



7

Reference week:

Auswahlbezirks-Nr. _____ Lfd. Nr. des Haushalts- _____
im Auswahlbezirk _____ folgen _____ 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 108 on page 32).
- 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>i 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>i If you have more than one dwelling, your main residence is the one where you usually live (centre of social and personal life, family home).</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"/> |

| 20 Does your spouse live in this household? | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---------------------------------------------|---|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Yes, my spouse is number (see flap) | | <input type="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"/> |

| 21 Does your partner live in this household? | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|------------------------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| i 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"/> |

| 22 What is your relationship to Person 1? | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---------------------------------------------------------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I am Person 1. | 1 | <input type="checkbox"/> | | | | |
| I am (his/her) ... | | | | | | |
| wife, husband. | 2 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| partner. | 3 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| daughter, son (including stepchildren, adopted and foster children). | 4 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| daughter-in-law, son-in-law. | 5 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| granddaughter, grandson. | 6 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| great-granddaughter, great-grandson. | 7 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| mother, father (including stepparents, adoptive and foster parents). | 8 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| mother-in-law, father-in-law. | 9 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| grandmother, grandfather. | 10 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| great-grandmother, great-grandfather. | 11 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| sister, brother. | 12 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| sister-in-law, brother-in-law. | 13 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| another relative by birth/marriage. | 14 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| not related by birth/marriage. | 15 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Housing circumstances

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

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. 137:

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. 137: **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. 137: **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. 137: **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 ☐

45 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 ☐ → 47
 I don't know. 7 ☐ → 47

46 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) ☐
 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 ☐

Childcare

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

Yes ☐
 No ☐ → 50

48 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"/> → 50 | <input type="checkbox"/> → 50 | <input type="checkbox"/> → 50 | <input type="checkbox"/> → 50 | <input type="checkbox"/> → 50 |

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

Please mark all relevant boxes.

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

Citizenship and duration of residence

50 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"/> → 52 | <input type="checkbox"/> → 52 | <input type="checkbox"/> → 52 | <input type="checkbox"/> → 52 | <input type="checkbox"/> → 52 |

51 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"/> → 55 | <input type="checkbox"/> → 55 | <input type="checkbox"/> → 55 | <input type="checkbox"/> → 55 | <input type="checkbox"/> → 55 |
| No | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | |
|----------------|--|
| Person 1 | |
| Person 2 | |
| Person 3 | |
| Person 4 | |
| Person 5 | |

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

i See also p. 137: **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"/> |

54 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"/> |

55

What language/languages do you speak at home?

| | | | | | | |
|--------------------------------------------------------------------------|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| I only speak German at home. | 1 | <input type="checkbox"/> → 57 | <input type="checkbox"/> → 57 | <input type="checkbox"/> → 57 | <input type="checkbox"/> → 57 | <input type="checkbox"/> → 57 |
| 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"/> |

Muster

| 56 | What language do you mainly speak at home? | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|----|--------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Albanian 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Arabic 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Bosnian 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Bulgarian 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Chinese 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Danish 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | German 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | English 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | French 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Greek 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 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"/> |

| 57 | Have you ever interrupted your stay in the Federal Republic of Germany (today's territory) and lived abroad for at least one year? | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|----|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| | Yes 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | No 8 | <input type="checkbox"/> → 59 | <input type="checkbox"/> → 59 | <input type="checkbox"/> → 59 | <input type="checkbox"/> → 59 | <input type="checkbox"/> → 59 |

58 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"/> |

59 Do you have German citizenship?

Yes, German citizenship only

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

No

| Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> → 64 | <input type="checkbox"/> → 64 | <input type="checkbox"/> → 64 | <input type="checkbox"/> → 64 | <input type="checkbox"/> → 64 |
| <input type="checkbox"/> → 63 | <input type="checkbox"/> → 63 | <input type="checkbox"/> → 63 | <input type="checkbox"/> → 63 | <input type="checkbox"/> → 63 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

60 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"/> |

61 Do you have citizenship of another foreign country?

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"/> → 79 | <input type="checkbox"/> → 79 | <input type="checkbox"/> → 79 | <input type="checkbox"/> → 79 | <input type="checkbox"/> → 79 |

62 Of which second foreign country do you have citizenship?

Person 1

Person 2

Person 3

Person 4

Person 5

| | |
|----------------------|------|
| <input type="text"/> | → 79 |
| <input type="text"/> | → 79 |
| <input type="text"/> | → 79 |
| <input type="text"/> | → 79 |
| <input type="text"/> | → 79 |

63 Of which other country do you have citizenship?

Person 1

Person 2

Person 3

Person 4

Person 5

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

64 How did you obtain German citizenship?

i See also p. 138: **7** "Citizenship".

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-------------------------------------------------------|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| By birth | 1 <input type="checkbox"/> → 67 | <input type="checkbox"/> → 67 | <input type="checkbox"/> → 67 | <input type="checkbox"/> → 67 | <input type="checkbox"/> → 67 |
| As a non-naturalised (ethnic) German repatriate | 2 <input type="checkbox"/> → 79 | <input type="checkbox"/> → 79 | <input type="checkbox"/> → 79 | <input type="checkbox"/> → 79 | <input type="checkbox"/> → 79 |
| 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"/> → 79 | <input type="checkbox"/> → 79 | <input type="checkbox"/> → 79 | <input type="checkbox"/> → 79 | <input type="checkbox"/> → 79 |

65 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"/> |

66 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"/> | → 79 |
| Person 2 | <input type="text"/> | → 79 |
| Person 3 | <input type="text"/> | → 79 |
| Person 4 | <input type="text"/> | → 79 |
| Person 5 | <input type="text"/> | → 79 |

67 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"/> → 73 | <input type="checkbox"/> → 73 | <input type="checkbox"/> → 73 | <input type="checkbox"/> → 73 | <input type="checkbox"/> → 73 |
| No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

i See also p. 137: **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"/> |
| | ↳ 70 | ↳ 70 | ↳ 70 | ↳ 70 | ↳ 70 |
| Yes, but I do not know the year of arrival. | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | 8 <input type="checkbox"/> → 70 | <input type="checkbox"/> → 70 | <input type="checkbox"/> → 70 | <input type="checkbox"/> → 70 | <input type="checkbox"/> → 70 |

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

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

70 Is/was your mother a German citizen?
i See also p. 138: 7 "Citizenship".

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

71 Was your mother born in Germany (today's territory)?
i See also p. 137: 6 "Today's territory".

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Yes | 1 <input type="checkbox"/> → 73 | <input type="checkbox"/> → 73 | <input type="checkbox"/> → 73 | <input type="checkbox"/> → 73 | <input type="checkbox"/> → 73 |
| No | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | |
|----------------|--|
| Person 1 | |
| Person 2 | |
| Person 3 | |
| Person 4 | |
| Person 5 | |

73 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 | <input type="checkbox"/> → 85 | <input type="checkbox"/> → 85 | <input type="checkbox"/> → 85 | <input type="checkbox"/> → 85 | <input type="checkbox"/> → 85 |
| No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

i See also p. 137: **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"/> |
| | ↳ 76 | ↳ 76 | ↳ 76 | ↳ 76 | ↳ 76 |
| 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"/> → 76 | <input type="checkbox"/> → 76 | <input type="checkbox"/> → 76 | <input type="checkbox"/> → 76 | <input type="checkbox"/> → 76 |

75 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"/> |

76 Is/was your father a German citizen?

i See also p. 138: **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"/> |

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

i See also p. 137: **6** "Today's territory".

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Yes | <input type="checkbox"/> → 85 | <input type="checkbox"/> → 85 | <input type="checkbox"/> → 85 | <input type="checkbox"/> → 85 | <input type="checkbox"/> → 85 |
| No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | | |
|----------------|----------------------|------|
| Person 1 | <input type="text"/> | → 85 |
| Person 2 | <input type="text"/> | → 85 |
| Person 3 | <input type="text"/> | → 85 |
| Person 4 | <input type="text"/> | → 85 |
| Person 5 | <input type="text"/> | → 85 |

79 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.

Yes
No

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

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

i See also p. 137: **6** "Today's territory".

Yes 1
No 8

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

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

Person 1
Person 2
Person 3
Person 4
Person 5

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

82 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"/> → 85 | <input type="checkbox"/> → 85 | <input type="checkbox"/> → 85 | <input type="checkbox"/> → 85 | <input type="checkbox"/> → 85 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

i See also p. 137: **6** "Today's territory".

Yes 1
No 8

| Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> → 85 | <input type="checkbox"/> → 85 | <input type="checkbox"/> → 85 | <input type="checkbox"/> → 85 | <input type="checkbox"/> → 85 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Person 1
Person 2
Person 3
Person 4
Person 5

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

School or university attendance

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

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

| | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Yes | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | 8 | <input type="checkbox"/> → 91 | <input type="checkbox"/> → 91 | <input type="checkbox"/> → 91 | <input type="checkbox"/> → 91 | <input type="checkbox"/> → 91 |

86 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"/> |

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

Schools of general education

| | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|------------------------------------------------------------------------------------------------------|----|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Primary school | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Orientation stage in grades 5/6 (e.g. at primary or secondary schools, diagnostic stage) | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Special school, special needs school, special needs assistance | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| School offering several courses of education | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary general school, evening secondary general school | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intermediate school, evening intermediate school | 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comprehensive school | 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Waldorf school | 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grammar school | 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vocational grammar school, also grammar school specialising in economics or technical subjects | 10 | <input type="checkbox"/> → 91 | <input type="checkbox"/> → 91 | <input type="checkbox"/> → 91 | <input type="checkbox"/> → 91 | <input type="checkbox"/> → 91 |
| Evening grammar school, adult education college | 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

still:

87

Vocational schools offering a general school certificate

Vocational school offering an intermediate school certificate (e.g. full-time vocational school) 12 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91

Vocational school offering an entrance qualification for higher education institutions:

Specialised upper secondary school 13 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91

Full-time vocational school 14 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91

Two-year full-time vocational school 15 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91

Vocational schools

Pre-vocational training year 16 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91

Basic vocational training year 17 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91

Vocational school (dual system) 18 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91

Full-time vocational school providing a vocational qualification 19 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91

Training centre/school for health-care service occupations and social occupations:

one year (e.g. geriatric care assistant) 20 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91

two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant) 21 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91

three years (e.g. physiotherapy, medical laboratory assistant, geriatric care) 22 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91

