

# Microcensus 2026



3

Core programme and survey component relating to labour market participation

**Reference week:**

Muster

For the legal basis and other legal information please refer to pages 95 to 97 of this questionnaire. When answering the questions, please observe the explanatory notes **1** to **20** on pages 91 to 94 of this questionnaire.

Thank you for your time.

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

## 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 118 on page 35).
- Please note the time before you begin filling out the questionnaire. At the end of the questionnaire you will be asked how long it took you to complete it.

### We will guide you through the questionnaire.

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

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

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

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

Example | Hours per week .....

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

Example | Yes ..... ☒  
 No ..... ☒

- Questions to be answered on a voluntary basis are marked by the words "voluntary information" or "voluntary".

## 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 ..... ☐

No, no other households ..... 8 ☐

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

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

**Subtenants, visitors and domestic staff** are not household members.

Number of people in your household (including yourself) .....

**Note!**

The reference week is given on the front cover.

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

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

The contact details are given on the front cover.

**Note!**

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

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

Male ..... 1 ☐

Female ..... 2 ☐

Gender diverse ..... 3 ☐

Not stated in the birth register ..... 4 ☐

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

- 6 Is your birthday before the last day of the reference week in 2026?**

(voluntary information)

Yes ..... 1 ☐

No ..... 8 ☐

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

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 9 mean that question 9 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? (voluntary information)	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 .....		<input type="checkbox"/> → 11	<input type="checkbox"/> → 11	<input type="checkbox"/> → 11	<input type="checkbox"/> → 11	<input type="checkbox"/> → 11

10	How many children have you given birth to? (voluntary information)	Person 1	Person 2	Person 3	Person 4	Person 5
<p><b>i</b> Please indicate the number of live-born children. This includes children who died after birth.</p>						
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)?	Person 1	Person 2	Person 3	Person 4	Person 5
<i>Please mark all relevant boxes.</i>						
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?	Person 1	Person 2	Person 3	Person 4	Person 5
<p><b>i</b> If you have more than one dwelling, your main residence is the one where you usually live (centre of social and personal life, family home).</p>						
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, enter how many people moved out .....

No ..... 8

**15 Have any household members died since the last interview?**

Yes, enter how many people 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.

If you are a child of same-sex parents, please indicate the younger parent.

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

**19 Does your father live in this household?**

**i** This includes stepfathers, adoptive and foster fathers.

If you are a child of same-sex parents, please indicate the older parent.

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

		Person 1	Person 2	Person 3	Person 4	Person 5
<b>20</b>	<b>Does your spouse live in this household?</b>					
	Yes, my spouse is number (see flap) .....	<input type="text"/> → 22	<input type="text"/> → 22	<input type="text"/> → 22	<input type="text"/> → 22	<input type="text"/> → 22
	No .....	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b>	<b>Does your partner live in this household?</b>					
	<b>i</b> This includes registered life partnerships.					
	Yes, my partner is number (see flap) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	No .....	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>22</b>	<b>What is your relationship to Person 1?</b>					
	I am Person 1. ....	1 <input type="checkbox"/>				
	I am (his/her) ...					
	wife, husband. ....	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	partner. ....	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	daughter, son (including stepchildren, adopted and foster children). ....	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	daughter-in-law, son-in-law. ....	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	granddaughter, grandson. ....	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	great-granddaughter, great-grandson. ....	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	mother, father (including stepparents, adoptive and foster parents). ....	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	mother-in-law, father-in-law. ....	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	grandmother, grandfather. ....	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	great-grandmother, great-grandfather. ....	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	sister, brother. ....	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	sister-in-law, brother-in-law. ....	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	another relative by birth/marriage. ....	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	not related by birth/marriage. ....	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Housing circumstances

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

### 23 What kind of building do you live in?

- Purely residential building (no residential establishment) ..... 1 ☐
- 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 ☐
- less than half of the total useful floor space is used for residential purposes ..... 3 ☐ → 25
- Residential establishment ..... 4 ☐ → 25
- Inhabited accommodation (e.g. caravan or construction site trailer installed permanently, summerhouse, portacabin) ..... 5 ☐ → 25

### 24 In what type of residential building do you live?

**i** See also p. 91:

**1** "Type of residential building".

Single-family house ...

- detached ..... 1 ☐
- semi-detached ..... 2 ☐
- terraced ..... 3 ☐

Multi-family house ...

- detached ..... 4 ☐
- terraced (shares wall on one or both sides) ..... 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. 91: **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	<input type="checkbox"/>
1919 to 1948 .....	2	<input type="checkbox"/>
1949 to 1960 .....	13	<input type="checkbox"/>
1961 to 1978 .....	14	<input type="checkbox"/>
1979 to 1990 .....	4	<input type="checkbox"/>
1991 to 2000 .....	5	<input type="checkbox"/>
2001 to 2010 .....	6	<input type="checkbox"/>
2011 to 2015 .....	15	<input type="checkbox"/>
2016 to 2020 .....	16	<input type="checkbox"/>
2021 or later .....	17	<input type="checkbox"/>

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

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

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

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

See also p. 91: **3** "Living floor space".

Floor space in full square metres .....

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

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

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

Number of rooms .....

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

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

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

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 rooms in the dwelling primarily heated?**

- District heating (long-distance heating) ..... 1 ☐
- Central heating ..... 2 ☐
- i** Heating system supplying heat to the entire dwelling unit or the building containing several dwellings. Generally located in the basement, e.g. oil or gas central heating; also includes heat pumps.
- Single-storey heating (generally located inside the dwelling, e.g. gas furnace) ..... 3 ☐
- Fixed single-room or multi-room stoves, electrical storage or night storage heating ..... 4 ☐
- Non-fixed heaters (e.g. portable heaters and fan heaters) ..... 5 ☐
- No heating at all ..... 8 ☐ → 35

**33 Are the rooms in the dwelling heated in any other way?**

*Please mark all relevant boxes.*

- District heating (long-distance heating) ..... 1 ☐
- Central heating ..... 2 ☐
- i** Heating system supplying heat to the entire dwelling unit or the building containing several dwellings. Generally located in the basement, e.g. oil or gas central heating; also includes heat pumps.
- Single-storey heating (generally located inside the dwelling, e.g. gas furnace) ..... 3 ☐
- Fixed single-room or multi-room stoves, electrical storage or night storage heating ..... 4 ☐
- Non-fixed heaters (e.g. portable heaters and fan heaters) ..... 5 ☐
- No other type of heating ..... 8 ☐

**34 What type of energy is used to heat the rooms in your dwelling?**

**i** The primary type of energy refers to the type of energy used to heat the majority of the living space in the dwelling.

Type of energy primarily used: Code from List 35 .....

Other types of energy used: Code from List 35 .....





No other types of energy used. ....

☐

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

**i** The primary type of energy refers to the type of energy used to produce most of the hot water in the dwelling.

Type of energy primarily used: Code from List 35 .....

Other types of energy used: Code from List 35 .....





No other types of energy used. ....

☐

**List 35**

District heating (long-distance heating) .....	1	Briquettes, lignite .....	5
Gas (natural gas or propane) .....	2	Coke, hard coal .....	6
Geothermal energy or other ambient heat, waste heat (e.g. heat pump, heat exchanger) .....	14	Logs .....	15
Solar energy (solar collectors) .....	13	Wood pellets .....	11
Electricity (no heat pump) .....	3	Biomass (except wood) .....	12
Heating oil .....	4		

**36 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. accommodation provided rent-free or the like)".

Accommodation provided rent-free applies where no payments have to be made to the owner, except for operating and incidental expenses (e.g. electricity, water, heating, waste collection).

Accommodation provided rent-free 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 .....

☐

(Co-) owner of the dwelling .....

☐

Main tenant .....

☐

→ 38

Subtenant .....

☐

→ 38

Other (e.g. accommodation provided rent-free or the like) .....

☐

→ 38

**37 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 ☐ → 44

No ..... 8 ☐ → 44

**38 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 ☐

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

**i** When answering this and the following questions, please use your tenancy agreement and the statement of incidental rental expenses. If you live in a shared dwelling, each of the occupants should enter the proportion they pay.

See also p. 91: **4** "Main tenant with subtenant"

full euros

Monthly total amount .....

**40 Does the monthly total amount you pay to your landlord/landlady or property management agency include operating and incidental expenses?**

**i** Operating and incidental expenses include apportionable costs for heating, (hot) water supply, waste collection, street cleaning, caretaker services, chimney sweep, gardening, lighting, building cleaning, lift, real property tax, building insurance.

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

Yes ..... 1 ☐

Yes, but the operating and incidental expenses are not indicated. .... 7 ☐ → 43

No ..... 8 ☐ → 43

**41 How much are these monthly operating and incidental expenses?**

full euros

Monthly amount .....

**42 Of this amount, how much are the monthly energy costs for heating, hot water and electricity?**

Monthly amount .....

full euros

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

**i** This comprises costs paid directly to utility providers for heating, hot water and electricity.

Please convert any expenses to monthly amounts and then add 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 citizen's benefit .....

2 ☐

Yes, accommodation costs as part of basic security benefits in old age and in cases of reduced earning capacity .....

3 ☐

Yes, accommodation costs as part of cost-of-living assistance .....

4 ☐

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?

