code from List 162	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List 162

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

163 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"/>

Hours worked in the reference week and the preceding 3 weeks

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

Yes, ...	Person 1	Person 2	Person 3	Person 4	Person 5
on every Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
on at least two Saturdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
on one Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Yes, ...	Person 1	Person 2	Person 3	Person 4	Person 5
on every Sunday	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
on at least two Sundays	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
on one Sunday	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"/>

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

Yes, ...	Person 1	Person 2	Person 3	Person 4	Person 5
on every public holiday	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
on at least two public holidays	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
on one public holiday	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"/>
Not applicable, there was no public holiday during that period.	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

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

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

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

i See also p. 83:
16 "Working at home".

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

Second or additional jobs

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, I had 2 jobs. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I had more than 2 jobs. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/> → 181	<input type="checkbox"/> → 181	<input type="checkbox"/> → 181	<input type="checkbox"/> → 181	<input type="checkbox"/> → 181

172 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. 82: 12 "Marginal employment".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, a 450-euro job, mini-job (average maximum earnings of 450 euros per month) 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, short-term employment (a maximum of 3 months or 70 days worked per year) 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, a one-euro job, (job opportunity for people receiving 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"/>

173 How often do you work in your additional job?

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

174 What is your status in your additional job?

i See also p. 82: **ii** "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"/>

175 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"/>

176 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"/>

177 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"/>

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

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

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

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

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

See also p. 83: **13** "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"/>

179 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"/>

180 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

181 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"/> → 187	<input type="checkbox"/> → 187	<input type="checkbox"/> → 187	<input type="checkbox"/> → 187	<input type="checkbox"/> → 187
Increase	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce	3 <input type="checkbox"/> → 186	<input type="checkbox"/> → 186	<input type="checkbox"/> → 186	<input type="checkbox"/> → 186	<input type="checkbox"/> → 186

182 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"/>

183 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"/> → 186	<input type="checkbox"/> → 186	<input type="checkbox"/> → 186	<input type="checkbox"/> → 186	<input type="checkbox"/> → 186
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Illness or inability to work	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education, advanced training	2 <input type="checkbox"/> → 186	<input type="checkbox"/> → 186	<input type="checkbox"/> → 186	<input type="checkbox"/> → 186	<input type="checkbox"/> → 186
Notice periods in the current job	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 reasons	7 <input type="checkbox"/> → 186	<input type="checkbox"/> → 186	<input type="checkbox"/> → 186	<input type="checkbox"/> → 186	<input type="checkbox"/> → 186
Other personal reasons	8 <input type="checkbox"/> → 186	<input type="checkbox"/> → 186	<input type="checkbox"/> → 186	<input type="checkbox"/> → 186	<input type="checkbox"/> → 186
Other main reason	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

186 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"/>

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

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

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201

188 Why did you look for a job?

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Near end of the current job 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeking for a permanent job 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current job is of a transitional nature 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeking additional work 4	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201
Seeking work with more working hours 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeking work with less working hours 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeking better working conditions 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other main reason 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Last job or absence from work

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

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

Former unpaid family workers please mark "Yes".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	8 <input type="checkbox"/> → 214	<input type="checkbox"/> → 214	<input type="checkbox"/> → 214	<input type="checkbox"/> → 214	<input type="checkbox"/> → 214

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

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

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

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Reasons related to the labour market					
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"/>

192 When did you leave your last paid job/since when have you been absent from it?

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"/>

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

i See also p. 82: **ii** "Categorisation of job".

Self-employed person, freelancer

without employees 1

with employees 2

Unpaid family worker in a family business 3

Public official (not including candidates), judge 4

Salary earner (not including apprentices) 5

Wage earner (not including apprentices),
 homemaker 6

Apprentice/trainee receiving remuneration 7

Candidate public official 8

Intern, trainee (including paid practical training or
 internship) 9

Temporary or professional soldier 10

Person doing compulsory military/civilian service 11

In voluntary military service 12

In the Federal Volunteer Service (also social,
 ecological or cultural year) 13

	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"/> → 195	<input type="checkbox"/> → 195	<input type="checkbox"/> → 195	<input type="checkbox"/> → 195	<input type="checkbox"/> → 195
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/> → 195	<input type="checkbox"/> → 195	<input type="checkbox"/> → 195	<input type="checkbox"/> → 195	<input type="checkbox"/> → 195
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

i This refers to remunerated apprenticeships/
 traineeships.