Training centre/school for educators 23 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91

Master craftsman/craftswoman training programme at trade and technical schools 24 ☐ → 89 ☐ → 89 ☐ → 89 ☐ → 89 ☐ → 89

Trade and technical school e.g. for technicians, business economists 25 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91

Specialised academy (in Bayern only) 26 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91

Higher education institutions

Vocational academy 27 ☐ → 90 ☐ → 90 ☐ → 90 ☐ → 90 ☐ → 90

College of public administration 28 ☐ → 90 ☐ → 90 ☐ → 90 ☐ → 90 ☐ → 90

University of applied sciences, Cooperative State University (in Baden-Württemberg, Schleswig-Holstein and Thüringen) 29 ☐ → 90 ☐ → 90 ☐ → 90 ☐ → 90 ☐ → 90

University (also college of art and music, college of education, college of theology) 30 ☐ → 90 ☐ → 90 ☐ → 90 ☐ → 90 ☐ → 90

Doctoral studies 31 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91

88

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

Grades 1 to 4 1 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91

Grades 5 to 9/10 2 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91

Upper secondary grades in grammar school 3 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91 ☐ → 91

**89 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 | | → 91 |
| Person 2 | | → 91 |
| Person 3 | | → 91 |
| Person 4 | | → 91 |
| Person 5 | | → 91 |

90 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"/> |

91 Are you 15 years or older?

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

Employment situation in the reference week

**92 Did you do at least 1 hour of paid work in the reference week?
Please take into account also self-employment and minor jobs.**

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes 1 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 |
| No 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes 1 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 |
| No 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Yes 1 | <input type="checkbox"/> → 96 | <input type="checkbox"/> → 96 | <input type="checkbox"/> → 96 | <input type="checkbox"/> → 96 | <input type="checkbox"/> → 96 |
| No 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

95 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"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 |
| No | 8 | <input type="checkbox"/> → 145 | <input type="checkbox"/> → 145 | <input type="checkbox"/> → 145 | <input type="checkbox"/> → 145 | <input type="checkbox"/> → 145 |

96 Why did you not work in the reference week?



See also p. 138:

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"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 |
| Holidays, special leave 2 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 |
| Compensation leave (within the framework of a working time account or an annualised hours contract) 3 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 |
| Maternity leave 4 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 |
| Partial retirement 5 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 |
| Vocational and continuing training 6 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 |
| 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"/> → 99 | <input type="checkbox"/> → 99 | <input type="checkbox"/> → 99 | <input type="checkbox"/> → 99 | <input type="checkbox"/> → 99 |
| Strike, lockout 10 | <input type="checkbox"/> → 98 | <input type="checkbox"/> → 98 | <input type="checkbox"/> → 98 | <input type="checkbox"/> → 98 | <input type="checkbox"/> → 98 |
| Bad weather 11 | <input type="checkbox"/> → 98 | <input type="checkbox"/> → 98 | <input type="checkbox"/> → 98 | <input type="checkbox"/> → 98 | <input type="checkbox"/> → 98 |
| Short-time work for technical or economic reasons 12 | <input type="checkbox"/> → 98 | <input type="checkbox"/> → 98 | <input type="checkbox"/> → 98 | <input type="checkbox"/> → 98 | <input type="checkbox"/> → 98 |
| General and continuing education, school attendance 13 | <input type="checkbox"/> → 98 | <input type="checkbox"/> → 98 | <input type="checkbox"/> → 98 | <input type="checkbox"/> → 98 | <input type="checkbox"/> → 98 |
| Personal or family responsibilities 14 | <input type="checkbox"/> → 98 | <input type="checkbox"/> → 98 | <input type="checkbox"/> → 98 | <input type="checkbox"/> → 98 | <input type="checkbox"/> → 98 |
| Other reasons 15 | <input type="checkbox"/> → 98 | <input type="checkbox"/> → 98 | <input type="checkbox"/> → 98 | <input type="checkbox"/> → 98 | <input type="checkbox"/> → 98 |
| I have already found a job but did not yet work in that job in the reference week. 16 | <input type="checkbox"/> → 145 | <input type="checkbox"/> → 145 | <input type="checkbox"/> → 145 | <input type="checkbox"/> → 145 | <input type="checkbox"/> → 145 |

97 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"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 |
| 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"/> |

98 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"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 | <input type="checkbox"/> → 100 |
| More than 3 months 8 | <input type="checkbox"/> → 146 | <input type="checkbox"/> → 146 | <input type="checkbox"/> → 146 | <input type="checkbox"/> → 146 | <input type="checkbox"/> → 146 |

99 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"/> → 146 | <input type="checkbox"/> → 146 | <input type="checkbox"/> → 146 | <input type="checkbox"/> → 146 | <input type="checkbox"/> → 146 |

100 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. 138: **10** "Categorisation of job".

Self-employed person, freelancer

without employees 1 ☐ → 102 ☐ → 102 ☐ → 102 ☐ → 102 ☐ → 102

with employees 2 ☐ → 102 ☐ → 102 ☐ → 102 ☐ → 102 ☐ → 102

Unpaid family worker in a family business 3 ☐ → 102 ☐ → 102 ☐ → 102 ☐ → 102 ☐ → 102

Public official (not including candidates), judge 4 ☐ → 102 ☐ → 102 ☐ → 102 ☐ → 102 ☐ → 102

Salary earner, wage earner (not including apprentices) 5 ☐ → 102 ☐ → 102 ☐ → 102 ☐ → 102 ☐ → 102

Apprentice/trainee receiving remuneration 7 ☐ ☐ ☐ ☐ ☐

Candidate public official 8 ☐ → 102 ☐ → 102 ☐ → 102 ☐ → 102 ☐ → 102

Intern, trainee (including paid practical training or internship) 9 ☐ → 102 ☐ → 102 ☐ → 102 ☐ → 102 ☐ → 102

Temporary or professional soldier ☐ → 102 ☐ → 102 ☐ → 102 ☐ → 102 ☐ → 102

In voluntary military service ☐ → 102 ☐ → 102 ☐ → 102 ☐ → 102 ☐ → 102

In the Federal Volunteer Service (also social, ecological or cultural year) 12 ☐ → 102 ☐ → 102 ☐ → 102 ☐ → 102 ☐ → 102

Other employee with a small-scale job 13 ☐ → 102 ☐ → 102 ☐ → 102 ☐ → 102 ☐ → 102

101 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 ☐ ☐ ☐ ☐ ☐

102 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. 139: **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"/> |

103 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"/> |

104 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 | |

105 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

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

Yes, executive duties

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

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

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



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. 139: **12** "Establishment (location)".

Person 1

Person 2

Person 3

Person 4

Person 5

108 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.

109 Are you employed in the public service?

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

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

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

110 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"/> → 112 | <input type="checkbox"/> → 112 | <input type="checkbox"/> → 112 | <input type="checkbox"/> → 112 | <input type="checkbox"/> → 112 |
| 20 to 49 people 3 | <input type="checkbox"/> → 112 | <input type="checkbox"/> → 112 | <input type="checkbox"/> → 112 | <input type="checkbox"/> → 112 | <input type="checkbox"/> → 112 |
| 50 to 249 people 4 | <input type="checkbox"/> → 112 | <input type="checkbox"/> → 112 | <input type="checkbox"/> → 112 | <input type="checkbox"/> → 112 | <input type="checkbox"/> → 112 |
| 250 to 499 people 5 | <input type="checkbox"/> → 112 | <input type="checkbox"/> → 112 | <input type="checkbox"/> → 112 | <input type="checkbox"/> → 112 | <input type="checkbox"/> → 112 |
| 500 people or more 6 | <input type="checkbox"/> → 112 | <input type="checkbox"/> → 112 | <input type="checkbox"/> → 112 | <input type="checkbox"/> → 112 | <input type="checkbox"/> → 112 |

111 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

112 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"/> |

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

i This includes a change of occupation without retraining.

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

Scope and scale of current job

114 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"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 |
| Part-time | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

115 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"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 |
| School education, studies, other education or advanced training | 2 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 |
| Own illness, consequences of an accident | 3 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 |
| Permanently reduced earning capacity, permanent disability | 4 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 |
| Have to look after children | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have to look after people with disabilities | 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have to look after people in need of care | 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other family reasons | 9 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 |
| Other personal reasons | 10 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 |
| I want to work part-time. | 11 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 |
| Other main reason | 12 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 | <input type="checkbox"/> → 117 |

116 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"/> |

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

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"/> → 119 | <input type="checkbox"/> → 119 | <input type="checkbox"/> → 119 | <input type="checkbox"/> → 119 | <input type="checkbox"/> → 119 |

118 How many hours per week do you usually work?

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

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

Number of hours

| Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ↪ 123 | ↪ 123 | ↪ 123 | ↪ 123 | ↪ 123 |

119 Does your job involve temporary agency work?

Yes 1

No 8

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

120 Do you have a fixed-term working contract?

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

Yes, fixed-term contract 1

No, open-ended contract 8

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

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

Yes 1

No 8

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

122 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. 139: **13** "Stand-by duty".

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

Number of hours

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

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

Yes 1

No 8

| Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> → 125 | <input type="checkbox"/> → 125 | <input type="checkbox"/> → 125 | <input type="checkbox"/> → 125 | <input type="checkbox"/> → 125 |

124 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.

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"/> |

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No 8 | <input type="checkbox"/> → 127 | <input type="checkbox"/> → 127 | <input type="checkbox"/> → 127 | <input type="checkbox"/> → 127 | <input type="checkbox"/> → 127 |

126 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.

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

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No 8 | <input type="checkbox"/> → 129 | <input type="checkbox"/> → 129 | <input type="checkbox"/> → 129 | <input type="checkbox"/> → 129 | <input type="checkbox"/> → 129 |

128 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.

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

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

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

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

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

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

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

Second or additional jobs

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

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes, I had 2 jobs. 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, I had more than 2 jobs. 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No 8 | <input type="checkbox"/> → 140 | <input type="checkbox"/> → 140 | <input type="checkbox"/> → 140 | <input type="checkbox"/> → 140 | <input type="checkbox"/> → 140 |

131 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. 139: **11** "Marginal employment".