	Person 1	Person 2	Person 3	Person 4	Person 5
Baden-Württemberg .....	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bayern .....	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Berlin .....	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brandenburg .....	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bremen .....	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hamburg .....	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hessen .....	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mecklenburg-Vorpommern .....	13 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Niedersachsen .....	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nordrhein-Westfalen .....	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rheinland-Pfalz .....	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saarland .....	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sachsen .....	14 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sachsen-Anhalt .....	15 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schleswig-Holstein .....	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thüringen .....	16 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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"/>	→ 50
Person 3 .....	<input type="text"/>	→ 50
Person 4 .....	<input type="text"/>	→ 50
Person 5 .....	<input type="text"/>	→ 50

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

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....

**Information and communication technology in the household**

**50 Does your household have internet access?**

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

Yes ..... 1 ☐

No ..... 8 ☐ → 52

I don't know. .... 7 ☐ → 52

**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 ☐

Over 6 to 16 megabits per second (Mbps) ..... 2 ☐

Over 16 to 30 megabits per second (Mbps) ..... 3 ☐

Over 30 to 50 megabits per second (Mbps) ..... 4 ☐

Over 50 to 100 megabits per second (Mbps) ..... 5 ☐

Over 100 to 200 megabits per second (Mbps) ..... 6 ☐

Over 200 to 400 megabits per second (Mbps) ..... 10 ☐

Over 400 to 1000 megabits per second (Mbps) ..... 11 ☐

Over 1000 megabits per second (Mbps) ..... 12 ☐

**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"/>
Not applicable as the child is cared for only by his/her parents. .... 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"/>
Not applicable as the child is cared for only by his/her parents. .... 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## 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. 91: **6** "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)?**

**i** EU freedom of movement allows citizens of other EU/EFTA countries to settle in any EU country.

*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"/>

<b>61</b>	<b>What language do you mainly speak at home?</b>	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"/>
	Hindi .....	31 <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"/>
	Ukrainian .....	32 <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"/>
	Urdu .....	33 <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"/>

<b>62</b>	<b>Have you ever interrupted your stay in the Federal Republic of Germany (today's territory) and lived abroad for at least one year?</b>	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, i.e. the period from 2016 to 2026:**

**Which statement applies to you?**

I was born in Germany and in the last 10 years ...

I have lived abroad for at least 1 year. .... 1

I have not lived abroad for at least 1 year. .... 2

I moved to Germany and have...

lived abroad again for at least 1 year since my move. .... 3

not lived abroad for more than 1 year since my move. .... 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"/> → 66	<input type="checkbox"/> → 66	<input type="checkbox"/> → 66	<input type="checkbox"/> → 66	<input type="checkbox"/> → 66
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(voluntary information)

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....

Person 1
<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 ..... 1

Yes, German citizenship and citizenship of at least one foreign country ..... 2

No ..... 8

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/> → 71	<input type="checkbox"/> → 71	<input type="checkbox"/> → 71	<input type="checkbox"/> → 71	<input type="checkbox"/> → 71
<input type="checkbox"/> → 70	<input type="checkbox"/> → 70	<input type="checkbox"/> → 70	<input type="checkbox"/> → 70	<input type="checkbox"/> → 70
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**67 Of which foreign country do you have citizenship?**

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

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....

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

**68 Do you have citizenship of another foreign country?**

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes ..... 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No ..... 8	<input type="checkbox"/> → 86	<input type="checkbox"/> → 86	<input type="checkbox"/> → 86	<input type="checkbox"/> → 86	<input type="checkbox"/> → 86

**69 Of which second foreign country do you have citizenship?**

Person 1 .....	<input type="text"/>	→ 86
Person 2 .....	<input type="text"/>	→ 86
Person 3 .....	<input type="text"/>	→ 86
Person 4 .....	<input type="text"/>	→ 86
Person 5 .....	<input type="text"/>	→ 86

**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. 92: **7** "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"/> → 86	<input type="checkbox"/> → 86	<input type="checkbox"/> → 86	<input type="checkbox"/> → 86	<input type="checkbox"/> → 86
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"/> → 86	<input type="checkbox"/> → 86	<input type="checkbox"/> → 86	<input type="checkbox"/> → 86	<input type="checkbox"/> → 86

**72 When were you naturalised?**

**i** This refers to the year in which you received notification of naturalisation, not the year in which you submitted your application.

	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"/>	→ 86
Person 2 .....	<input type="text"/>	→ 86
Person 3 .....	<input type="text"/>	→ 86
Person 4 .....	<input type="text"/>	→ 86
Person 5 .....	<input type="text"/>	→ 86

**74 Does your mother live in this household?**

**i** This includes stepmothers, adoptive and foster mothers.

If you are a child of same-sex parents, please indicate the younger parent.

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

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

**i** See also p. 91: **6** "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"/>
	↳ 77	↳ 77	↳ 77	↳ 77	↳ 77
Yes, but I do not know the year of arrival .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	<input type="checkbox"/> → 77	<input type="checkbox"/> → 77	<input type="checkbox"/> → 77	<input type="checkbox"/> → 77	<input type="checkbox"/> → 77

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

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

**77 Is/was your mother a German citizen?**

**i** See also p. 92: **7** "Citizenship".

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

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

**i** See also p. 91: **6** "Today's territory".

**i** See also p. 91: **6** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	1 <input type="checkbox"/> → 80	<input type="checkbox"/> → 80	<input type="checkbox"/> → 80	<input type="checkbox"/> → 80	<input type="checkbox"/> → 80
No .....	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Person 1	
Person 2	
Person 3	
Person 4	
Person 5	

**80 Does your father live in this household?**

**i** This includes stepfathers, adoptive and foster fathers.

If you are a child of same-sex parents, please indicate the older parent.

If you are a child of same-sex parents, please indicate the older parent.

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

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

**i** See also p. 91: **6** "Today's territory".

See also p. 91: "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, in (year) .....	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
	→ 83	→ 83	→ 83	→ 83	→ 83
Yes, but I do not know the year of arrival. .... 2	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
No ..... 8	<div><div></div> → 83</div>	<div><div></div> → 83</div>	<div><div></div> → 83</div>	<div><div></div> → 83</div>	<div><div></div> → 83</div>

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

When did your father move to Germany (today's territory)?	Person 1	Person 2	Person 3	Person 4	Person 5
Before 1950 .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1950 or later .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**83 Is/was your father a German citizen?**

**i** See also p. 92: **7** "Citizenship".

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

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

**i** See also p. 91: **6** "Today's territory".

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

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

Person 1 .....	<input type="text"/>	→ 92
Person 2 .....	<input type="text"/>	→ 92
Person 3 .....	<input type="text"/>	→ 92
Person 4 .....	<input type="text"/>	→ 92
Person 5 .....	<input type="text"/>	→ 92

**86 Does your mother live in this household?**

**i** This includes stepmothers, adoptive and foster mothers.

If you are a child of same-sex parents, please indicate the younger parent.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	<input type="checkbox"/> → 89	<input type="checkbox"/> → 89	<input type="checkbox"/> → 89	<input type="checkbox"/> → 89	<input type="checkbox"/> → 89
No .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**i** See also p. 91: **6** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	<input type="checkbox"/> → 89	<input type="checkbox"/> → 89	<input type="checkbox"/> → 89	<input type="checkbox"/> → 89	<input type="checkbox"/> → 89
No .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

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


**89 Does your father live in this household?**

**i** This includes stepfathers, adoptive and foster fathers.

If you are a child of same-sex parents, please indicate the older parent.

Yes .....  
 No .....

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/> → 92	<input type="checkbox"/> → 92	<input type="checkbox"/> → 92	<input type="checkbox"/> → 92	<input type="checkbox"/> → 92
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**i** See also p. 91: **6** "Today's territory".

Yes .....  
 No .....

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/> → 92	<input type="checkbox"/> → 92	<input type="checkbox"/> → 92	<input type="checkbox"/> → 92	<input type="checkbox"/> → 92
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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


**School or university attendance**

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

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

Yes .....  
 No .....