With an establishment (company, shop, office,
 hospital, public authority) 1

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

	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"/>

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

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

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

	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"/>

198 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. 83: **IB** "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"/>

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

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

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

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

200 What is your current situation?

i Employment includes marginal, second and temporary jobs.

		Person 1	Person 2	Person 3	Person 4	Person 5
I am in employment or was in employment in the last 2 years.	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I left my last job more than 2 years ago.	8	<input type="checkbox"/> → 214	<input type="checkbox"/> → 214	<input type="checkbox"/> → 214	<input type="checkbox"/> → 214	<input type="checkbox"/> → 214

Vocational skills

i The following questions refer to the tasks in your current main job. Please think of the usual work situation in the last four weeks of work. If you have changing tasks, please refer to the situation applying most often in the last twelve weeks of work.

If you currently have no job, please refer to the twelve weeks of work before terminating your last job.

voluntary

How much time do or did you spend ...

201 ... working on a computer, tablet or smartphone?

Do not include phone calls.

		Person 1	Person 2	Person 3	Person 4	Person 5
All or most of the working time	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half of the working time or slightly more	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part of the working time	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A small part of the working time	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No working time	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

202 ... reading work-related documents (e.g. manuals, contracts, technical documents, specialist literature) for your job?

Do not include letters and e-mails.

		Person 1	Person 2	Person 3	Person 4	Person 5
All or most of the working time	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half of the working time or slightly more	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part of the working time	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A small part of the working time	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No working time	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

203 ... doing more complex calculations such as calculating percentages or fractions?

Please include calculations done by means of a calculator or software.

		Person 1	Person 2	Person 3	Person 4	Person 5
All or most of the working time	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half of the working time or slightly more	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part of the working time	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A small part of the working time	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No working time	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much time do or did you spend ...

204 ... doing hard physical work?
This includes, for example, lifting heavy objects, moving people or working in painful or tiring positions.

	Person 1	Person 2	Person 3	Person 4	Person 5
All or most of the working time 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half of the working time or slightly more 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part of the working time 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A small part of the working time 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No working time 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

205 ... performing precision tasks with your fingers, e.g. doing surgery, drawing or repairing objects?

Do not include writing by hand or typing.

	Person 1	Person 2	Person 3	Person 4	Person 5
All or most of the working time 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half of the working time or slightly more 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part of the working time 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A small part of the working time 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No working time 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

206 ... talking about job matters with your colleagues/superiors from your enterprise or organisation?

	Person 1	Person 2	Person 3	Person 4	Person 5
All or most of the working time 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half of the working time or slightly more 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part of the working time 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A small part of the working time 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No working time 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much time do or did you spend ...

207 ... talking about job matters with people from outside your enterprise or organisation?

This includes e.g. customers, clients, suppliers, pupils and students.

	Person 1	Person 2	Person 3	Person 4	Person 5
All or most of the working time 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half of the working time or slightly more 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part of the working time 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A small part of the working time 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No working time 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

208 ... advising, training or teaching other people?

This includes e.g. colleagues, pupils, students or customers.

	Person 1	Person 2	Person 3	Person 4	Person 5
All or most of the working time 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half of the working time or slightly more 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part of the working time 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A small part of the working time 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No working time 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

209 To what extent can or could you influence the order in which you complete your tasks?

	Person 1	Person 2	Person 3	Person 4	Person 5
Large influence 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some influence 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardly any or none at all 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response 9	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211

210 To what extent can or could you influence the content of your tasks?

i Influencing the content of your tasks means that you have a certain freedom to decide on, for example, the volume, working methods or tools.

	Person 1	Person 2	Person 3	Person 4	Person 5
Large influence 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some influence 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardly any or none at all 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

211 To what extent do or did your tasks recur in the same way?

	Person 1	Person 2	Person 3	Person 4	Person 5
To a very high extent 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To a high extent 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To some extent 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To a small extent 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

212 To what extent are or were your tasks precisely described by specifications?

This includes tasks such as complying with medical procedures, workflows or cooking recipes.