Yes, a 603-euros job, mini-job (average maximum earnings of 603 euros per month) 1

Yes, short-term employment (a maximum of 3 months or 70 days worked per year) 2

Yes, a one-euro job (job opportunity for people receiving citizen's benefit) 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"/> |

132 How often do you work in your additional job?

Regularly 1

Irregularly, occasionally 2

On a seasonal basis 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"/> |

133 What is your status in your additional job?

i See also p. 138: **10** "Categorisation of job".

Self-employed person, freelancer

without employees 1

with employees 2

Unpaid family worker in a family business 3

Public official, judge 4

Salary earner, wage earner (not including apprentices) 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"/> |

134 Please provide some keywords to describe your additional job.

(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

135 What is the title of your additional 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

136 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)

1

☐
☐
☐
☐
☐

Yes, supervisory duties

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

2

☐
☐
☐
☐
☐

No

8

☐
☐
☐
☐
☐

137 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. 139: **12** "Establishment (location)".

| | |
|----------------|--|
| Person 1 | |
| Person 2 | |
| Person 3 | |
| Person 4 | |
| Person 5 | |

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

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

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

Number of hours

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

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

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

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

Number of hours

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

Desired number of working hours

140 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"/> → 144 | <input type="checkbox"/> → 144 | <input type="checkbox"/> → 144 | <input type="checkbox"/> → 144 | <input type="checkbox"/> → 144 |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 | <input type="checkbox"/> → 143 |

141 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

1

2

3

5

4

142 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

8

143 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

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

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

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

Yes

No

Person 1

Person 2

Person 3

Person 4

Person 5

1

8

Last job or absence from work

145 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".

Yes

No

Person 1

Person 2

Person 3

Person 4

Person 5

1

8

146 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"/> |

147 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

| | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---------------------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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

| | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|------------------------------------------------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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

| | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-------------------------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Other main reason | 14 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

148 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" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> |
| Year | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> |

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

i See also p. 138: **10** "Categorisation of job".

Self-employed person, freelancer

without employees 1 ☐ → 151 ☐ → 151 ☐ → 151 ☐ → 151 ☐ → 151

with employees 2 ☐ → 151 ☐ → 151 ☐ → 151 ☐ → 151 ☐ → 151

Unpaid family worker in a family business 3 ☐ → 151 ☐ → 151 ☐ → 151 ☐ → 151 ☐ → 151

Public official (not including candidates), judge 4 ☐ → 151 ☐ → 151 ☐ → 151 ☐ → 151 ☐ → 151

Salary earner, wage earner (not including apprentices) 5 ☐ → 151 ☐ → 151 ☐ → 151 ☐ → 151 ☐ → 151

Apprentice/trainee receiving remuneration 7 ☐ ☐ ☐ ☐ ☐

Candidate public official 8 ☐ → 151 ☐ → 151 ☐ → 151 ☐ → 151 ☐ → 151

Intern, trainee (including paid practical training or internship) 9 ☐ → 151 ☐ → 151 ☐ → 151 ☐ → 151 ☐ → 151

Temporary or professional soldier 10 ☐ → 151 ☐ → 151 ☐ → 151 ☐ → 151 ☐ → 151

Person doing compulsory military/civilian service 11 ☐ → 151 ☐ → 151 ☐ → 151 ☐ → 151 ☐ → 151

In voluntary military service 12 ☐ → 151 ☐ → 151 ☐ → 151 ☐ → 151 ☐ → 151

In the Federal Volunteer Service (also social, ecological or cultural year) 13 ☐ → 151 ☐ → 151 ☐ → 151 ☐ → 151 ☐ → 151

150 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. vocational training centre for disabled young people (Berufsbildungswerk), educational centre (Bildungszentrum) 2 ☐ ☐ ☐ ☐ ☐

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

(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 | |

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

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

| | |
|----------------|--|
| Person 1 | |
| Person 2 | |
| Person 3 | |
| Person 4 | |
| Person 5 | |

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

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

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

154 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. 139: **12** "Establishment (location)".

| | |
|----------------|--|
| Person 1 | |
| Person 2 | |
| Person 3 | |
| Person 4 | |
| Person 5 | |

155 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"/> |

156 Are you 90 years or older?

| | | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes | 1 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| No | 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Search for work

157 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"/> → 159 | <input type="checkbox"/> → 159 | <input type="checkbox"/> → 159 | <input type="checkbox"/> → 159 | <input type="checkbox"/> → 159 |

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

Please mark all relevant boxes.

Contacted the employment agency (job centre) or other employment authority

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 |

Contacted private employment organisations

| | | | | | |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 2 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|

Placed job wanted advertisements

| | | | | | |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 3 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|

Responded to job offers

| | | | | | |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 4 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|

Sent off unsolicited applications

| | | | | | |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 5 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|

Asked friends, relatives, acquaintances

| | | | | | |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 6 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|

Looked through job offers

| | | | | | |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 7 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|

Took tests, interviews, exams

| | | | | | |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 8 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|

Placed or updated online CVs

| | | | | | |
|----|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 13 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 |
|----|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|

Searched for premises, offices, equipment for self-employment or a freelance job

| | | | | | |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 9 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|

Applied for licences, concessions or financial resources for self-employment or a freelance job

| | | | | | |
|----|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 10 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 |
|----|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|

Took other action for self-employment or a freelance job

| | | | | | |
|----|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 11 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 |
|----|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|

Took other action

| | | | | | |
|----|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 12 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 |
|----|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|

159 Did you find a job in the reference week?

Yes, I found a job in the reference week and have started it.

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 |

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"/> → 161 | <input type="checkbox"/> → 161 | <input type="checkbox"/> → 161 | <input type="checkbox"/> → 161 | <input type="checkbox"/> → 161 |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|

160 When will you start your new job?

Within the 3 months after the reference week

| | | | | | |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|

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

| | | | | | |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 8 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 | <input type="checkbox"/> → 169 |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|

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

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

Yes

| | 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"/> |

No

| | | | | | |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 8 | <input type="checkbox"/> → 167 | <input type="checkbox"/> → 167 | <input type="checkbox"/> → 167 | <input type="checkbox"/> → 167 | <input type="checkbox"/> → 167 |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|

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

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|------------------------------------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| No suitable job available | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 |
| I am awaiting re-employment (following temporary lay-off). | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 |
| Own illness, consequences of an accident | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 |
| Permanently reduced earning capacity, permanent disability | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 |
| 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"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 |
| Other personal responsibilities | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 |
| School or vocational education, studies | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 |
| Retirement | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 |
| Other main reason | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 |

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

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

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

164 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"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

165 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"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| Own illness, consequences of an accident | 2 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| Permanently reduced earning capacity, permanent disability | 3 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| 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"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| Other personal responsibilities | 8 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| Retirement | 9 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| Other main reason | 10 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |

166 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"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| There is no adequate care available at the relevant times of the day. | 2 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| Adequate care is too expensive. | 3 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| I want to do it myself. | 4 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| Other essential reasons | 5 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |

167 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"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| Own illness, consequences of an accident | 2 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| Permanently reduced earning capacity, permanent disability | 3 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| 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"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| Other personal responsibilities | 8 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| Retirement | 9 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| Other main reason | 10 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |

168 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"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| There is no adequate care available at the relevant times of the day. 2 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| Adequate care is too expensive. 3 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| I want to do it myself. 4 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| Other essential reasons 9 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |

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

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

170 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"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| No 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

171 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"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| Own illness, consequences of an accident 2 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| Permanently reduced earning capacity, permanent disability 3 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| 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"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| Other personal responsibilities 8 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| Retirement 9 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |
| Other main reason 10 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 | <input type="checkbox"/> → 173 |

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

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

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

Self-assessment of life situation in the reference week

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

i See also p. 138:

8 "Partial retirement" and

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

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

174 Which are your main sources of livelihood?

i See also p. 139: 14 "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"/> |

175 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. 139: **15** "Net income".

Personal net income:

Code from list 175

I had no income. 90

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

List 175

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

176 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 176

List 176

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

177 Are you 15 years or older?

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

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

Educational and vocational attainment

178 Do you hold a general school certificate?

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No/Not yet 8 | <input type="checkbox"/> → 182 | <input type="checkbox"/> → 182 | <input type="checkbox"/> → 182 | <input type="checkbox"/> → 182 | <input type="checkbox"/> → 182 |

179 Which is your highest qualification?

Please convert qualifications gained abroad to German equivalents.

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

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

School of general education in the GDR

school certificate obtained after grade 8 or 9

school certificate obtained after grade 10

Intermediate school certificate, intermediate school-leaving certificate or equivalent

Entrance qualification for universities of applied sciences

Higher education entrance qualification (general or subject-restricted)

Certificate of special school

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

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

Germany

Abroad

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 | <input type="checkbox"/> → 182 | <input type="checkbox"/> → 182 | <input type="checkbox"/> → 182 | <input type="checkbox"/> → 182 | <input type="checkbox"/> → 182 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

181 How long did you attend school?

Please round to the nearest year.

Number of years in school

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

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

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

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

Yes

No/Not yet

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 | <input type="checkbox"/> → 184 | <input type="checkbox"/> → 184 | <input type="checkbox"/> → 184 | <input type="checkbox"/> → 184 | <input type="checkbox"/> → 184 |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Year

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | ↳ 190 | ↳ 190 | ↳ 190 | ↳ 190 | ↳ 190 |
| | <input type="checkbox"/> → 190 | <input type="checkbox"/> → 190 | <input type="checkbox"/> → 190 | <input type="checkbox"/> → 190 | <input type="checkbox"/> → 190 |

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

Year

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

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

Germany 1

Abroad 2

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

186 Which is your highest qualification?

Please convert qualifications gained abroad to German equivalents.