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	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"/>

**94 Which school/higher education institution did you last attend?**

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>Schools of general education</b>					
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"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98
Evening grammar school, adult education college .....	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vocational schools offering a general school certificate</b>					
Vocational school offering an intermediate school certificate (e.g. full-time vocational school) .....	12 <input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98
Vocational school offering an entrance qualification for higher education institutions:					
Specialised upper secondary school .....	13 <input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98
Full-time vocational school .....	14 <input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98
Two-year full-time vocational school .....	15 <input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98

still:

94

### Vocational schools

		Person 1	Person 2	Person 3	Person 4	Person 5
Pre-vocational training year .....	16	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98
Basic vocational training year .....	17	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98
Vocational school (dual system) .....	18	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98
Full-time vocational school providing a vocational qualification .....	19	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98
Training centre/school for health-care service occupations and social occupations:						
one year (e.g. geriatric care assistant) .....	20	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98
two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant) .....	21	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98
three years (e.g. physiotherapy, medical laboratory assistant, geriatric care) .....	22	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98
Training centre/school for educators .....	23	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98
Master craftsman/craftswoman training programme at trade and technical schools .....	24	<input type="checkbox"/> → 96	<input type="checkbox"/> → 96	<input type="checkbox"/> → 96	<input type="checkbox"/> → 96	<input type="checkbox"/> → 96
Trade and technical school e.g. for technicians, business economists .....	25	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98
Specialised academy (in Bayern only) .....	26	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98
<b>Higher education institutions</b>						
Vocational academy .....	27	<input type="checkbox"/> → 97	<input type="checkbox"/> → 97	<input type="checkbox"/> → 97	<input type="checkbox"/> → 97	<input type="checkbox"/> → 97
College of public administration .....	28	<input type="checkbox"/> → 97	<input type="checkbox"/> → 97	<input type="checkbox"/> → 97	<input type="checkbox"/> → 97	<input type="checkbox"/> → 97
University of applied sciences, Cooperative State University (in Baden-Württemberg, Schleswig-Holstein and Thüringen) .....	29	<input type="checkbox"/> → 97	<input type="checkbox"/> → 97	<input type="checkbox"/> → 97	<input type="checkbox"/> → 97	<input type="checkbox"/> → 97
University (also college of art and music, college of education, college of theology) .....	30	<input type="checkbox"/> → 97	<input type="checkbox"/> → 97	<input type="checkbox"/> → 97	<input type="checkbox"/> → 97	<input type="checkbox"/> → 97
Doctoral studies .....	31	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98

95

### 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"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98
Grades 5 to 9/10 .....	2	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98
Upper secondary grades in grammar school .....	3	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98	<input type="checkbox"/> → 98

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

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

Person 1 .....		→ 98
Person 2 .....		→ 98
Person 3 .....		→ 98
Person 4 .....		→ 98
Person 5 .....		→ 98

**97 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**

**98 Do you have an officially recognised disability?**  
(voluntary information)

**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"/> → 100	<input type="checkbox"/> → 100	<input type="checkbox"/> → 100	<input type="checkbox"/> → 100	<input type="checkbox"/> → 100
No response .....	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**99 What is the officially recognised degree of disability?**

(voluntary information)

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

**100 Are you 15 years or older?**

Yes .....

No .....

Person 1

☐

☐ → 236

Person 2

☐

☐ → 236

Person 3

☐

☐ → 236

Person 4

☐

☐ → 236

Person 5

☐

☐ → 236

**Employment situation in the reference week**

**101 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

No ..... 8

Person 1

☐ → 109

☐

Person 2

☐ → 109

☐

Person 3

☐ → 109

☐

Person 4

☐ → 109

☐

Person 5

☐ → 109

☐

**102 Did you work for at least 1 hour in the reference week as an unpaid family worker in a family business?**

Yes ..... 1

No ..... 8

Person 1

☐ → 109

☐

Person 2

☐ → 109

☐

Person 3

☐ → 109

☐

Person 4

☐ → 109

☐

Person 5

☐ → 109

☐

**103 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

No ..... 8

Person 1

☐ → 105

☐

Person 2

☐ → 105

☐

Person 3

☐ → 105

☐

Person 4

☐ → 105

☐

Person 5

☐ → 105

☐

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

- i

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

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

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	1	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109
No .....	8	<input type="checkbox"/> → 200	<input type="checkbox"/> → 200	<input type="checkbox"/> → 200	<input type="checkbox"/> → 200	<input type="checkbox"/> → 200

## 105 Why did you not work in the reference week?



See also p. 92:

8 "Partial retirement" and

9 "Caregiver Leave Act/Family Caregiver Leave Act".

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Illness, accident (including spa treatment, rehabilitation) ..... 1	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109
Holidays, special leave ..... 2	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109
Compensation leave (within the framework of a working time account or an annualised hours contract) ..... 3	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109
Maternity leave ..... 4	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109
Partial retirement ..... 5	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109
Vocational and continuing training ..... 6	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109
Parental leave ..... 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Released from work under the Caregiver Leave Act ..... 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-season ..... 9	<input type="checkbox"/> → 108	<input type="checkbox"/> → 108	<input type="checkbox"/> → 108	<input type="checkbox"/> → 108	<input type="checkbox"/> → 108
Strike, lockout ..... 10	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107
Bad weather ..... 11	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107
Short-time work for technical or economic reasons ..... 12	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107
General and continuing education, school attendance ..... 13	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107
Personal or family responsibilities ..... 14	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107
Other reasons ..... 15	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107	<input type="checkbox"/> → 107
I have already found a job but did not yet work in that job in the reference week. .... 16	<input type="checkbox"/> → 200	<input type="checkbox"/> → 200	<input type="checkbox"/> → 200	<input type="checkbox"/> → 200	<input type="checkbox"/> → 200

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes ..... 1	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109
No ..... 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable because self-employed, freelancer ..... 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 107 Indicate the total period of your absence from work.

	Person 1	Person 2	Person 3	Person 4	Person 5
3 months or less ..... 1	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109	<input type="checkbox"/> → 109
More than 3 months ..... 8	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201	<input type="checkbox"/> → 201

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

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

**109 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. 92: **10** "Categorisation of job".

Self-employed person, freelancer

without employees ..... 1 ☐ → 111 ☐ → 111 ☐ → 111 ☐ → 111 ☐ → 111

with employees ..... 2 ☐ → 111 ☐ → 111 ☐ → 111 ☐ → 111 ☐ → 111

Unpaid family worker in a family business ..... 3 ☐ → 111 ☐ → 111 ☐ → 111 ☐ → 111 ☐ → 111

Public official (not including candidates), judge ..... 4 ☐ → 111 ☐ → 111 ☐ → 111 ☐ → 111 ☐ → 111

Salary earner, wage earner (not including apprentices) ..... 5 ☐ → 111 ☐ → 111 ☐ → 111 ☐ → 111 ☐ → 111

Apprentice/trainee receiving remuneration ..... 7 ☐ ☐ ☐ ☐ ☐

Candidate public official ..... 8 ☐ → 111 ☐ → 111 ☐ → 111 ☐ → 111 ☐ → 111

Intern, trainee (including paid practical training or internship) ..... 9 ☐ → 111 ☐ → 111 ☐ → 111 ☐ → 111 ☐ → 111

Temporary or professional soldier ..... 10 ☐ → 111 ☐ → 111 ☐ → 111 ☐ → 111 ☐ → 111

In voluntary military service ..... 11 ☐ → 111 ☐ → 111 ☐ → 111 ☐ → 111 ☐ → 111

In the Federal Volunteer Service (also social, ecological or cultural year) ..... 12 ☐ → 111 ☐ → 111 ☐ → 111 ☐ → 111 ☐ → 111

Other employee with a small-scale job ..... 13 ☐ → 111 ☐ → 111 ☐ → 111 ☐ → 111 ☐ → 111

**110 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 ☐ ☐ ☐ ☐ ☐



## 111 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. 93: **11** "Marginal employment".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, a 603-euros job, mini-job (average maximum earnings of 603 euros per month) .....	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, short-term employment (a maximum of 3 months or 70 days worked per year) .....	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, a one-euro job (job opportunity for people receiving citizen's benefit) .....	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 112 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"/>

## 113 Please provide some keywords to describe your current job.

(voluntary information)

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

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

**114 What is the title of your current job?**



**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 .....

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

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

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

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

No .....

**116 What activities does your current job usually consist of?**

*Please mark all relevant boxes.*

Giving guidance to staff .....

Supervising staff .....

Distributing work .....

Checking the work performed .....

None of the above .....

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

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

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

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

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

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

See also p. 93: **12** "Establishment (location)".

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....

**118 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.

**119 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 .....

	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"/>

No .....

**120 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"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122
20 to 49 people .....	3 <input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122
50 to 249 people .....	4 <input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122
250 to 499 people .....	5 <input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122
500 people or more .....	6 <input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122	<input type="checkbox"/> → 122

**121 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**

**122 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"/>

**123 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**

**124 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"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
No .....	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**125 Is your place of work located in Germany?**

	Person 1	Person 2	Person 3	Person 4	Person 5
Baden-Württemberg .....	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bayern .....	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Berlin .....	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brandenburg .....	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bremen .....	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hamburg .....	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hessen .....	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mecklenburg-Vorpommern .....	13 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Niedersachsen .....	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nordrhein-Westfalen .....	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rheinland-Pfalz .....	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saarland .....	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sachsen .....	14 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sachsen-Anhalt .....	15 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schleswig-Holstein .....	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thüringen .....	16 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My place of work is not in Germany. ....	88 <input type="checkbox"/> → 127	<input type="checkbox"/> → 127	<input type="checkbox"/> → 127	<input type="checkbox"/> → 127	<input type="checkbox"/> → 127

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

Person 1 .....	<input type="text"/>	→ 137
Person 2 .....	<input type="text"/>	→ 137
Person 3 .....	<input type="text"/>	→ 137
Person 4 .....	<input type="text"/>	→ 137
Person 5 .....	<input type="text"/>	→ 137

## 127 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 ..... 1	<input type="checkbox"/> → 129	<input type="checkbox"/> → 129	<input type="checkbox"/> → 129	<input type="checkbox"/> → 129	<input type="checkbox"/> → 129
Denmark ..... 2	<input type="checkbox"/> → 130	<input type="checkbox"/> → 130	<input type="checkbox"/> → 130	<input type="checkbox"/> → 130	<input type="checkbox"/> → 130
France ..... 3	<input type="checkbox"/> → 131	<input type="checkbox"/> → 131	<input type="checkbox"/> → 131	<input type="checkbox"/> → 131	<input type="checkbox"/> → 131
Netherlands ..... 4	<input type="checkbox"/> → 132	<input type="checkbox"/> → 132	<input type="checkbox"/> → 132	<input type="checkbox"/> → 132	<input type="checkbox"/> → 132
Austria ..... 5	<input type="checkbox"/> → 133	<input type="checkbox"/> → 133	<input type="checkbox"/> → 133	<input type="checkbox"/> → 133	<input type="checkbox"/> → 133
Poland ..... 6	<input type="checkbox"/> → 134	<input type="checkbox"/> → 134	<input type="checkbox"/> → 134	<input type="checkbox"/> → 134	<input type="checkbox"/> → 134
Switzerland ..... 7	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135	<input type="checkbox"/> → 135
Czech Republic ..... 8	<input type="checkbox"/> → 136	<input type="checkbox"/> → 136	<input type="checkbox"/> → 136	<input type="checkbox"/> → 136	<input type="checkbox"/> → 136
Luxembourg ..... 9	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Russian Federation ..... 10	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
United Kingdom ..... 11	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
United States ..... 12	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Other country ..... 88	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 128 In which other country do you work?