	Person 1	Person 2	Person 3	Person 4	Person 5
To a very high extent 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To a high extent 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To some extent 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To a small extent 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

213 Are you currently working?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
No 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Search for work

214 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"/> → 216	<input type="checkbox"/> → 216	<input type="checkbox"/> → 216	<input type="checkbox"/> → 216	<input type="checkbox"/> → 216

215 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"/> → 226	<input type="checkbox"/> → 226	<input type="checkbox"/> → 226	<input type="checkbox"/> → 226	<input type="checkbox"/> → 226
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"/>

216 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"/> → 229	<input type="checkbox"/> → 229	<input type="checkbox"/> → 229	<input type="checkbox"/> → 229	<input type="checkbox"/> → 229
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"/> → 218	<input type="checkbox"/> → 218	<input type="checkbox"/> → 218	<input type="checkbox"/> → 218	<input type="checkbox"/> → 218

217 When will you start your new job?

Within the next 3 months after the reference week ...
 Later, that is, after more than 3 months after the reference week

	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"/>	
	} → 229		} → 229		} → 229	

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

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

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"/>	
	} → 224		} → 224		} → 224	

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

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

No suitable job available
 I am awaiting re-employment (following temporary lay-off).
 Own illness, consequences of an accident
 Permanently reduced earning capacity, permanent disability
 Have to look after children
 Have to look after people with disabilities
 Have to look after people in need of care
 Other family responsibilities
 Other personal responsibilities
 School or vocational education, studies
 Retirement
 Other main reason

	Person 1	Person 2	Person 3	Person 4	Person 5	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	} → 221		} → 221		} → 221	
	} → 221		} → 221		} → 221	
	} → 221		} → 221		} → 221	
	} → 221		} → 221		} → 221	

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

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

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

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

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

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

222 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"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Permanently reduced earning capacity, permanent disability	3 <input type="checkbox"/>	<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"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
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"/>

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
There is no adequate care available in the vicinity.	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no adequate care available at the relevant times of the day.	2 <input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234	<input type="checkbox"/> → 234
Adequate care is too expensive.	3 <input type="checkbox"/>	<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"/>

224 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"/>

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

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

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

226 Why are you searching for work?

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

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

227 What employment status are you looking for?

	Person 1	Person 2	Person 3	Person 4	Person 5
I am mainly looking for employment as ...					
1 a self-employed person or freelancer	<input type="checkbox"/> → 229	<input type="checkbox"/> → 229	<input type="checkbox"/> → 229	<input type="checkbox"/> → 229	<input type="checkbox"/> → 229
2 an employee, public official	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
School or vocational education, studies 1	<input type="checkbox"/>	<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"/>

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

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

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, registered as unemployed, received unemployment benefit I 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, registered as unemployed, received unemployment benefit II (Hartz IV) 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, registered only as looking for work (not receiving unemployment benefit) 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Self-assessment of life situation in the reference week

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

i See also p. 82:
9 "Partial retirement" and
10 "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

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

In the Federal Volunteer Service (also social, ecological or cultural year), in voluntary military service 9

Pupil, student 10

Retired or in early retirement 11

Unemployed 12

Housewife/househusband, looking after children or people in need of care 13

Permanently unfit for work 14

Other 15

236 Now please think of the situation 12 months before the reference week.

Which category best describes your situation at that time?

	Person 1	Person 2	Person 3	Person 4	Person 5
Employee, public official, apprentice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-employed person, freelancer					
without employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid family worker in a family business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the Federal Volunteer Service (also social, ecological or cultural year), in voluntary military service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pupil, student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently unfit for work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired or in early retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

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

See also p. 83: **1B** "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"/>

Current income situation

238 Which are your main sources of livelihood?

i See also p. 83:
17 "Main sources of livelihood".

Main sources of livelihood:

Code from List 238

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 238

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, corona emergency aid	13

239 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, unemployment benefit 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), child bonus, corona emergency aid 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. 83: **18** “Net income”.

Personal net income:

Code from List 239

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 239

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

240 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 239 that corresponds to the amount of your monthly net household income.

Code from List 239

241 Are you 15 years or older?

	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"/> → 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!