Vocational qualification attained

Apprenticeship, vocational training in the dual system 4

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

Preparatory training for the intermediate service in public administration 6

On-the-job training 1

Internship 2

Pre-vocational training year 3

Training centre/school for health-care service occupations and social occupations:

one year (e.g. geriatric care assistant) 7

two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant) 8

three years (e.g. physiotherapy, medical laboratory assistant, geriatric care) 9

Nursery teacher/educator 10

Master craftsman/craftswoman 11

Technician's qualification or equivalent trade and technical school certificate 12

Specialised and engineering schools of the GDR 13

Specialised academy (in Bayern only) 14

| Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 |
| <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 |
| <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 |
| <input type="checkbox"/> → 190 | <input type="checkbox"/> → 190 | <input type="checkbox"/> → 190 | <input type="checkbox"/> → 190 | <input type="checkbox"/> → 190 |
| <input type="checkbox"/> → 190 | <input type="checkbox"/> → 190 | <input type="checkbox"/> → 190 | <input type="checkbox"/> → 190 | <input type="checkbox"/> → 190 |
| <input type="checkbox"/> → 190 | <input type="checkbox"/> → 190 | <input type="checkbox"/> → 190 | <input type="checkbox"/> → 190 | <input type="checkbox"/> → 190 |
| <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 |
| <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 |
| <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 |
| <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 |
| <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 |
| <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 | <input type="checkbox"/> → 189 |

Please turn the page for more qualifications.

still:

186 Higher education institutions

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 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"/> → 188 | <input type="checkbox"/> → 188 | <input type="checkbox"/> → 188 | <input type="checkbox"/> → 188 | <input type="checkbox"/> → 188 |

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

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

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

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

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

189 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 | |

Continuing education and training

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

i By training, we mean all continuing education measures

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

It also includes continuing education that is still ongoing.

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

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

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

Pension insurance

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes | <input type="checkbox"/> → 193 | <input type="checkbox"/> → 193 | <input type="checkbox"/> → 193 | <input type="checkbox"/> → 193 | <input type="checkbox"/> → 193 |
| No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 192 Were you insured under the statutory pension insurance scheme in the reference week?**

i See also p. 139:

16 "Statutory pension insurance".

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

Internet access and internet use

193 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"/> |

194 Is this dwelling your main residence?

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

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

195 Are you 16 to 74 years old?

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

Your health

196 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"/> → p. 57, 198 | <input type="checkbox"/> → p. 73, 198 | <input type="checkbox"/> → p. 89, 198 | <input type="checkbox"/> → p. 105, 198 | <input type="checkbox"/> → p. 121, 198 |

197 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"/> → p. 73, 198 | <input type="checkbox"/> → p. 89, 198 | <input type="checkbox"/> → p. 105, 198 | <input type="checkbox"/> → p. 121, 198 |
| 6 months or more | 2 | <input type="checkbox"/> | <input type="checkbox"/> → p. 73, 198 | <input type="checkbox"/> → p. 89, 198 | <input type="checkbox"/> → p. 105, 198 | <input type="checkbox"/> → p. 121, 198 |

Note!

Please enter your name in the box at the side.

i Many questions on the use of information and communication technologies include the time categories

"In the last 3 months",

"More than 3 months ago, but within the last 12 months", and

"More than 12 months ago".

Those past periods refer to the reference week (the reference week is specified on the flap).

Disclaimer:

In the following questions on the use of information and communication technologies, any references to third party brands, products, trademarks and websites/apps are for the sake of clarification and are not intended to promote the use of such products/websites.

198 When did you last use the internet?

(voluntary information)

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.

Please mark only one box.

- In the last 3 months 1 ☐
- More than 3 months ago, but within the last 12 months 2 ☐ → 226
- More than 12 months ago 3 ☐ → 233
- Never 8 ☐ → 233

199 How often on average have you used the internet in the last 3 months?

(voluntary information)

Please mark only one box.

- Several times during the day 1 ☐
- Once a day or almost every day 2 ☐
- At least once a week (but not every day) 3 ☐
- Less than once a week 4 ☐

200 For which private purposes did you use the internet (including via apps) in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

Communication

| | Yes | No |
|------------------------------------|----------------------------|----------------------------|
| Sending or receiving e-mails | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Making phone calls or video calls (phone calls using a webcam) via the internet (using apps, e.g. Skype, Messenger, Facetime, WhatsApp, Signal, Threema, Viber, Snapchat, Zoom, MS Teams, Webex) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Participating in social media (e.g. creating a user profile, posting messages or other contributions to Meta (Facebook, Instagram), X (formerly: Twitter), Snapchat, TikTok or other social networks) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

| | | |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Using instant messaging (i.e. exchanging messages e.g. via Skype, Messenger, WhatsApp, Viber, Snapchat, Telegram) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

Searching for information

| | | |
|-------------------------------------------------------------|----------------------------|----------------------------|
| Reading online news sites, newspapers, news magazines | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-------------------------------------------------------------|----------------------------|----------------------------|

i For example reading online www.dw.de, www.faz.net, www.fr-online.de, www.heute.de, www.spiegel.de, www.sueddeutsche.de, www.tagesschau.de, www.taz.de, www.welt.de, www.zeit.de

| | | |
|------------------------------------------------------|----------------------------|----------------------------|
| Searching for information on goods or services | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|------------------------------------------------------|----------------------------|----------------------------|

| | | |
|-------------------------------------------------------------|----------------------------|----------------------------|
| including searching for information on product safety | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-------------------------------------------------------------|----------------------------|----------------------------|

i Think about both physical products (e.g. baby pacifier) and digital products (e.g. software). Also included is the search for safety warnings/instructions, material composition, test seals ("CE", "GS"), safety guidelines (EU/national) and the search for information on reporting points for security risks/incidents.

Civic and political participation

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Expressing opinions on political or social issues on websites (e.g. in blogs) or in social networks (e.g. Meta (Facebook, Instagram), X (formerly: Twitter), YouTube) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Taking part in online consultations or voting on political, social or municipal issues (e.g. urban planning or signing a petition) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

still:

200 For which private purposes did you use the internet (including via apps) in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

Entertainment

Yes

No

Listening to music (via web radio or online streaming services such as Spotify or via download)

1 ☐

8 ☐

Watching internet streamed TV (live or time-shifted, also in media libraries) from TV broadcasters

1 ☐

8 ☐

Watching videos from commercial providers (e.g. Amazon Prime Video, Apple TV+, DAZN, Disney+, Eurosport Player, HBO Max, Joyn/ Joyn PLUS+, MagentaSport, Netflix, Paramount+, RTL+/RTL+ Premium, Sky WOW)

1 ☐

8 ☐

Watching video content from video sharing services (e.g. YouTube, Instagram, TikTok)

1 ☐

8 ☐

Playing or downloading games (incl. downloads of updates/upgrades/ DLC)

1 ☐

8 ☐

Listening to or downloading podcasts

1 ☐

8 ☐

Health

Searching for health-related information (e.g. injuries, diseases, nutrition, improving health)

1 ☐

8 ☐

Including:

Search for information on physical health

1 ☐

8 ☐

Search for information on mental health

1 ☐

8 ☐

Making an appointment with a doctor via a website or app (e.g. via the website of a hospital, a health care centre or a physical therapy practice)

1 ☐

8 ☐

Accessing personal health records online (in Germany called „ePA“)

1 ☐

8 ☐

Using other health services via a website or app instead of having to go to the hospital or visit a doctor (e.g. receiving a prescription or an online consultation)

1 ☐

8 ☐

Job search

Looking for a job or sending a job application

1 ☐

8 ☐

Other online services

Selling goods or services via a website or app (e.g. Kleinanzeigen, Facebook Marketplace, Shpock or other online marketplace platforms)

1 ☐

8 ☐

Internet banking (including mobile banking)

1 ☐

8 ☐

i Other common names are online banking and home banking.

Artificial intelligence (AI)

i The following section is about **Artificial Intelligence (AI)**, a branch of computer science.

AI is able to recognize information from existing data and thus imitate human cognitive abilities. This allows tasks that normally require human intelligence to be carried out automatically. Well-known examples of AI include search engines like Google or facial recognition in smartphones.

Generative AI can also generate new content that appears realistic and seemingly original by using available information and learning from existing patterns.

201 In the last 3 months, have you used any generative AI tools to create new content like text, images, programming code, or videos?

(voluntary information)

i Generative AI tools such as ChatGPT, Microsoft Copilot, Google Gemini (formerly Google Bard), LLaMA, Midjourney, DALL-E

Yes 1 ☐

No 8 ☐ → 203

202 What was the purpose of using generative AI tools in the last 3 months?

(voluntary information)

Please mark all relevant boxes.

Private further education (e.g. use of online services to improve language skills) 1 ☐ → 204

For professional (work) purposes 2 ☐ → 204

Formal education 3 ☐ → 204

i In Germany, formal education includes primary and secondary education (schools) as well as the tertiary education sector (higher education institutions, trade and technical schools, specialised academies).

203 What is the main reason for not using generative AI tools in the last 3 months?

(voluntary information)

Please mark all relevant boxes.

I didn't know that generative AI tools existed. 2 ☐

There was no need. 1 ☐

I didn't know how to use generative AI tools. 3 ☐

I had concerns about privacy, security or safety. 4 ☐

I had ethical/moral concerns (e.g. danger of perpetuating/reinforcing stereotypes and prejudices, no accountability, unauthorised use of intellectual property). 5 ☐

Other reasons 6 ☐

If "Other reasons", please describe briefly:

204 Did you conduct either of the following learning activities via the internet for educational, professional or private purposes in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

| | Yes | No |
|------------------------------|----------------------------|----------------------------|
| Doing an online course | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

i This refers to online courses with the aim of acquiring new skills. Such a course is usually completed with a corresponding certificate. For example, an "online yoga course" is only included if it was carried out with the intention of obtaining a certificate as a yoga teacher. However, if it is carried out only for private leisure/ recreational purposes, then it should not be included.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Using online learning material other than a complete online course (e.g. audio-visual material, video instructions (including YouTube videos), webinars, online learning software, electronic textbooks, learning apps or platforms) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

i This does not refer to downloading learning material.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Communicating with educators or learners using audio or video online tools (e.g. Zoom, Microsoft Teams, Google Classroom, Classtime) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

E-skills

i The questions in this section concern your online activities done for private, professional or educational purposes, via any device (e.g. desktop PC, laptop, tablet, smartphone).

205 Did you carry out any of the following activities in the last 3 months when using the computer or a mobile device?

(voluntary information)

Please mark "Yes" or "No".

| | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Copying or moving files (e.g. documents, data, images, videos) between drive folders, devices (e.g. via e-mail, Facebook Messenger, WhatsApp, USB, cable) or online storage (cloud) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

| | | |
|-----------------------------------|----------------------------|----------------------------|
| Installing software or apps | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-----------------------------------|----------------------------|----------------------------|

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Changing the settings of software applications, apps or devices (e.g. adjusting language settings, colours, contrast, font size, toolbars/ menu), including operating systems and security programmes | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

206 Did you carry out any of the following software-related activities in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

| | Yes | No |
|--------------------------------------|----------------------------|----------------------------------|
| Using word processing software | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Using spreadsheet software | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> → 208 |

207 When using spreadsheet software, did you use features to structure, organise, analyse or modify data (e.g. sorting, filtering, applying formulas/macros, creating diagrams)?