Person 1 .....	<input type="text"/>	→ 137
Person 2 .....	<input type="text"/>	→ 137
Person 3 .....	<input type="text"/>	→ 137
Person 4 .....	<input type="text"/>	→ 137
Person 5 .....	<input type="text"/>	→ 137

## 129 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"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Brussels ..... 2	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Flemish Brabant ..... 3	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Hainaut ..... 4	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Limburg ..... 5	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Liège ..... 6	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Luxembourg ..... 7	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Namur ..... 8	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
East Flanders ..... 9	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Walloon Brabant ..... 10	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
West Flanders ..... 11	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137

**130 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"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Central Jutland .....	2	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
North Jutland .....	3	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Zealand .....	4	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Southern Denmark .....	5	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137

**131 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"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Champagne-Ardenne .....	2	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Alsace .....	3	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Franche-Comté .....	4	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Lorraine .....	5	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Other region .....	6	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137

**132 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"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Flevoland .....	2	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Friesland .....	3	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Gelderland .....	4	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Groningen .....	5	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Limburg .....	6	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
North Brabant .....	7	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
North Holland .....	8	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Overijssel .....	9	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Zeeland .....	10	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
South Holland .....	11	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Utrecht .....	12	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137

**133 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"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Carinthia .....	2	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Lower Austria .....	3	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Upper Austria .....	4	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Salzburg .....	5	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Styria .....	6	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Tyrol .....	7	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Vorarlberg .....	8	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Vienna .....	9	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137

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

		Person 1	Person 2	Person 3	Person 4	Person 5
Dolnośląskie (Lower Silesia) .....	1	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Lubuskie (Lubusz) .....	2	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Wielkopolskie (Greater Poland) .....	3	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Zachodniopomorskie (West Pomerania) .....	4	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Other region/voivodeship .....	5	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137

**135 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"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Espace Mittelland .....	2	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Northwestern Switzerland .....	3	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Zurich .....	4	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Eastern Switzerland .....	5	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Central Switzerland .....	6	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137
Ticino .....	7	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137	<input type="checkbox"/> → 137

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

		Person 1	Person 2	Person 3	Person 4	Person 5
Jihozápad (Southwest) .....	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"/>
Severovýchod (Northeast) .....	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severozápad (Northwest) .....	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Střední Čechy (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

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

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

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

		Person 1	Person 2	Person 3	Person 4	Person 5
Full-time .....	1	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140
Part-time .....	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 138 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"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140
School education, studies, other education or advanced training .....	2	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140
Own illness, consequences of an accident .....	3	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140
Permanently reduced earning capacity, permanent disability .....	4	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140
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 .....	8	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140
Other personal reasons .....	10	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140
I want to work part-time. ....	11	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140
Other main reason .....	12	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140

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

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

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

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

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....		<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148	<input type="checkbox"/> → 148

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

(voluntary information)

**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"/> → 143	<input type="checkbox"/> → 143	<input type="checkbox"/> → 143	<input type="checkbox"/> → 143	<input type="checkbox"/> → 143
One .....	2 <input type="checkbox"/> → 143	<input type="checkbox"/> → 143	<input type="checkbox"/> → 143	<input type="checkbox"/> → 143	<input type="checkbox"/> → 143
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"/>

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

(voluntary information)

**i** See also p. 93:

**13** "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. ....	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**143 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"/>

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	<input type="checkbox"/> → 146	<input type="checkbox"/> → 146	<input type="checkbox"/> → 146	<input type="checkbox"/> → 146	<input type="checkbox"/> → 146

**145 Was the employment agency involved in your job search or start of job?**

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

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

(voluntary information)

	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"/>

**147 How many hours per week do you usually work?**

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

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

Number of hours .....

Person 1

→ 163

Person 2

→ 163

Person 3

→ 163

Person 4

→ 163

Person 5

→ 163

**148 Does your job involve temporary agency work?**

Yes ..... 1

Person 1

☐

Person 2

☐

Person 3

☐

Person 4

☐

Person 5

☐

No ..... 8

☐
☐
☐
☐
☐

**149 Do you have a fixed-term working contract?**

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

Yes, fixed-term contract ..... 1

Person 1

☐

Person 2

☐

Person 3

☐

Person 4

☐

Person 5

☐

No, open-ended contract ..... 8

→ 152

→ 152

→ 152

→ 152

→ 152

**150 Why are you in fixed-term employment?**

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

Could not find permanent job ..... 1

Person 1

☐

Person 2

☐

Person 3

☐

Person 4

☐

Person 5

☐

Do not want permanent job ..... 2

☐
☐
☐
☐
☐

Contract for probationary period ..... 3

☐
☐
☐
☐
☐

Apprentice receiving apprenticeship pay ..... 4

☐
☐
☐
☐
☐

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

☐
☐
☐
☐
☐

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

☐
☐
☐
☐
☐

I am working as a stand-in. .... 7

☐
☐
☐
☐
☐

Other main reason ..... 8

☐
☐
☐
☐
☐

**151 How long is the total contract period?**

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

Number of months .....

Person 1

Person 2

Person 3

Person 4

Person 5

**152 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 .....

Person 1

Person 2

Person 3

Person 4

Person 5

Year .....

**153 Did you start your current job within the last 7 years?**

Yes .....

No .....

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157

**154 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"/>	<input type="checkbox"/>
2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157
4 <input type="checkbox"/>	<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"/>	<input type="checkbox"/>
6 <input type="checkbox"/>	<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"/>	<input type="checkbox"/>
8 <input type="checkbox"/>	<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"/>	<input type="checkbox"/>
9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**156 Was the employment agency involved in your job search?**

Yes .....

No .....

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

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

(voluntary information)

Yes, I can decide on them myself. ....

Yes, I can decide on them myself within the scope of flexible working time arrangements. ....

No, I have fixed working times. ....

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

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

(voluntary information)

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, a written contract. .... 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, a verbal agreement. .... 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No ..... 8	<input type="checkbox"/> → 162	<input type="checkbox"/> → 162	<input type="checkbox"/> → 162	<input type="checkbox"/> → 162	<input type="checkbox"/> → 162

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

(voluntary information)

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

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

(voluntary information)

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

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

	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 ..... 8	<input type="checkbox"/> → 162	<input type="checkbox"/> → 162	<input type="checkbox"/> → 162	<input type="checkbox"/> → 162	<input type="checkbox"/> → 162

**161 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"/>

**162 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. 93: 14 "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"/>
No ..... 8	<input type="checkbox"/> → 165	<input type="checkbox"/> → 165	<input type="checkbox"/> → 165	<input type="checkbox"/> → 165	<input type="checkbox"/> → 165

**163 In the reference week, were there any working 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"/> → 165	<input type="checkbox"/> → 165	<input type="checkbox"/> → 165	<input type="checkbox"/> → 165	<input type="checkbox"/> → 165

**164 How many working 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 working days ..... 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Yes ..... 1  
No ..... 8

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> → 167	<input type="checkbox"/> → 167	<input type="checkbox"/> → 167	<input type="checkbox"/> → 167	<input type="checkbox"/> → 167

**166 How many working 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.

Number of working days .....

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

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

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

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

**i** Please include half days and count them as 0.5.

Number of working days .....

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

**169 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".

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"/> → 172	<input type="checkbox"/> → 172	<input type="checkbox"/> → 172	<input type="checkbox"/> → 172	<input type="checkbox"/> → 172

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

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

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

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"/>

**171 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.

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

As hours remunerated in addition to your salary/wage (paid overtime) ..... 1

The hours are not remunerated and not otherwise compensated (unpaid overtime). ....

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

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

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

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	8	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174	<input type="checkbox"/> → 174

**173 Why did you work less or not at all?**

**i** See also p. 92:  
**9** "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 .....	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spa treatment, rehabilitation measures .....	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial safety provisions, including maternity leave .....	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental leave .....	4	<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 .....	5	<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 .....	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holidays, special leave .....	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leave of absence (public service) .....	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strike, lockout .....	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bad weather .....	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-time work .....	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public holiday .....	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start of job during the reference week .....	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
End of job during the reference week .....	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compensation for overtime hours (e.g. flexitime) .....	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance of school, training or advanced training outside the establishment .....	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal or family responsibilities or other personal reasons .....	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Absent from job due to partial retirement .....	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other main reason .....	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

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

Number of hours .....