242 What is your average monthly net salary/wage?

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

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

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

See also p. 84: **19** "Net salary, wage".

	Person 1	Person 2	Person 3	Person 4	Person 5
Net salary/wage: Code from List 242	<input type="text"/> <input type="text"/> <input type="text"/> ↳ 244	<input type="text"/> <input type="text"/> <input type="text"/> ↳ 244	<input type="text"/> <input type="text"/> <input type="text"/> ↳ 244	<input type="text"/> <input type="text"/> <input type="text"/> ↳ 244	<input type="text"/> <input type="text"/> <input type="text"/> ↳ 244
Not applicable as I am not in employment.	99 <input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244
Not applicable because I am an unpaid family worker	88 <input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244	<input type="checkbox"/> → 244
Not applicable because self-employed, freelancer	77 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List 242

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

243 What are your average monthly net earnings?

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

See also p. 84:
20 "Net earnings of self-employed people"

	Person 1	Person 2	Person 3	Person 4	Person 5
Net earnings: Code from List 242	<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"/>

Educational and vocational attainment

244 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/Not yet	8 <input type="checkbox"/> → 248	<input type="checkbox"/> → 248	<input type="checkbox"/> → 248	<input type="checkbox"/> → 248	<input type="checkbox"/> → 248

245 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"/>

246 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"/> → 248	<input type="checkbox"/> → 248	<input type="checkbox"/> → 248	<input type="checkbox"/> → 248	<input type="checkbox"/> → 248
Abroad	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

247 How long did you attend school?

Please round to the nearest year.

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

248 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.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/> → 250	<input type="checkbox"/> → 250	<input type="checkbox"/> → 250	<input type="checkbox"/> → 250	<input type="checkbox"/> → 250
No/Not yet	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	↳ 256	↳ 256	↳ 256	↳ 256	↳ 256
Not applicable as I have no general school certificate (yet).	<input type="checkbox"/> → 256	<input type="checkbox"/> → 256	<input type="checkbox"/> → 256	<input type="checkbox"/> → 256	<input type="checkbox"/> → 256

250 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"/>

251 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"/>

252 Which is your highest qualification?

Please convert qualifications gained abroad to German equivalents.

Vocational qualification attained

	Person 1	Person 2	Person 3	Person 4	Person 5
On-the-job training	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internship	2 <input type="checkbox"/> → 256	<input type="checkbox"/> → 256	<input type="checkbox"/> → 256	<input type="checkbox"/> → 256	<input type="checkbox"/> → 256
Pre-vocational training year	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprenticeship, vocational training in the dual system	4 <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	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparatory training for the intermediate service in public administration	6 <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)	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant)	8 <input type="checkbox"/> → 255	<input type="checkbox"/> → 255	<input type="checkbox"/> → 255	<input type="checkbox"/> → 255	<input type="checkbox"/> → 255
three years (e.g. physiotherapy, medical laboratory assistant, geriatric care)	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursery teacher/educator	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master craftsman/craftswoman	11 <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	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialised and engineering schools of the GDR	13 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialised academy (in Bayern only)	14 <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	15 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College of public administration	16 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University of applied sciences (also college of engineering), cooperative state university (in Baden-Württemberg and Thüringen)	17 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University (also college of art and music, college of education, college of theology)	18 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor's degree	19 <input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254

253 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"/>

254 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"/>

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

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

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

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

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

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

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

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

voluntary

257 For how many months did you work in total?

i If you did different internships and the like, please add up the times. In case of company-based vocational training, please indicate the length of company-based training here.

	Person 1	Person 2	Person 3	Person 4	Person 5
Less than 1 month	1 <input type="checkbox"/> → 259	<input type="checkbox"/> → 259	<input type="checkbox"/> → 259	<input type="checkbox"/> → 259	<input type="checkbox"/> → 259
1 month to 6 months	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 6 months	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No response	9 <input type="checkbox"/> → 259	<input type="checkbox"/> → 259	<input type="checkbox"/> → 259	<input type="checkbox"/> → 259	<input type="checkbox"/> → 259

258 Did you receive pay or expense allowance?

Please mark "Yes" even if you received money only for part of that work.