(voluntary information)

Yes 1 ☐

No 8 ☐

208 Did you create (multimedia) files consisting of several different elements such as text, images, tables, diagrams, animations and/or sound elements (e.g. presentations, charts, videos)?

(voluntary information)

Yes 1 ☐

No 8 ☐

209 Did you digitally edit photos, videos or audio files?

(voluntary information)

Yes 1 ☐

No 8 ☐

210 Did you write a program in a programming language?

(voluntary information)

Yes 1 ☐

No 8 ☐

211 Did you see information (e.g. text, videos, images) on the internet that you considered untrue or doubtful?

(voluntary information)

i For example, on news service websites or on social media platforms such as Meta (Facebook, Instagram), YouTube, X (formerly Twitter) or TikTok. Information/content on the Internet that was generated using generative AI tools such as ChatGPT, Microsoft Copilot or Google Gemini must also be included.

Yes 1 ☐

No 8 ☐ → 215

212 Did you check the truthfulness of the doubtful information?

(voluntary information)

Yes 1 ☐

No 8 ☐ → 214

213 How did you check the truthfulness of the doubtful information?

(voluntary information)

Please mark all relevant boxes.

I checked the source/origin of the information or compared it with information from other sources on the internet (e.g. other news sites, online encyclopaedias such as Wikipedia). 1 ☐ → 215

I followed or took part in the discussion on the internet regarding the information. 2 ☐ → 215

I discussed the information offline (i.e. not via the internet) with other people or researched the information in sources not on the internet. 3 ☐ → 215

214 Why did you not check the truthfulness of the doubtful information found on the internet?

(voluntary information)

Please mark all relevant boxes.

I already knew that the information/content was not correct and/or the source was not reliable. 1 ☐

I lack sufficient internet skills or knowledge (e.g. did not know how to check the information or it was too complicated to do). 2 ☐

Other reasons 3 ☐

Internet of Things

i The questions in this section concern the use of smart devices or systems. These are systems/devices that are connected to the Internet and are also referred to as "smart home", "smart device/system" or "intelligent device/system".

"Use of smart devices or systems" means that the system/device is connected to the internet.

215 Did you use any of the following smart devices or systems for private purposes in the last 3 months?

(voluntary information)

Please mark all relevant boxes.

Smart home devices or systems for the energy management of your house/apartment, e.g. Internet-connected thermostats, electricity meters, utility meters, lighting, light barriers 1 ☐ → 217

i Including plug-ins/software extensions.

Smart home devices or systems for the security management of your home, e.g. internet-connected house alarm systems, smoke detectors, security cameras, motion detectors or door locks 2 ☐ → 217

Internet-connected home appliances, such as robot vacuum cleaners, refrigerators, ovens, coffee machines, gardening tools, robot lawn mowers or irrigation systems 3 ☐ → 217

Virtual assistants in the form of smart speakers or as an app (e.g. Amazon Echo/Alexa, Alexa app, Google Home/Google Assistant, Siri, Cortana, Bixby) 4 ☐ → 217

Does not apply. I have not used any of the devices/systems mentioned. 8 ☐

216 What were the reasons for not using any of the mentioned internet-connected devices or systems?

(voluntary information)

Please mark all relevant boxes.

- I did not know that such smart devices/systems existed. 1 ☐ → 220
- There is no need. 2 ☐
- The costs would be too high. 3 ☐
- Lack of compatibility with other devices/systems 4 ☐
- Lack of skills to use those devices or systems 5 ☐
- Concerns about privacy and the protection of the personal information generated about me/my home by those devices/systems 6 ☐
- Security concerns related to IT security (e.g. concerns that the device/system could be hacked) 10 ☐
- Safety concerns related to personal protection and health issues (e.g. concerns that the use of the device/system could lead to accidents, injuries or health problems) 11 ☐
- Other reasons 12 ☐

If "Other reasons", please specify briefly:

217 Did you use the internet at home for private purposes on any of the following devices in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

- | | Yes | No |
|----------------------------------------------------------------------------------------|----------------------------|----|
| Smart TV 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| Internet-connected game console 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| Internet-connected home audio system or smart speakers 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |

218 Which of the following internet-connected devices did you use for private purposes in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

- | | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----|
| Smart watch, fitness bracelet, smart glasses, other internet connected things like wireless headsets, smart security tracker, smart accessories, smart clothes/shoes 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| Internet-connected devices for monitoring blood pressure, blood sugar, body weight (e.g. smart scales), care robots or other internet-connected devices relating to health/medical care 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| Internet-connected toys for children or adults, such as robot toys (including educational toys), drones or smart dolls 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| Car or other vehicle with built-in wireless internet connection 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |

219 Did you encounter any of the following problems with the internet-connected devices or systems that you used in the last 3 months?

(voluntary information)

i Think of all the internet-connected devices you ticked in the previous questions.

Please mark all relevant boxes.

Security or privacy problems (e.g. the device or system was hacked, there were problems with the protection of information about me and my family caused by those devices or systems) 1 ☐

Safety or health problems (e.g. the use of the device or system led to an accident, injury or health problem) 2 ☐

Difficulties with using the device (e.g. setting up, installing, connecting, pairing the device) 3 ☐

Other problems (e.g. connection problems, problems with application support) 4 ☐

I did not encounter any of the problems mentioned. 7 ☐

Not applicable because I did not use any of these devices or systems in the last 3 months. 8 ☐

Protection of privacy and personal identity on the internet

i The questions in this section concern the provision and protection of personal data provided during activities carried out over the internet for any private or work-related purpose during the last 3 months, using websites or apps. Personal data are e.g. name, date of birth, contact and location data, identity card and credit card numbers.

220 Which of the following activities did you carry out to control access to your personal data on the internet in the last 3 months?

(voluntary information)

Please mark all relevant boxes.

I read the relevant privacy statement before providing my personal data on the internet. 1 ☐

I restricted access to my geographical location data. 2 ☐

I limited access to my profile or content on social network sites or shared online storage (cloud). 3 ☐

I refused allowing the use of my personal data for advertising purposes. 4 ☐

I checked the security status of the website where I had to provide personal data (e.g. checked whether it is an https site, checked safety logo/ certificate). 5 ☐

I asked for access to my personal data held and managed by websites or search engines to have them updated or deleted. 6 ☐

I did not carry out any of these activities to control access to my personal data on the internet. 8 ☐

221 Have you ever changed the settings in your internet browser to prevent or limit cookies on the device you use for the internet?

(voluntary information)

i Cookies can be used by website operators to trace movements of users on the internet and to service them tailored advertisements.

Yes 1 ☐

No 8 ☐

222 How concerned are you with your online activities being recorded to provide you with tailored advertising?

(voluntary information)

Please mark only one box.

I am very concerned. 1 ☐

I am not very concerned. 2 ☐

I am not concerned. 3 ☐

223 Do you use anti-tracking software that limits the ability to track your activities on the internet?

(voluntary information)

i Anti-tracking software (e.g. Ghostery, uBlock Origin) informs users when they are surfing on the internet that there are hidden services running in the background and transmitting personal data to website operators; if requested it blocks such services.

Yes 1 ☐

No 8 ☐

Green ICT

i The questions in this section relate to the sustainability management of your privately used ICT and to the criteria that are important to you when purchasing a new ICT device.

224 What did you do with any of the following devices when you replaced or were no longer using them?

(voluntary information)

i Please refer to your personal, most recent device that you replaced or no longer use.

This does not include devices made available to you by your employer.

| The device I replaced/no longer use ... | smartphone/ mobile | laptop/ tablet | desktop- computer |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|
| was sold inside or outside of the household (e.g. "second hand", "trade-in") or given to someone else by me. | 11 <input type="checkbox"/> | 21 <input type="checkbox"/> | 31 <input type="checkbox"/> |
| was disposed of in electronic waste collection/recycling by me or left to the retailer for disposal. | 12 <input type="checkbox"/> | 22 <input type="checkbox"/> | 32 <input type="checkbox"/> |
| was disposed of elsewhere (but not in recycling) by me. | 13 <input type="checkbox"/> | 23 <input type="checkbox"/> | 33 <input type="checkbox"/> |
| I have never owned it, or it is still being used by myself or someone else (e.g. "sharing"). | 14 <input type="checkbox"/> | 24 <input type="checkbox"/> | 34 <input type="checkbox"/> |
| is still kept in my household, but it is currently not in use. | 16 <input type="checkbox"/> | 26 <input type="checkbox"/> | 36 <input type="checkbox"/> |
| Other | 17 <input type="checkbox"/> | 27 <input type="checkbox"/> | 37 <input type="checkbox"/> |

225 When you most recently bought a smartphone or mobile, tablet, laptop or desktop computer, which of the following purchase criteria did you consider important?

(voluntary information)

Please mark all relevant boxes.

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------|
| Price of the device | 1 | <input type="checkbox"/> |
| Brand, design or size of the device | 10 | <input type="checkbox"/> |
| Hard drive characteristics (storage, speed), processor speed of the device | 2 | <input type="checkbox"/> |
| Ecodesign of the device (e.g. durable, upgradeable and repairable design that requires fewer materials, environmentally friendly materials for packaging) | 3 | <input type="checkbox"/> |
| Possibility to extend the life span of the device by purchasing/ concluding an additional warranty contract | 4 | <input type="checkbox"/> |
| Energy efficiency of the device | 5 | <input type="checkbox"/> |
| Possibility of a take-back offer from the seller/manufacturer, i.e. the seller/manufacturer takes back the old device free of charge and/or offers the customer a discount for the purchase of another/new device. | 6 | <input type="checkbox"/> |
| I did not consider important any of the purchase criteria mentioned. | 7 | <input type="checkbox"/> |
| Not applicable. I never bought any of the devices mentioned. | 8 | <input type="checkbox"/> |

Internet contacts with authorities and public institutions (not government)

i The questions in this section refer to the private use of websites or apps of authorities and public institutions (e.g. administrative/judicial authorities at national, regional or municipal level) in the last 12 months before the survey.