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

**Hours worked in the reference week and the preceding 3 weeks**

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

Yes, ...

on every Saturday ..... 1

on at least two Saturdays ..... 2

on one Saturday ..... 3

No ..... 4

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

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

Yes, ...

on every Sunday ..... 1

on at least two Sundays ..... 2

on one Sunday ..... 3

No ..... 8

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

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

Yes, ...

on every public holiday ..... 1

on at least two public holidays ..... 2

on one public holiday ..... 3

No ..... 8

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

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



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

Yes, ...

on every day worked ..... 1

on at least half of the days worked ..... 2

on fewer than half of the days worked ..... 3

No ..... 8

Person 1

Person 2

Person 3

Person 4

Person 5

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

Yes, ...

on every day worked ..... 1

on at least half of the days worked ..... 2

on fewer than half of the days worked ..... 3

No ..... 8

Person 1

Person 2

Person 3

Person 4

Person 5

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

Yes, ...

on every day worked ..... 1

on at least half of the days worked ..... 2

on fewer than half of the days worked ..... 3

No ..... 8

Person 1

Person 2

Person 3

Person 4

Person 5

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

**i** See also p. 93: 15 "Working at home".

Yes, ...

on every day worked ..... 1

on at least half of the days worked ..... 2

on fewer than half of the days worked ..... 3

No ..... 8

Person 1

Person 2

Person 3

Person 4

Person 5

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## Second or additional jobs

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

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

Yes, I had 2 jobs. .... 1

Yes, I had more than 2 jobs. .... 2

No ..... 8

Person 1

Person 2

Person 3

Person 4

Person 5

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**183 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. 93: **11** "Marginal employment".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, a 603-euros job, mini-job (average maximum earnings of 603 euros per month) ..... 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, short-term employment (a maximum of 3 months or 70 days worked per year) ..... 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, a one-euro job (job opportunity for people receiving citizen's benefit) ..... 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No ..... 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**184 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"/>

**185 What is your status in your additional job?**

**i** See also p. 92: **10** "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, wage earner (not including apprentices) ..... 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**186 Please provide some keywords to describe your additional job.**

(voluntary information)

**i** For example

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

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....

**187 What is the title of your additional job?**

**i** For example:

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

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....

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

Yes, executive duties

(including the authority to take staff, budget and strategy decisions) .....

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

Yes, supervisory duties

(guiding and supervising staff, distributing work and checking the outcome) .....

No .....

189 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. 93: **12** “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"/>

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

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

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

Number of hours .....

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

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

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

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

Number of hours .....

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

Desired number of working hours

192 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.

Retain .....

Increase .....

Reduce .....

	Person 1	Person 2	Person 3	Person 4	Person 5
1	<input type="checkbox"/> → 198	<input type="checkbox"/> → 198	<input type="checkbox"/> → 198	<input type="checkbox"/> → 198	<input type="checkbox"/> → 198
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/> → 197	<input type="checkbox"/> → 197	<input type="checkbox"/> → 197	<input type="checkbox"/> → 197	<input type="checkbox"/> → 197

**193 How would you like to increase your working hours?**

Exclusively by working more hours in the current job(s) .....

Exclusively by taking up one or more additional jobs ..

Exclusively by moving to a job with more working hours .....

Without committing to one of the above options .....

By combining some of the above options .....

Person 1

Person 2

Person 3

Person 4

Person 5

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**194 Thinking of the 2 weeks following the reference week:**

**Would you be able to start working more hours in these 2 weeks?**

Yes .....

No .....

Person 1

Person 2

Person 3

Person 4

Person 5

1

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

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

Illness or inability to work .....

Education, advanced training .....

Notice periods in the current job .....

Have to look after children .....

Have to look after people with disabilities .....

Have to look after people in need of care .....

Other family reasons .....

Other personal reasons .....

Other main reason .....

Person 1

Person 2

Person 3

Person 4

Person 5

1

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☐ → 197

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☐ → 197

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

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

There is no adequate care available in the vicinity. ....

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

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**197 How many hours a week would you like to work?**

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

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

Number of hours .....

Person 1

Person 2

Person 3

Person 4

Person 5

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

### 198 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"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232

### 199 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"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
Seeking a permanent job .....	2	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
Current job is of a transitional nature .....	3	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
Seeking additional work .....	4	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
Seeking work with more working hours .....	5	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
Seeking work with fewer working hours .....	6	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
Seeking better working conditions .....	7	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
Other main reason .....	8	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232

## Last job or absence from work

### 200 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"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211	<input type="checkbox"/> → 211

### 201 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"/>

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

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

**Reasons related to the labour market**

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

**Family reasons**

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

**Personal reasons**

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

**Other reasons**

Other main reason ..... 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**203 When did you leave your last paid job since when have you been absent from it?**

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

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

**i** See also p. 92: **10** "Categorisation of job".

Self-employed person, freelancer

	Person 1	Person 2	Person 3	Person 4	Person 5
without employees ..... 1	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206
with employees ..... 2	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206
Unpaid family worker in a family business ..... 3	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206
Public official (not including candidates), judge ..... 4	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206
Salary earner, wage earner (not including apprentices) ..... 5	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206
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"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206
Intern, trainee (including paid practical training or internship) ..... 9	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206
Temporary or professional soldier ..... 10	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206
Person doing compulsory military/civilian service ..... 11	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206
In voluntary military service ..... 12	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206
In the Federal Volunteer Service (also social, ecological or cultural year) ..... 13	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206	<input type="checkbox"/> → 206

**205 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"/>



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

(voluntary information)



For example

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

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....

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



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 .....

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

Yes, executive duties

(including the authority to take staff, budget and strategy decisions) .....

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

Yes, supervisory duties

(guiding and supervising staff, distributing work and checking the outcome) .....

No .....

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

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

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

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

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

See also p. 93: **12** "Establishment (location)".

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

**210 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"/>

**211 Are you 90 years or older?**

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	1	<input type="checkbox"/> → 233	<input type="checkbox"/> → 233	<input type="checkbox"/> → 233	<input type="checkbox"/> → 233	<input type="checkbox"/> → 233
No .....	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Search for work**

**212 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"/> → 214	<input type="checkbox"/> → 214	<input type="checkbox"/> → 214	<input type="checkbox"/> → 214	<input type="checkbox"/> → 214

**213 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"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224
Contacted private employment organisations .....	2 <input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224
Placed job wanted advertisements .....	3 <input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224
Responded to job offers .....	4 <input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224
Sent off unsolicited applications .....	5 <input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224
Asked friends, relatives, acquaintances .....	6 <input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224
Looked through job offers .....	7 <input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224
Took tests, interviews, exams .....	8 <input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224
Placed or updated online CVs .....	13 <input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224
Searched for premises, offices, equipment for self-employment or a freelance job .....	9 <input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224
Applied for licences, concessions or financial resources for self-employment or a freelance job .....	10 <input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224
Took other action for self-employment or a freelance job .....	11 <input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224
Took other action .....	12 <input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224	<input type="checkbox"/> → 224

**214 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"/> → 227	<input type="checkbox"/> → 227	<input type="checkbox"/> → 227	<input type="checkbox"/> → 227	<input type="checkbox"/> → 227
Yes, I found a job in the reference week but have not started it yet. ....	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I did not look for or find a job in the reference week. ....	8 <input type="checkbox"/> → 216	<input type="checkbox"/> → 216	<input type="checkbox"/> → 216	<input type="checkbox"/> → 216	<input type="checkbox"/> → 216

**215 When will you start your new job?**

	Person 1	Person 2	Person 3	Person 4	Person 5
Within the 3 months after the reference week .....	1 <input type="checkbox"/> → 227	<input type="checkbox"/> → 227	<input type="checkbox"/> → 227	<input type="checkbox"/> → 227	<input type="checkbox"/> → 227
Later, that is, more than 3 months after the reference week .....	8 <input type="checkbox"/> → 227	<input type="checkbox"/> → 227	<input type="checkbox"/> → 227	<input type="checkbox"/> → 227	<input type="checkbox"/> → 227

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	8 <input type="checkbox"/> → 222	<input type="checkbox"/> → 222	<input type="checkbox"/> → 222	<input type="checkbox"/> → 222	<input type="checkbox"/> → 222

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
No suitable job available ..... 1	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219
I am awaiting re-employment (following temporary lay-off). ..... 2	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219
Own illness, consequences of an accident ..... 3	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219
Permanently reduced earning capacity, permanent disability ..... 4	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219
Have to look after children ..... 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people with disabilities ..... 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people in need of care ..... 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family responsibilities ..... 8	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219
Other personal responsibilities ..... 9	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219
School or vocational education, studies ..... 10	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219
Retirement ..... 11	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219
Other main reason ..... 12	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219	<input type="checkbox"/> → 219