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

Continuing education and training

259 In the 12 months 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"/> → 267	<input type="checkbox"/> → 267	<input type="checkbox"/> → 267	<input type="checkbox"/> → 267	<input type="checkbox"/> → 267

260 What was the purpose of the courses or seminars?

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

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

i **Hours lasting 60 minutes, not lessons**

Round up to the nearest full hour.

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

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

i **Subjects of continuing training are**
e.g. word processing, pottery, insolvency law, German as a foreign language, rhetoric, tax law, private music lessons, sailing certificate, financial investments.

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"/>

263 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"/> → 267	<input type="checkbox"/> → 267	<input type="checkbox"/> → 267	<input type="checkbox"/> → 267	<input type="checkbox"/> → 267

264 What was the purpose of the courses or seminars?

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

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

i Hours lasting 60 minutes, not lessons

Round up to the nearest full hour.

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

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

i **Subjects of continuing training are**
e.g. word processing, pottery, insolvency law, German as a foreign language, rhetoric, tax law, private music lessons, sailing certificate, financial investments.

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"/>

Pension insurance

267 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"/> → 269	<input type="checkbox"/> → 269	<input type="checkbox"/> → 269	<input type="checkbox"/> → 269	<input type="checkbox"/> → 269
No	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

i See also p. 84:

21 "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

269 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"/>

Questions about your health

270 How is your health in general?

Please mark only one box.

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

voluntary

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Severely limited	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited but not severely	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not limited	8 <input type="checkbox"/> → 273	<input type="checkbox"/> → 273	<input type="checkbox"/> → 273	<input type="checkbox"/> → 273	<input type="checkbox"/> → 273

272 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"/>

Participation in the survey

273 Have you yourself answered the questions?

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

voluntary

274 Which household member has answered the questions?

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

1 Type of residential building

Single-family house:

A single-family house usually contains one dwelling. Sometimes such a house contains an additional (granny) flat. This is a second dwelling which is however subordinate to the main dwelling. If the additional flat is used by the same household as the main dwelling or if it cannot be used by a separate household (e.g. main door cannot be locked, no sanitary facilities), the house is to be considered as a single-family house. Otherwise, the house with an additional (granny) flat is a multi-family house.

– Detached

A detached single-family house is a building that does not share a wall with any other occupied building.

– Semi-detached

Please indicate semi-detached if the building is joined to just one other building.

– Terraced

A row of more than two single-family houses regardless of whether the building is an end-of-terrace or mid-terrace house.

Multi-family house:

Multi-family houses usually contain several dwellings that can be locked separately.

– Detached

A detached multi-family house is a building that does not share a wall with any other occupied building.

– Terraced

A terraced multi-family house is a building that shares one or more walls with other buildings or parts of buildings. The buildings do not need to have the same design and may be arranged in a staggered line or at different levels. This includes end-of-terrace houses.

2 Dwelling

A dwelling is defined as a self-contained unit for residential use that usually consists of adjoining rooms and enables the occupants to maintain one or several households (e.g. shared dwelling).

Dwellings have a separate entrance with direct access from the outside, a staircase or vestibule. The dwelling may include cellar or attic rooms that have been converted for residential use.

Accordingly, single-family houses, semi-detached houses or terraced houses usually contain 1 dwelling. If there are one or more additional (granny) flats, the number of dwellings increases to 2 or more, provided that the aforementioned conditions apply.

3 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.

4 Heating of bedrooms, dining and living rooms

District heating is a system where heat is supplied to the building owner by third parties from (far) outside the building.

In the case of central or block heating, heat is produced for all dwellings of the building by a heat production system within the building or in its immediate vicinity.

Single-storey heating applies where each dwelling of a building has its own heating system that produces heat for all rooms of the dwelling. Usually, this refers to gas boilers.

Single-room stoves (coal stoves, night storage heaters) only heat the room in which they are placed. Usually, they are firmly installed. Multi-room stoves (tile stoves) supply heat to several (but not all) rooms of the dwelling at once (e.g. by air ducts).

5 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.

6 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.

7 Today's territory

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

8 Citizenship

German by birth

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

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

Ethnic German repatriates with and without naturalisation

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

Notes on "**German by naturalisation**" in case of marriage
People who acquired German citizenship by marriage or by a declaration or naturalisation due to marriage please mark "German by naturalisation".