Online contacts and transactions with authorities/public institutions include for example:

- searching/obtaining information and downloading of forms,
- requesting official documents (e.g. identity card, birth certificate),
- applying for social benefits,
- registration or change of residence notification,
- the electronic income tax return,
- contact with schools/universities and public educational establishments (e.g. public libraries, public health service institutions, services of public hospitals).

This does not include e-mail contacts with authorities and public institutions.

226 Did you do any of the following via a website or app of authorities or public institutions for private purposes in the last 12 months?

(voluntary information)

Please mark "Yes" or "No".

- | | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Accessing information stored by authorities or public institutions about you (e.g. information on pension, training assistance, health data) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Accessing information from public databases or registers (e.g. information about availability of books in public libraries, information from land registers of business registers) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Obtaining information (e.g. about services, benefits, entitlements, laws, opening hours) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

227 Did you do any of the following for private purposes in the last 12 months?

(voluntary information)

Please mark "Yes" or "No".

Yes

No

Downloading or printing official forms from websites/apps of authorities or public institutions

1 ☐

8 ☐

Making an appointment or reservation via a website or app of authorities or public institutions (e.g. reservation of a book in a public library, appointment with an authority or statutory health insurance institution)

1 ☐

8 ☐

Receiving/accessing any official communication or documents sent by authorities or public institutions via your account on a website or app (e.g. notifications of fines or invoices, tax assessment notifications or other official letters, delivery of court summons, court documents)

1 ☐

8 ☐

i This refers to communication/documents that you have to retrieve via online access to your account. This does not refer to receiving notifications via e-mail or SMS that communication/documents are available in your account.

228 Did you submit your tax declaration via a website or app for private purposes in the last 12 months?

(voluntary information)

Yes 1 ☐

No 8 ☐

229 What other online transactions did you do via a website or app of authorities or public institutions for private purposes in the last 12 months?

(voluntary information)

Please mark all relevant boxes.

I requested online official documents or certificates (e.g. marriage/birth/death certificate, divorce documents, residence title, certificate of good conduct, car-related information, certificate on recognition of a qualification).

1 ☐ → 231

I requested online social benefits or claimed entitlements (e.g. citizen's benefit, unemployment benefit, parental allowance, children's allowance, housing allowance, pension, severance pay).

2 ☐ → 231

I made other enquiries, claimed entitlements or made complaints online (e.g. reporting a theft to the police, making an appeal on points of law, applying for legal aid, initiating a civil action).

3 ☐ → 231

Not applicable, I did not do any of the above online transactions in the last 12 months.

8 ☐

230 What were the reasons for you not to request documents or claim benefits/entitlements via a website or app of authorities or public institutions in the last 12 months?

(voluntary information)

Please mark all relevant boxes.

There was no need to request documents or claim benefits/entitlements. 1 ☐

Lack of skills (e.g. I did not know how to use the website/app or using it was too complicated). 2 ☐

I have concerns about the protection and security of my personal data or I was unwilling to pay the fees online (e.g. due to fear of credit card fraud). 3 ☐

Issues with accessibility for persons with impairments or disabilities (e.g. online service is not compatible with screen readers or other assistive technology, cluttered interfaces, no alt text for images). 11 ☐

Lack of electronic signature (e.g. lack of activated electronic identification (eID), De-Mail or other identification tool required for using the online service). 4 ☐

Someone else submitted the documents or claimed the benefits/entitlements on my behalf (e.g. family member, friend, adviser). 5 ☐

There was no such online service available. 10 ☐

Other reasons 6 ☐

If "Other reasons", please describe briefly

Muster

231 Did you encounter any of the following issues when using a website or app of authorities or public institutions in the last 12 months?

(voluntary information)

Please mark all relevant boxes.

Does not apply. In the last 12 months, I did not perform any of the internet activities mentioned in the previous questions in this section on e-government. 8 ☐

The website or app was difficult to use (e.g. the website/app was not user-friendly, the explanation or the procedure was not clear). 1 ☐

There were technical problems using the website or app (e.g. long loading or website crashes). 2 ☐

There were problems with the use of the electronic signature or electronic identification (eID). 3 ☐

It was not possible to pay via the website or app used (e.g. due to lack of access to the payment method required by the website/app). 4 ☐

Access to the service via smartphone or tablet was not possible (e.g. due to an incompatible device version or due to unavailable programs/applications). 5 ☐

Other issues 6 ☐

If "Other issues", please describe briefly

I did not encounter any of the issues mentioned when using a website or app from authorities or public institutions in the last 12 months. 7 ☐

Protection of privacy and personal identity on the internet

232 When did you last order or buy goods or services for private use via the internet?

(voluntary information)

i This concerns ordering/buying over the internet (via websites or apps), both from enterprises and from private individuals.

Please mark only one box.

Within the last 3 months 1 ☐

More than 3 months ago, but within the last 12 months 2 ☐

More than 12 months ago 3 ☐

I have never ordered or bought goods or services for private use via the internet. 9 ☐

Participation in the survey

233 Have you answered the questions yourself?

(voluntary information)

Yes 1 ☐ → 235

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

No, someone not living in the household has answered the questions. 3 ☐ → 235

234 Which household member has answered the questions?

(voluntary information)

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

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

(voluntary information)

Number of minutes

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Note!

Please enter your name in the box at the side.

i Many questions on the use of information and communication technologies include the time categories

"In the last 3 months",

"More than 3 months ago, but within the last 12 months", and

"More than 12 months ago".

Those past periods refer to the reference week (the reference week is specified on the flap).

Disclaimer:

In the following questions on the use of information and communication technologies, any references to third party brands, products, trademarks and websites/apps are for the sake of clarification and are not intended to promote the use of such products/websites.

198 When did you last use the internet?

(voluntary information)

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.

Please mark only one box.

- In the last 3 months 1 ☐
- More than 3 months ago, but within the last 12 months 2 ☐ → 226
- More than 12 months ago 3 ☐ → 233
- Never 8 ☐ → 233

199 How often on average have you used the internet in the last 3 months?

(voluntary information)

Please mark only one box.

- Several times during the day 1 ☐
- Once a day or almost every day 2 ☐
- At least once a week (but not every day) 3 ☐
- Less than once a week 4 ☐

Person 2:

200 For which private purposes did you use the internet (including via apps) in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

Communication

| | Yes | No |
|------------------------------------|----------------------------|----------------------------|
| Sending or receiving e-mails | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Making phone calls or video calls (phone calls using a webcam) via the internet (using apps, e.g. Skype, Messenger, Facetime, WhatsApp, Signal, Threema, Viber, Snapchat, Zoom, MS Teams, Webex) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Participating in social media (e.g. creating a user profile, posting messages or other contributions to Meta (Facebook, Instagram), X (formerly: Twitter), Snapchat, TikTok or other social networks) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

| | | |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Using instant messaging (i.e. exchanging messages e.g. via Skype, Messenger, WhatsApp, Viber, Snapchat, Telegram) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

Searching for information

| | | |
|-------------------------------------------------------------|----------------------------|----------------------------|
| Reading online news sites, newspapers, news magazines | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-------------------------------------------------------------|----------------------------|----------------------------|

i For example reading online www.dw.de, www.faz.net, www.fr-online.de, www.heute.de, www.spiegel.de, www.sueddeutsche.de, www.tagesschau.de, www.taz.de, www.welt.de, www.zeit.de

| | | |
|------------------------------------------------------|----------------------------|----------------------------|
| Searching for information on goods or services | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|------------------------------------------------------|----------------------------|----------------------------|

| | | |
|-------------------------------------------------------------|----------------------------|----------------------------|
| including searching for information on product safety | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-------------------------------------------------------------|----------------------------|----------------------------|

i Think about both physical products (e.g. baby pacifier) and digital products (e.g. software). Also included is the search for safety warnings/instructions, material composition, test seals ("CE", "GS"), safety guidelines (EU/national) and the search for information on reporting points for security risks/incidents.

Civic and political participation

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Expressing opinions on political or social issues on websites (e.g. in blogs) or in social networks (e.g. Meta (Facebook, Instagram), X (formerly: Twitter), YouTube) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Taking part in online consultations or voting on political, social or municipal issues (e.g. urban planning or signing a petition) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

still:

200 For which private purposes did you use the internet (including via apps) in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

Entertainment

| | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Listening to music (via web radio or online streaming services such as Spotify or via download) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Watching internet streamed TV (live or time-shifted, also in media libraries) from TV broadcasters | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Watching videos from commercial providers (e.g. Amazon Prime Video, Apple TV+, DAZN, Disney+, Eurosport Player, HBO Max, Joyn/ Joyn PLUS+, MagentaSport, Netflix, Paramount+, RTL+/RTL+ Premium, Sky WOW) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Watching video content from video sharing services (e.g. YouTube, Instagram, TikTok) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Playing or downloading games (incl. downloads of updates/upgrades/ DLC) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Listening to or downloading podcasts | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

Health

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Searching for health-related information (e.g. injuries, diseases, nutrition, improving health) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Including: | | |
| Search for information on physical health | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Search for information on mental health | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Making an appointment with a doctor via a website or app (e.g. via the website of a hospital, a health care centre or a physical therapy practice) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Accessing personal health records online (in Germany called „ePA“) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Using other health services via a website or app instead of having to go to the hospital or visit a doctor (e.g. receiving a prescription or an online consultation) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

Job search

| | | |
|------------------------------------------------------|----------------------------|----------------------------|
| Looking for a job or sending a job application | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|------------------------------------------------------|----------------------------|----------------------------|

Other online services

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Selling goods or services via a website or app (e.g. Kleinanzeigen, Facebook Marketplace, Shpock or other online marketplace platforms) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Internet banking (including mobile banking) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

i Other common names are online banking and home banking.

Artificial intelligence (AI)

i The following section is about **Artificial Intelligence (AI)**, a branch of computer science.

AI is able to recognize information from existing data and thus imitate human cognitive abilities. This allows tasks that normally require human intelligence to be carried out automatically. Well-known examples of AI include search engines like Google or facial recognition in smartphones.

Generative AI can also generate new content that appears realistic and seemingly original by using available information and learning from existing patterns.

201 In the last 3 months, have you used any generative AI tools to create new content like text, images, programming code, or videos?