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

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

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

**219 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"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
No ..... 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**220 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"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
Own illness, consequences of an accident ..... 2	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
Permanently reduced earning capacity, permanent disability ..... 3	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
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"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
Other personal responsibilities ..... 8	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
Retirement ..... 9	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
Other main reason ..... 10	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
There is no adequate care available in the vicinity. .... 1	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
There is no adequate care available at the relevant times of the day. .... 2	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
Adequate care is too expensive. .... 3	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
I want to do it myself. .... 4	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
Other essential reasons ..... 5	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232

**222 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"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
Own illness, consequences of an accident ..... 2	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
Permanently reduced earning capacity, permanent disability ..... 3	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
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"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
Other personal responsibilities ..... 8	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
Retirement ..... 9	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
Other main reason ..... 10	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232

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

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

There is no adequate care available in the vicinity. .... 1

There is no adequate care available at the relevant times of the day. .... 2

Adequate care is too expensive. .... 3

I want to do it myself. .... 4

Other essential reasons ..... 9

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232

**224 Why are you searching for work?**

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

Dismissal ..... 1

Own resignation ..... 2

Voluntarily away from job ..... 3

Retirement ..... 4

Entering the labour market (for the first time) ..... 5

Other reasons ..... 6

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

**225 What employment status are you looking for?**

I am mainly looking for employment as...

a self-employed person or freelancer ..... 1

an employee, public official ..... 2

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/> → 227	<input type="checkbox"/> → 227	<input type="checkbox"/> → 227	<input type="checkbox"/> → 227	<input type="checkbox"/> → 227
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

I am searching for...

a full-time job only. .... 1

preferably a full-time job, but would also work part-time. .... 2

a part-time job only. .... 3

preferably a part-time job, but would also work full-time. .... 4

a full-time or part-time job. .... 5

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

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

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

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

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
No .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Person 1	Person 2	Person 3	Person 4	Person 5
<i>If there are several reasons, please mark the main one.</i>					
School or vocational education, studies .....	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
Own illness, consequences of an accident .....	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
Permanently reduced earning capacity, permanent disability .....	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
Have to look after children .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people with disabilities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to look after people in need of care .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family responsibilities .....	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
Other personal responsibilities .....	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
Retirement .....	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232
Other main reason .....	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232	<input type="checkbox"/> → 232

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

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

There is no adequate care available in the vicinity. .... 1

There is no adequate care available at the relevant times of the day. .... 2

Adequate care is too expensive. .... 3

I want to do it myself. .... 4

Other essential reasons ..... 9

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

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

Yes, registered as unemployed, received unemployment benefit I ..... 1

Yes, registered as unemployed, received citizen benefit ..... 2

Yes, but only looking for work ..... 3

No ..... 8

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

Muster



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

**i** See also p. 92:

**8** "Partial retirement" and

**9** "Caregiver Leave Act/Family Caregiver  
Leave Act".

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

on parental leave ..... 1

in partial retirement ..... 2

fully or partly released from work under the  
Caregiver Leave Act ..... 3

partly released from work under the Family  
Caregiver Leave Act ..... 4

Salary earner, wage earner, public official (including  
temporary or professional soldiers, apprentices)  
**not** on parental leave/in partial retirement/released  
from work ..... 5

Self-employed person, freelancer:

without employees ..... 6

with employees ..... 7

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

	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"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Employee, public official, apprentice ..... 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-employed person, freelancer					
without employees ..... 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with employees ..... 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid family worker in a family business ..... 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the Federal Volunteer Service (also social, ecological or cultural year), in voluntary military service ..... 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pupil, student ..... 7	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236
Permanently unfit for work ..... 8	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236
Retired or in early retirement ..... 9	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236
Unemployed ..... 10	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236
Housewife/househusband, looking after children or people in need of care ..... 11	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236
None of the above ..... 12	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236	<input type="checkbox"/> → 236

**235 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. 93: **12** "Establishment (location)".

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....

236 Which are your main sources of livelihood?

**i** See also p. 93: **16** "Main sources of livelihood".

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

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

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

This includes:

- earnings from main and second job(s), extra payments (e.g. Christmas bonus, severance pay, bonus payments)
- pensions
- unemployment benefit I, citizen's benefit
- basic security in old age and in cases of reduced earning capacity, assistance for nursing care, continuous subsistence payments and other public assistance benefits
- family-related social benefits (e.g. children's allowance, parental allowance, supplementary child benefit, maternity benefit, maintenance advance payment)
- other public benefits (e.g. housing and heating benefits, housing allowance, foster care allowance, long-term care allowance, training assistance (BAföG))
- 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. 93: **17** "Net income".

Personal net income:

Code from list 237 .....

I had no income. .... 90

Person 1

Person 2

Person 3

Person 4

Person 5





☐
☐
☐
☐
☐

**List 237**

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

238 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.

Monthly amount (full euros)

Net household income .....

If you cannot specify an exact amount, please indicate the applicable net household income code:

Code from list 238 .....

List 238

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

239 Are you 15 years or older?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	<input type="checkbox"/> → 310	<input type="checkbox"/> → 310	<input type="checkbox"/> → 310	<input type="checkbox"/> → 310	<input type="checkbox"/> → 310

240 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. 94: **18** "Net salary, wage".

Net salary/wage:

Code from List 240 .....

Not applicable as I am not in employment. ....

Not applicable because I am an unpaid family worker. ....

Not applicable because self-employed, freelancer. ....

Person 1	Person 2	Person 3	Person 4	Person 5
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
↳ 242	↳ 242	↳ 242	↳ 242	↳ 242
<div><div></div><div></div></div> → 242	<div><div></div><div></div></div> → 242	<div><div></div><div></div></div> → 242	<div><div></div><div></div></div> → 242	<div><div></div><div></div></div> → 242
<div><div></div><div></div></div> → 242	<div><div></div><div></div></div> → 242	<div><div></div><div></div></div> → 242	<div><div></div><div></div></div> → 242	<div><div></div><div></div></div> → 242
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>

List 240			
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

## 241 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. 94:

**19** "Net earnings of self-employed".

Net earnings: .....

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 241

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

## Educational and vocational attainment

### 242 Do you hold a general school certificate?

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No/Not yet .....	8 <input type="checkbox"/> → 246	<input type="checkbox"/> → 246	<input type="checkbox"/> → 246	<input type="checkbox"/> → 246	<input type="checkbox"/> → 246

### 243 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"/>

**244 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"/> → 246	<input type="checkbox"/> → 246	<input type="checkbox"/> → 246	<input type="checkbox"/> → 246	<input type="checkbox"/> → 246
Abroad ..... 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**245 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"/>

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

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes ..... 1	<input type="checkbox"/> → 248	<input type="checkbox"/> → 248	<input type="checkbox"/> → 248	<input type="checkbox"/> → 248	<input type="checkbox"/> → 248
No/Not yet ..... 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**247 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 ..... 1	<input type="text"/> → 254	<input type="text"/> → 254	<input type="text"/> → 254	<input type="text"/> → 254	<input type="text"/> → 254
Not applicable as I have no general school certificate (yet). ..... 8	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254

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

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

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

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



## 250 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
Apprenticeship, vocational training in the dual system 4	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
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"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
Preparatory training for the intermediate service in public administration ..... 6	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
On-the-job training ..... 1	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254
Internship ..... 2	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254
Pre-vocational training year ..... 3	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254	<input type="checkbox"/> → 254
Training centre/school for health-care service occupations and social occupations:					
one year (e.g. geriatric care assistant) ..... 7	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant) ..... 8	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
three years (e.g. physiotherapy, medical laboratory assistant, geriatric care) ..... 9	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
Nursery teacher/educator ..... 10	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
Master craftsman/craftswoman ..... 11	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
Technician's qualification or equivalent trade and technical school certificate ..... 12	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
Specialised and engineering schools of the DDR ..... 13	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253
Specialised academy (in Bayern only) ..... 14	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253	<input type="checkbox"/> → 253

### Higher education institutions

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

Vocational academy ..... 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College of public administration ..... 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University of applied sciences (also college of engineering), cooperative state university (in Baden-Württemberg, Schleswig-Holstein and Thüringen) ..... 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University (also college of art and music, college of education, college of theology) ..... 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctoral degree ..... 19	<input type="checkbox"/> → 252	<input type="checkbox"/> → 252	<input type="checkbox"/> → 252	<input type="checkbox"/> → 252	<input type="checkbox"/> → 252

251

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

Bachelor's ..... 1

Master's ..... 2

Diplom degree, state examination e.g. for the teaching profession, artistic and comparable degrees ..... 3

Person 1

Person 2

Person 3

Person 4

Person 5

252

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.

Yes ..... 1

No ..... 8

Person 1

Person 2

Person 3

Person 4

Person 5

253

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 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....

254

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

(voluntary information)

**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".

Yes ..... 1

No ..... 8

Person 1

Person 2

Person 3

Person 4

Person 5

## 255 For how many months did you work in total?

(voluntary information)

**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"/> → 257	<input type="checkbox"/> → 257	<input type="checkbox"/> → 257	<input type="checkbox"/> → 257	<input type="checkbox"/> → 257
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"/>

## 256 Did you receive pay or expense allowance?

(voluntary information)

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"/>

## Continuing education and training

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

**i** By training, we mean all continuing education measures

- in your free time or in a professional context,
- in person, online or directly at the workplace
- irrespective of their duration (over a longer period or just one hour)

It also includes continuing education that is still ongoing.