9 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.

10 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.

11 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“.

12 Marginal employment

In the case of marginal employment, that is, a 450-euro 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.

13 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.

14 Income earned in the last 12 months

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

Examples:

- For client 1, 8 orders were completed for a total of 1.000 euros. This is 25 % of the income earned and 80 % of the work performed.
- For client 2, 1 order was completed for 2.000 euros. This is 50 % of the income earned and 10 % of the work performed.
- For client 3, 1 order was completed for 1.000 €. This is 25 % of the income earned and 10 % of the work performed.

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

15 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.

16 Working at home

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

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

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

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

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

17 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.

18 Net income

Please also include:

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

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

19 Net salary, wage

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

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

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

20 Net earnings of self-employed

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

21 Statutory pension insurance

You have statutory pension insurance if you are insured with the German Federal Pension Insurance (Deutsche Rentenversicherung Bund, formerly BfA, LVA) or the German Pension Insurance Miners, Railway and Maritime (Knappschaft-Bahn-See). This includes the statutory pension insurance of a foreign country (e.g. people who live in Germany but are employed subject to social insurance contributions in a neighbouring country).

You also have statutory pension insurance if you

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

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

Contributions are paid for unemployed persons who receive unemployment benefit I. They are therefore regarded as liable to compulsory statutory pension insurance. With effect from 1 January 2011, contributions are no longer paid for unemployed persons receiving 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).

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

Purpose, type and scope of the survey

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

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

Legal basis, obligation to provide information

The legal basis is provided by the Microcensus Act (MZG), Regulation (EU) No 2019/1700, Implementing Regulations (EU) No 2019/2240, (EU) No 2019/2180, (EU) No 2019/2181, (EU) No 2019/2241, (EU) No 2021/861 and (EU) No 2020/1642, Delegated Regulations (EU) No 2020/256, (EU) No 2020/257, (EU) 2020/1640, (EU) No 2020/2175 and (EU) No 2021/859 and Implementing Decision (EU) No 2020/2050 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, Section 6 (2) and Section 7 (1) and (5) of the Microcensus Act. The obligation to provide information is laid down in Section 13 of the Microcensus Act in conjunction with Section 15 of the Federal Statistics Act.

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

Any household member who is obliged to provide information is also obliged to provide information for adult household members who cannot do so themselves. If there is no other household member who is obliged to provide information and if a custodian has been appointed for the person not able to provide the information himself/herself, the custodian is obliged to provide the information to the extent that the custodian's duties include such provision of information. If a person 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 Länder.

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.

The legal basis for processing the data you have provided voluntarily is the consent pursuant to Article 6 paragraph 1 point (a) – where relevant – in conjunction with Article 9 paragraph 2 point (a) of GDPR.

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.

Controller

The controller responsible for processing your data is the statistical office responsible for your Land.

The contact details are available at:
<https://www.statistikportal.de/de/statistische-aemter>.

Confidentiality

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

Individual data may in particular be transmitted to:

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

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

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

Article 11 of Regulation (EU) No 2019/1700 provides for transmission of collected individual data to the Commission (Eurostat). Pursuant to Article 15 of Regulation (EU) No 2019/1700, 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.
- Pursuant to Section 9 (3) of the Act regarding the testing of a register census, the statistical offices of the Länder store the first names and surnames, residential address, municipality and association of municipalities, sex, calendar month and calendar year of birth, marital status, country of birth, calendar year of arrival in Germany, or calendar year of return to Germany in case of absence of more than twelve months, and citizenships as well as the education variables pursuant to Article 6 (1) no. 7 letters a to c and no. 8 of the Microcensus Act. First names and surnames as well as the residential address shall be deleted not later than six years after microcensus processing has been finished.

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

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

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

Rights and duties of the interviewers, ways of providing information

Volunteer interviewers 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 questionnaires 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 be handed in or sent to the survey office. Please do not send the written questionnaires by electronic means as this is not a secure transmission channel.

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

Respondents whose personal data are processed have the right to request

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

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

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

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

<https://www.statistikportal.de/de/datenschutz>.