(voluntary information)

i Generative AI tools such as ChatGPT, Microsoft Copilot, Google Gemini (formerly Google Bard), LLaMA, Midjourney, DALL-E

Yes 1 ☐

No 8 ☐ → 203

202 What was the purpose of using generative AI tools in the last 3 months?

(voluntary information)

Please mark all relevant boxes.

Private further education (e.g. use of online services to improve language skills) 1 ☐ → 204

For professional (work) purposes 2 ☐ → 204

Formal education 3 ☐ → 204

i In Germany, formal education includes primary and secondary education (schools) as well as the tertiary education sector (higher education institutions, trade and technical schools, specialised academies).

203 What is the main reason for not using generative AI tools in the last 3 months?

(voluntary information)

Please mark all relevant boxes.

I didn't know that generative AI tools existed. 2 ☐

There was no need. 1 ☐

I didn't know how to use generative AI tools. 3 ☐

I had concerns about privacy, security or safety. 4 ☐

I had ethical/moral concerns (e.g. danger of perpetuating/reinforcing stereotypes and prejudices, no accountability, unauthorised use of intellectual property). 5 ☐

Other reasons 6 ☐

If "Other reasons", please describe briefly:

204 Did you conduct either of the following learning activities via the internet for educational, professional or private purposes in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

| | Yes | No |
|------------------------------|----------------------------|----------------------------|
| Doing an online course | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

i This refers to online courses with the aim of acquiring new skills. Such a course is usually completed with a corresponding certificate. For example, an "online yoga course" is only included if it was carried out with the intention of obtaining a certificate as a yoga teacher. However, if it is carried out only for private leisure/ recreational purposes, then it should not be included.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Using online learning material other than a complete online course (e.g. audio-visual material, video instructions (including YouTube videos), webinars, online learning software, electronic textbooks, learning apps or platforms) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

i This does not refer to downloading learning material.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Communicating with educators or learners using audio or video online tools (e.g. Zoom, Microsoft Teams, Google Classroom, Classtime) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

E-skills

i The questions in this section concern your online activities done for private, professional or educational purposes, via any device (e.g. desktop PC, laptop, tablet, smartphone).

205 Did you carry out any of the following activities in the last 3 months when using the computer or a mobile device?

(voluntary information)

Please mark "Yes" or "No".

| | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Copying or moving files (e.g. documents, data, images, videos) between drive folders, devices (e.g. via e-mail, Facebook Messenger, WhatsApp, USB, cable) or online storage (cloud) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

| | | |
|-----------------------------------|----------------------------|----------------------------|
| Installing software or apps | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-----------------------------------|----------------------------|----------------------------|

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Changing the settings of software applications, apps or devices (e.g. adjusting language settings, colours, contrast, font size, toolbars/ menu), including operating systems and security programmes | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

206 Did you carry out any of the following software-related activities in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

| | Yes | No |
|--------------------------------------|----------------------------|----------------------------------|
| Using word processing software | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Using spreadsheet software | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> → 208 |

207 When using spreadsheet software, did you use features to structure, organise, analyse or modify data (e.g. sorting, filtering, applying formulas/macros, creating diagrams)?

(voluntary information)

Yes 1 ☐

No 8 ☐

208 Did you create (multimedia) files consisting of several different elements such as text, images, tables, diagrams, animations and/or sound elements (e.g. presentations, charts, videos)?

(voluntary information)

Yes 1 ☐

No 8 ☐

209 Did you digitally edit photos, videos or audio files?

(voluntary information)

Yes 1 ☐

No 8 ☐

210 Did you write a program in a programming language?

(voluntary information)

Yes 1 ☐

No 8 ☐

211 Did you see information (e.g. text, videos, images) on the internet that you considered untrue or doubtful?

(voluntary information)

i For example, on news service websites or on social media platforms such as Meta (Facebook, Instagram), YouTube, X (formerly Twitter) or TikTok. Information/content on the Internet that was generated using generative AI tools such as ChatGPT, Microsoft Copilot or Google Gemini must also be included.

Yes 1 ☐

No 8 ☐ → 215

212 Did you check the truthfulness of the doubtful information?

(voluntary information)

Yes 1 ☐

No 8 ☐ → 214

213 How did you check the truthfulness of the doubtful information?

(voluntary information)

Please mark all relevant boxes.

I checked the source/origin of the information or compared it with information from other sources on the internet (e.g. other news sites, online encyclopaedias such as Wikipedia). 1 ☐ → 215

I followed or took part in the discussion on the internet regarding the information. 2 ☐ → 215

I discussed the information offline (i.e. not via the internet) with other people or researched the information in sources not on the internet. 3 ☐ → 215

214 Why did you not check the truthfulness of the doubtful information found on the internet?

(voluntary information)

Please mark all relevant boxes.

I already knew that the information/content was not correct and/or the source was not reliable. 1 ☐

I lack sufficient internet skills or knowledge (e.g. did not know how to check the information or it was too complicated to do). 2 ☐

Other reasons 3 ☐

Internet of Things

i The questions in this section concern the use of smart devices or systems. These are systems/devices that are connected to the Internet and are also referred to as "smart home", "smart device/system" or "intelligent device/system".

"Use of smart devices or systems" means that the system/device is connected to the internet.

215 Did you use any of the following smart devices or systems for private purposes in the last 3 months?

(voluntary information)

Please mark all relevant boxes.

Smart home devices or systems for the energy management of your house/apartment, e.g. Internet-connected thermostats, electricity meters, utility meters, lighting, light barriers 1 ☐ → 217

i Including plug-ins/software extensions.

Smart home devices or systems for the security management of your home, e.g. internet-connected house alarm systems, smoke detectors, security cameras, motion detectors or door locks 2 ☐ → 217

Internet-connected home appliances, such as robot vacuum cleaners, refrigerators, ovens, coffee machines, gardening tools, robot lawn mowers or irrigation systems 3 ☐ → 217

Virtual assistants in the form of smart speakers or as an app (e.g. Amazon Echo/Alexa, Alexa app, Google Home/Google Assistant, Siri, Cortana, Bixby) 4 ☐ → 217

Does not apply. I have not used any of the devices/systems mentioned. 8 ☐

216 What were the reasons for not using any of the mentioned internet-connected devices or systems?

(voluntary information)

Please mark all relevant boxes.

- I did not know that such smart devices/systems existed. 1 ☐ → 220
- There is no need. 2 ☐
- The costs would be too high. 3 ☐
- Lack of compatibility with other devices/systems 4 ☐
- Lack of skills to use those devices or systems 5 ☐
- Concerns about privacy and the protection of the personal information generated about me/my home by those devices/systems 6 ☐
- Security concerns related to IT security (e.g. concerns that the device/system could be hacked) 10 ☐
- Safety concerns related to personal protection and health issues (e.g. concerns that the use of the device/system could lead to accidents, injuries or health problems) 11 ☐
- Other reasons 12 ☐

If "Other reasons", please specify briefly:

217 Did you use the internet at home for private purposes on any of the following devices in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

- | | Yes | No |
|----------------------------------------------------------------------------------------|----------------------------|----|
| Smart TV 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| Internet-connected game console 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| Internet-connected home audio system or smart speakers 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |

218 Which of the following internet-connected devices did you use for private purposes in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

- | | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----|
| Smart watch, fitness bracelet, smart glasses, other internet connected things like wireless headsets, smart security tracker, smart accessories, smart clothes/shoes 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| Internet-connected devices for monitoring blood pressure, blood sugar, body weight (e.g. smart scales), care robots or other internet-connected devices relating to health/medical care 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| Internet-connected toys for children or adults, such as robot toys (including educational toys), drones or smart dolls 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| Car or other vehicle with built-in wireless internet connection 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |

219 Did you encounter any of the following problems with the internet-connected devices or systems that you used in the last 3 months?

(voluntary information)

i Think of all the internet-connected devices you ticked in the previous questions.

Please mark all relevant boxes.

Security or privacy problems (e.g. the device or system was hacked, there were problems with the protection of information about me and my family caused by those devices or systems) 1 ☐

Safety or health problems (e.g. the use of the device or system led to an accident, injury or health problem) 2 ☐

Difficulties with using the device (e.g. setting up, installing, connecting, pairing the device) 3 ☐

Other problems (e.g. connection problems, problems with application support) 4 ☐

I did not encounter any of the problems mentioned. 7 ☐

Not applicable because I did not use any of these devices or systems in the last 3 months. 8 ☐

Protection of privacy and personal identity on the internet

i The questions in this section concern the provision and protection of personal data provided during activities carried out over the internet for any private or work-related purpose during the last 3 months, using websites or apps. Personal data are e.g. name, date of birth, contact and location data, identity card and credit card numbers.

220 Which of the following activities did you carry out to control access to your personal data on the internet in the last 3 months?

(voluntary information)

Please mark all relevant boxes.

I read the relevant privacy statement before providing my personal data on the internet. 1 ☐

I restricted access to my geographical location data. 2 ☐

I limited access to my profile or content on social network sites or shared online storage (cloud). 3 ☐

I refused allowing the use of my personal data for advertising purposes. 4 ☐

I checked the security status of the website where I had to provide personal data (e.g. checked whether it is an https site, checked safety logo/ certificate). 5 ☐

I asked for access to my personal data held and managed by websites or search engines to have them updated or deleted. 6 ☐

I did not carry out any of these activities to control access to my personal data on the internet. 8 ☐

221 Have you ever changed the settings in your internet browser to prevent or limit cookies on the device you use for the internet?

(voluntary information)

i Cookies can be used by website operators to trace movements of users on the internet and to service them tailored advertisements.

Yes 1 ☐

No 8 ☐

222 How concerned are you with your online activities being recorded to provide you with tailored advertising?

(voluntary information)

Please mark only one box.

I am very concerned. 1 ☐

I am not very concerned. 2 ☐

I am not concerned. 3 ☐

223 Do you use anti-tracking software that limits the ability to track your activities on the internet?

(voluntary information)

i Anti-tracking software (e.g. Ghostery, uBlock Origin) informs users when they are surfing on the internet that there are hidden services running in the background and transmitting personal data to website operators; if requested it blocks such services.

Yes 1 ☐

No 8 ☐

Green ICT

i The questions in this section relate to the sustainability management of your privately used ICT and to the criteria that are important to you when purchasing a new ICT device.

224 What did you do with any of the following devices when you replaced or were no longer using them?

(voluntary information)

i Please refer to your personal, most recent device that you replaced or no longer use.