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

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

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	8	<input type="checkbox"/> → 261	<input type="checkbox"/> → 261	<input type="checkbox"/> → 261	<input type="checkbox"/> → 261	<input type="checkbox"/> → 261

### 258 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"/>

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

**i** Hours lasting 60 minutes.

Round up to the nearest full hour.

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"/>

**260 What was the subject of your latest course or seminar?**

**i** **Subjects of continuing training** are e.g.

- word processing, pottery, insolvency law, German as a foreign language, rhetoric, tax law, private music lessons, sailing certificate, financial investments
- application programming, database administration, network support, office administration, sales, marketing, public relations work, quality management, human resources management, management and leadership

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....

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

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

**i** By training, we mean all continuing education measures

- in your free time or in a professional context,
- in person, online or directly at the workplace
- irrespective of their duration (over a longer period or just one hour)

It also includes continuing education that is still ongoing.

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

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

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"/> → 265	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265	<input type="checkbox"/> → 265

262 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"/>

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

**i** Hours lasting 60 minutes.

Round up to the nearest full hour.

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

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

**i** Subjects of continuing training are e.g.

- word processing, pottery, insolvency law, German as a foreign language, rhetoric, tax law, private music lessons, sailing certificate, financial investments
- application programming, database administration, network support, office administration, sales, marketing, public relations work, quality management, human resources management, management and leadership

Person 1 .....	<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

265 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"/> → 267	<input type="checkbox"/> → 267	<input type="checkbox"/> → 267	<input type="checkbox"/> → 267	<input type="checkbox"/> → 267
No ..... 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**i** See also p. 94:

**20** "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

### 267 Did you use the internet in the last 3 months?

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes ..... 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"/>

### 268 What is your age?

	Person 1	Person 2	Person 3	Person 4	Person 5
15 to 64 years .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65 years or older .....	<input type="checkbox"/> → 307	<input type="checkbox"/> → 307	<input type="checkbox"/> → 307	<input type="checkbox"/> → 307	<input type="checkbox"/> → 307

## Work using online platforms or apps

**i** The following section focuses on people who use online platforms or apps as a way to get work and earn money. When answering the questions, please also consider small jobs or assignments that generated income.

### 269 In the last 12 months, have you used online platforms or apps ... ... to earn money by delivering food, goods or products?

(voluntary information)

**i** Lieferando, UberEats, Wolt, flaschenpost, iMim and HelloFresh are examples of possible platforms where you may have earned money.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes ..... 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No ..... 8	<input type="checkbox"/> → 272	<input type="checkbox"/> → 272	<input type="checkbox"/> → 272	<input type="checkbox"/> → 272	<input type="checkbox"/> → 272

### 270 Which online platforms or apps did you use for this purpose?

(voluntary information)

Please name a maximum of 5 online platforms or apps.

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"/>

**271 Were you paid for these deliveries?**

(voluntary information)

Please select all relevant boxes.

Yes, ...

	Person 1	Person 2	Person 3	Person 4	Person 5
by the online platform or app. .... 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
by the customer or client. .... 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
by my employer. .... 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
but I am not sure by whom. .... 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I was not paid. .... 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**272 In the last 12 months, have you used online platforms or apps ... to earn money by providing taxi rides or transport services?**

(voluntary information)

**i** Uber, Bolt, FreeNow and CleverShuttle are examples of possible platforms where you may have earned money.

	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"/> → 275	<input type="checkbox"/> → 275	<input type="checkbox"/> → 275	<input type="checkbox"/> → 275	<input type="checkbox"/> → 275

**273 Which online platforms or apps did you use for this purpose?**

(voluntary information)

Please name a maximum of 5 online platforms or apps

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"/>

**274 Were you paid for these rides/transport services?**

(voluntary information)

Please select all relevant boxes.

Yes, ...

	Person 1	Person 2	Person 3	Person 4	Person 5
by the online platform or app. .... 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
by the customer or client. .... 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
by my employer. .... 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
but I am not sure by whom. .... 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I was not paid. .... 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**275 In the last 12 months, have you used online platforms or apps ... to earn money by renting out accommodation?**  
(voluntary information)

**i** Airbnb, booking and fewo-direkt are examples of possible platforms where you may have earned money.

	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"/> → 278	<input type="checkbox"/> → 278	<input type="checkbox"/> → 278	<input type="checkbox"/> → 278	<input type="checkbox"/> → 278

**276 Which online platforms or apps did you use for this purpose?**  
(voluntary information)

Please name a maximum of 5 online platforms or apps.

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

**277 Were you paid for this rental of accommodation?**  
(voluntary information)

Please select all relevant boxes.

Yes, ...

	Person 1	Person 2	Person 3	Person 4	Person 5
by the online platform or app. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
by the customer or client. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
by my employer. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
but I am not sure by whom. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I was not paid. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**278 In the last 12 months, have you used online platforms or apps ... to earn money by providing digital services?**  
(voluntary information)

**i** Video conferences are not included.  
fiverr.com, Clickworker, Upwork, Freelancer.com, Amazon Mturk, MyLittleJob, Crowdfunder and onlinemarketing.de are examples of possible platforms where you may have earned money.

Please select all relevant boxes.

Yes, with ...

- programming/web development ..... 1
- online marketing and e-commerce ..... 2
- design (web design, graphic design) ..... 3
- data processing ..... 4
- online support/customer service ..... 5
- teaching/tutoring ..... 6
- translation/text creation/transcription ..... 9
- other digital services ..... 10
- clickwork ..... 11

No ..... → 281

	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"/>
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"/>
→ 281	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**279 Which online platforms or apps did you use for this purpose?**  
(voluntary information)

Please name a maximum of 5 online platforms or apps.

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....


**280 Were you paid for these digital services?**  
(voluntary information)

Please select all relevant boxes.

Yes, ...

- by the online platform or app. .... 1
- by the customer or client. .... 2
- by my employer. .... 3
- but I am not sure by whom. .... 4

No, I was not paid. .... 8

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

**281 In the last 12 months, have you used online platforms or apps ...  
... to earn money by providing the following services?**

(voluntary information)

Please select all relevant boxes.

Yes, with ...

medical services  
(e.g. doctolib, jameda, Dr. Flex, justanswer,  
instahelp, teleclinic) .....

1

cleaning services  
(e.g. bookatiger, putzperle, helping, taskrabbit,  
deinehelfer24, haushelden, marta) .....

2

handicraft services  
(e.g. myhammer, blauarbeit, doozer) .....

3

care services (e.g. betreut, cair, wonda, yoopies) .....

4

product testing or participation in surveys .....

5

No .....

8

Person 1

Person 2

Person 3

Person 4

Person 5

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**282 Which online platforms or apps did you use for this purpose?**

(voluntary information)

Please name a maximum of 5 online platforms or apps.

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....

**283 Were you paid for these services?**

(voluntary information)

Please select all relevant boxes.

Yes, ...

by the online platform or app. ....

1

by the customer or client. ....

2

by my employer. ....

3

but I am not sure by whom. ....

4

No, I was not paid. ....

8

Person 1

Person 2

Person 3

Person 4

Person 5

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**284 In the last 12 months, have you used online platforms or apps ...  
... to earn money as a content creator?**

(voluntary information)

**i** Products, vouchers or discounts also count as payment.

YouTube, Instagram, TikTok and Snapchat are examples of possible platforms.

This does not refer to content on your own website(s).

	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"/> → 287	<input type="checkbox"/> → 287	<input type="checkbox"/> → 287	<input type="checkbox"/> → 287	<input type="checkbox"/> → 287

**285 Which online platforms or apps did you use for this purpose?**

(voluntary information)

Please name a maximum of 5 online platforms or apps.

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

**286 Were you paid for this content?**

(voluntary information)

**i** Products, vouchers or discounts also count as payment.

Please select all relevant boxes.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, ...					
by the online platform or app. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
by the customer or client. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
by my employer. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
but I am not sure by whom. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I was not paid. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**287 In the last 12 months, have you used online platforms or apps ...  
... to sell goods or products?**

(voluntary information)

**i** Amazon and etsy are examples of possible platforms.

	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"/> → 290	<input type="checkbox"/> → 290	<input type="checkbox"/> → 290	<input type="checkbox"/> → 290	<input type="checkbox"/> → 290

**288 Why did you sell these goods?**

(voluntary information)

*Please select all relevant boxes.*

I ...

made the products myself to sell them. .... 1

bought the goods or items in order to resell them. . 2

no longer needed them. .... 3

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

**289 Which online platforms or apps did you use for this purpose?**

(voluntary information)

*Please name a maximum of 5 online platforms or apps.*

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....


**290 In the last 12 months, have you used online platforms or apps ... to earn money by doing other work?**

(voluntary information)

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"/> → 293	<input type="checkbox"/> → 293	<input type="checkbox"/> → 293	<input type="checkbox"/> → 293	<input type="checkbox"/> → 293

**291 Which online platforms or apps did you use for this purpose?**

(voluntary information)

*Please name a maximum of 5 online platforms or apps.*

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....


**292 Were you paid for this work?**

(voluntary information)

*Please select all relevant boxes.*

Yes, ...

	Person 1	Person 2	Person 3	Person 4	Person 5
by the online platform or app. .... 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
by the customer or client. .... 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
by my employer. .... 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
but I am not sure by whom. .... 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I was not paid. .... 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**293 Have you answered "YES" to at least one of the questions from 269 to 290?**

(voluntary information)

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, at least one ..... 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No ..... 8	<input type="checkbox"/> → 307	<input type="checkbox"/> → 307	<input type="checkbox"/> → 307	<input type="checkbox"/> → 307	<input type="checkbox"/> → 307

**i** You have stated that you have used online platforms or apps to earn money. In the next section, we will ask you some questions about how this work is organised.

When answering, please consider all the work or assignments that you have accepted through an online platform or app in the last 12 months.

**294 How frequently have you carried out such work?**

(voluntary information)

	Person 1	Person 2	Person 3	Person 4	Person 5
Almost every day ..... 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Almost every week ..... 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Almost every month ..... 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Several times a year ..... 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Just once ..... 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**295 On average, how many hours have you spent per month carrying out such work?**

(voluntary information)

*Please also include waiting and search times.**If you do not know the exact number of hours, please estimate it.*

	Person 1	Person 2	Person 3	Person 4	Person 5
Less than 1 hour per month ..... 1	<input type="checkbox"/> → 306	<input type="checkbox"/> → 306	<input type="checkbox"/> → 306	<input type="checkbox"/> → 306	<input type="checkbox"/> → 306
1 to 9 hours per month ..... 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 to 19 hours per month ..... 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 to 49 hours per month ..... 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 to 99 hours per month ..... 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100 hours or more per month ..... 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**296 How much money did you earn from this work?**  
**Please enter the share of your earnings that was generated from such work.**

(voluntary information)

*If you do not know the exact share, please estimate it.*

		Person 1	Person 2	Person 3	Person 4	Person 5
Less than 25 % .....	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 % to under 50 % .....	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 % to under 75 % .....	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75 % to 100 % .....	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know .....	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**297 What was the main reason you decided to perform this type of work?**

(voluntary information)

		Person 1	Person 2	Person 3	Person 4	Person 5
Only available job opportunity .....	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility (time/location) .....	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional income opportunity .....	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For the purpose of having my own business .....	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This work is only available through online platforms or apps .....	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reconciliation with family commitments .....	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reconciliation with university studies or training programme .....	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"/>

**298 Of the work or assignments listed here that you accepted through an online platform or app, which of the following is the most important for you?**

(voluntary information)

**i** If only one of the following answer categories applies, please indicate that category.

If you are not sure, please indicate the work you spend the most time doing to earn money.

		Person 1	Person 2	Person 3	Person 4	Person 5
Delivery of food, goods or products .....	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxi or transport services .....	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renting out accommodation .....	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital services .....	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical services .....	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning services .....	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handicraft services .....	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care services .....	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product testing or participation in surveys .....	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content creation .....	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sale of goods or products .....	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other work .....	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**i** In the following questions, please only consider the work that is most important for you.

Please consider the last 12 months when answering.

**299 How are tasks or requests primarily assigned to you through the online platforms or app?**

(voluntary information)

		Person 1	Person 2	Person 3	Person 4	Person 5
The online platforms or apps assign tasks to me. ....	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I choose from tasks or requests the online platforms or apps send me. ....	2	<input type="checkbox"/> → 302	<input type="checkbox"/> → 302	<input type="checkbox"/> → 302	<input type="checkbox"/> → 302	<input type="checkbox"/> → 302
I offer services or goods myself. The online platforms or apps do not assign tasks to me. ....	3	<input type="checkbox"/> → 303	<input type="checkbox"/> → 303	<input type="checkbox"/> → 303	<input type="checkbox"/> → 303	<input type="checkbox"/> → 303

**300 Can you reject tasks or requests?**

(voluntary information)

		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 would not receive any more tasks or would lose access to the online platforms or apps. .	8	<input type="checkbox"/> → 303	<input type="checkbox"/> → 303	<input type="checkbox"/> → 303	<input type="checkbox"/> → 303	<input type="checkbox"/> → 303
for other reasons. ....	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**301 Would the rejection of tasks or requests have consequences, such as reduced access to tasks or a bad rating?**

(voluntary information)

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes ..... 1	<input type="checkbox"/> → 303	<input type="checkbox"/> → 303	<input type="checkbox"/> → 303	<input type="checkbox"/> → 303	<input type="checkbox"/> → 303
No ..... 8	<input type="checkbox"/> → 303	<input type="checkbox"/> → 303	<input type="checkbox"/> → 303	<input type="checkbox"/> → 303	<input type="checkbox"/> → 303

**302 Would there be consequences if you did not accept a sufficient number of tasks or requests through the online platforms or apps, such as reduced access to tasks or a bad rating?**

(voluntary information)

	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"/>

**303 Are you free to decide when to do the tasks or requests?**

(voluntary information)

	Person 1	Person 2	Person 3	Person 4	Person 5
No, working hours are set by the online platforms, apps or clients. .... 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, ...					
but within limits set by the online platforms, apps or clients. .... 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can determine the working hours myself. .... 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**304 How is the price for the tasks set?**

(voluntary information)

	Person 1	Person 2	Person 3	Person 4	Person 5
The exact price is set by the online platforms, apps or clients. .... 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A price range is set by the platforms, apps or clients. .... 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prices are negotiated. .... 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I set the price myself. .... 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others set the price. .... 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**305 In the event of illness, do you continue to receive pay?**

(voluntary information)

Please select all relevant boxes.

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, ...					
the online platforms or apps continue to pay me. .... 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the online platforms or apps pay into the health insurance system, and I'm covered through that. .... 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I continue to receive payment from another source. .... 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"/>
I don't know. .... 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**i** Now please consider all the work or assignments that you have accepted through an online platform or app.

Thinking specifically of the reference week:

**306 Was the work you performed through online platforms or apps your main job or a second job?**

(voluntary information)

Yes, ...

	Person 1	Person 2	Person 3	Person 4	Person 5
the main job in the reference week ..... 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a second job in the reference week ..... 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a third job/additional job in the reference week ..... 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I did not perform work through online platforms or apps in the reference week. .... 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Your health

**307 How is your health in general?**

(voluntary information)

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"/>

**308 Are you restricted from activities in normal everyday life due to a health problem?**

Would you say you are ...

(voluntary information)

	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"/> → 310	<input type="checkbox"/> → 310	<input type="checkbox"/> → 310	<input type="checkbox"/> → 310	<input type="checkbox"/> → 310

**309 How long have you been affected by these limitations?**

(voluntary information)

	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"/>

310 Have you answered the questions yourself?

(voluntary information)		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

311 Which household member has answered the questions?

(voluntary information)	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"/>

Muster

### 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 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.

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

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

### 6 Today's territory

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

### 7 Citizenship

#### German by birth

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

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

#### Ethnic German repatriates with and without naturalisation

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

#### Notes on "German by naturalisation" in case of marriage

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

### 8 Partial retirement

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

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

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

### 9 Caregiver Leave Act/Family Caregiver Leave Act

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

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

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

### 10 Categorisation of job

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

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

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

## Explanatory notes on the questionnaire

### 11 Marginal employment

In the case of marginal employment, that is, a 603-euros job (also referred to as mini-job; with a pay of up to 603 euros per month on a yearly average basis), the employer pays flat-rate contributions to pension and health insurance and a lump-sum tax rate.

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

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

### 12 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.

### 13 Income earned in the last 12 months

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

Examples:

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

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

### 14 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.

### 15 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.

### 16 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.

### 17 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.

## Explanatory notes on the questionnaire

### 18 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, citizen's benefit.

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

### 19 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.

### 20 Statutory pension insurance

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

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

You also have statutory pension insurance if you

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

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

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

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

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

### 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) 2019/1700, Implementing Regulations (EU) 2019/2240, (EU) 2019/2180, (EU) 2019/2181, (EU) 2019/2241, (EU) 2021/861 and (EU) 2024/2887, Delegated Regulations (EU) 2020/256, (EU) 2020/257, (EU) 2021/859, (EU) 2020/2175 and (EU) 2023/167 in conjunction with the Federal Statistics Act (BStatG) and Article 6 (1) letter e) of the General Data Protection Regulation.

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

The obligation to provide information is laid down in Section 12 of the Microcensus Act in conjunction with Section 15 of the Federal Statistics Act.

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

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

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

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

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

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

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

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

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

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

### Controller

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

### Confidentiality

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

Individual data may in particular be transmitted to:

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

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

<sup>1</sup> 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))

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



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

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) 2019/1700 establishing a common framework for European statistics relating to persons and households provides for the transmission of individual data to the Commission (Eurostat).

Pursuant to Article 7 (1) of Regulation (EU) 557/2013 concerning access to confidential data for scientific purposes, Eurostat may - within its own access facilities or within other access facilities accredited by Eurostat - grant access to individual data not including name and address for scientific purposes.

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

Persons receiving individual data are also obliged to maintain confidentiality.

### Auxiliary variables, reference numbers, separation and deletion

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

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

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

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

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



**Rights and duties of the interviewers, ways of providing information**

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

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

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

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

Respondents whose personal data are processed have the right to request

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

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

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

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

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