This does not include devices made available to you by your employer.

| The device I replaced/no longer use ... | smartphone/ mobile | laptop/ tablet | desktop- computer |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|
| was sold inside or outside of the household (e.g. "second hand", "trade-in") or given to someone else by me. | 11 <input type="checkbox"/> | 21 <input type="checkbox"/> | 31 <input type="checkbox"/> |
| was disposed of in electronic waste collection/recycling by me or left to the retailer for disposal. | 12 <input type="checkbox"/> | 22 <input type="checkbox"/> | 32 <input type="checkbox"/> |
| was disposed of elsewhere (but not in recycling) by me. | 13 <input type="checkbox"/> | 23 <input type="checkbox"/> | 33 <input type="checkbox"/> |
| I have never owned it, or it is still being used by myself or someone else (e.g. "sharing"). | 14 <input type="checkbox"/> | 24 <input type="checkbox"/> | 34 <input type="checkbox"/> |
| is still kept in my household, but it is currently not in use. | 16 <input type="checkbox"/> | 26 <input type="checkbox"/> | 36 <input type="checkbox"/> |
| Other | 17 <input type="checkbox"/> | 27 <input type="checkbox"/> | 37 <input type="checkbox"/> |

225 When you most recently bought a smartphone or mobile, tablet, laptop or desktop computer, which of the following purchase criteria did you consider important?

(voluntary information)

Please mark all relevant boxes.

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------|
| Price of the device | 1 | <input type="checkbox"/> |
| Brand, design or size of the device | 10 | <input type="checkbox"/> |
| Hard drive characteristics (storage, speed), processor speed of the device | 2 | <input type="checkbox"/> |
| Ecodesign of the device (e.g. durable, upgradeable and repairable design that requires fewer materials, environmentally friendly materials for packaging) | 3 | <input type="checkbox"/> |
| Possibility to extend the life span of the device by purchasing/ concluding an additional warranty contract | 4 | <input type="checkbox"/> |
| Energy efficiency of the device | 5 | <input type="checkbox"/> |
| Possibility of a take-back offer from the seller/manufacturer, i.e. the seller/manufacturer takes back the old device free of charge and/or offers the customer a discount for the purchase of another/new device. | 6 | <input type="checkbox"/> |
| I did not consider important any of the purchase criteria mentioned. | 7 | <input type="checkbox"/> |
| Not applicable. I never bought any of the devices mentioned. | 8 | <input type="checkbox"/> |

Internet contacts with authorities and public institutions (not government)

i The questions in this section refer to the private use of websites or apps of authorities and public institutions (e.g. administrative/judicial authorities at national, regional or municipal level) in the last 12 months before the survey.

Online contacts and transactions with authorities/public institutions include for example:

- searching/obtaining information and downloading of forms,
- requesting official documents (e.g. identity card, birth certificate),
- applying for social benefits,
- registration or change of residence notification,
- the electronic income tax return,
- contact with schools/universities and public educational establishments (e.g. public libraries, public health service institutions, services of public hospitals).

This does not include e-mail contacts with authorities and public institutions.

226 Did you do any of the following via a website or app of authorities or public institutions for private purposes in the last 12 months?

(voluntary information)

Please mark "Yes" or "No".

- | | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Accessing information stored by authorities or public institutions about you (e.g. information on pension, training assistance, health data) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Accessing information from public databases or registers (e.g. information about availability of books in public libraries, information from land registers of business registers) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Obtaining information (e.g. about services, benefits, entitlements, laws, opening hours) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

227 Did you do any of the following for private purposes in the last 12 months?

(voluntary information)

Please mark "Yes" or "No".

Yes No

Downloading or printing official forms from websites/apps of authorities or public institutions 1 ☐ 8 ☐

Making an appointment or reservation via a website or app of authorities or public institutions (e.g. reservation of a book in a public library, appointment with an authority or statutory health insurance institution) 1 ☐ 8 ☐

Receiving/accessing any official communication or documents sent by authorities or public institutions via your account on a website or app (e.g. notifications of fines or invoices, tax assessment notifications or other official letters, delivery of court summons, court documents) 1 ☐ 8 ☐

i This refers to communication/documents that you have to retrieve via online access to your account. This does not refer to receiving notifications via e-mail or SMS that communication/documents are available in your account.

228 Did you submit your tax declaration via a website or app for private purposes in the last 12 months?

(voluntary information)

Yes 1 ☐

No 8 ☐

229 What other online transactions did you do via a website or app of authorities or public institutions for private purposes in the last 12 months?

(voluntary information)

Please mark all relevant boxes.

I requested online official documents or certificates (e.g. marriage/birth/death certificate, divorce documents, residence title, certificate of good conduct, car-related information, certificate on recognition of a qualification). 1 ☐ → 231

I requested online social benefits or claimed entitlements (e.g. citizen's benefit, unemployment benefit, parental allowance, children's allowance, housing allowance, pension, severance pay). 2 ☐ → 231

I made other enquiries, claimed entitlements or made complaints online (e.g. reporting a theft to the police, making an appeal on points of law, applying for legal aid, initiating a civil action). 3 ☐ → 231

Not applicable, I did not do any of the above online transactions in the last 12 months. 8 ☐

230 What were the reasons for you not to request documents or claim benefits/entitlements via a website or app of authorities or public institutions in the last 12 months?

(voluntary information)

Please mark all relevant boxes.

There was no need to request documents or claim benefits/entitlements. 1 ☐

Lack of skills (e.g. I did not know how to use the website/app or using it was too complicated). 2 ☐

I have concerns about the protection and security of my personal data or I was unwilling to pay the fees online (e.g. due to fear of credit card fraud). 3 ☐

Issues with accessibility for persons with impairments or disabilities (e.g. online service is not compatible with screen readers or other assistive technology, cluttered interfaces, no alt text for images). 11 ☐

Lack of electronic signature (e.g. lack of activated electronic identification (eID), De-Mail or other identification tool required for using the online service). 4 ☐

Someone else submitted the documents or claimed the benefits/entitlements on my behalf (e.g. family member, friend, adviser). 5 ☐

There was no such online service available. 10 ☐

Other reasons 6 ☐

If "Other reasons", please describe briefly

Muster

231 Did you encounter any of the following issues when using a website or app of authorities or public institutions in the last 12 months?

(voluntary information)

Please mark all relevant boxes.

Does not apply. In the last 12 months, I did not perform any of the internet activities mentioned in the previous questions in this section on e-government. 8 ☐

The website or app was difficult to use (e.g. the website/app was not user-friendly, the explanation or the procedure was not clear). 1 ☐

There were technical problems using the website or app (e.g. long loading or website crashes). 2 ☐

There were problems with the use of the electronic signature or electronic identification (eID). 3 ☐

It was not possible to pay via the website or app used (e.g. due to lack of access to the payment method required by the website/app). 4 ☐

Access to the service via smartphone or tablet was not possible (e.g. due to an incompatible device version or due to unavailable programs/applications). 5 ☐

Other issues 6 ☐

If "Other issues", please describe briefly

I did not encounter any of the issues mentioned when using a website or app from authorities or public institutions in the last 12 months. 7 ☐

Protection of privacy and personal identity on the internet

232 When did you last order or buy goods or services for private use via the internet?

(voluntary information)

i This concerns ordering/buying over the internet (via websites or apps), both from enterprises and from private individuals.

Please mark only one box.

Within the last 3 months 1 ☐

More than 3 months ago, but within the last 12 months 2 ☐

More than 12 months ago 3 ☐

I have never ordered or bought goods or services for private use via the internet. 9 ☐

Participation in the survey

233 Have you answered the questions yourself?

(voluntary information)

Yes 1 ☐ → 235

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

No, someone not living in the household has answered the questions. 3 ☐ → 235

234 Which household member has answered the questions?

(voluntary information)

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

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

(voluntary information)

Number of minutes

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Note!

Please enter your name in the box at the side.

i Many questions on the use of information and communication technologies include the time categories

"In the last 3 months",

"More than 3 months ago, but within the last 12 months", and

"More than 12 months ago".

Those past periods refer to the reference week (the reference week is specified on the flap).

Disclaimer:

In the following questions on the use of information and communication technologies, any references to third party brands, products, trademarks and websites/apps are for the sake of clarification and are not intended to promote the use of such products/websites.

198 When did you last use the internet?

(voluntary information)

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.

Please mark only one box.

- In the last 3 months 1 ☐
- More than 3 months ago, but within the last 12 months 2 ☐ → 226
- More than 12 months ago 3 ☐ → 233
- Never 8 ☐ → 233

199 How often on average have you used the internet in the last 3 months?

(voluntary information)

Please mark only one box.

- Several times during the day 1 ☐
- Once a day or almost every day 2 ☐
- At least once a week (but not every day) 3 ☐
- Less than once a week 4 ☐

Person 3:

200 For which private purposes did you use the internet (including via apps) in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

Communication

| | Yes | No |
|------------------------------------|----------------------------|----------------------------|
| Sending or receiving e-mails | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Making phone calls or video calls (phone calls using a webcam) via the internet (using apps, e.g. Skype, Messenger, Facetime, WhatsApp, Signal, Threema, Viber, Snapchat, Zoom, MS Teams, Webex) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Participating in social media (e.g. creating a user profile, posting messages or other contributions to Meta (Facebook, Instagram), X (formerly: Twitter), Snapchat, TikTok or other social networks) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

| | | |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Using instant messaging (i.e. exchanging messages e.g. via Skype, Messenger, WhatsApp, Viber, Snapchat, Telegram) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

Searching for information

| | | |
|-------------------------------------------------------------|----------------------------|----------------------------|
| Reading online news sites, newspapers, news magazines | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-------------------------------------------------------------|----------------------------|----------------------------|

i For example reading online www.dw.de, www.faz.net, www.fr-online.de, www.heute.de, www.spiegel.de, www.sueddeutsche.de, www.tagesschau.de, www.taz.de, www.welt.de, www.zeit.de

| | | |
|------------------------------------------------------|----------------------------|----------------------------|
| Searching for information on goods or services | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|------------------------------------------------------|----------------------------|----------------------------|

| | | |
|-------------------------------------------------------------|----------------------------|----------------------------|
| including searching for information on product safety | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-------------------------------------------------------------|----------------------------|----------------------------|

i Think about both physical products (e.g. baby pacifier) and digital products (e.g. software). Also included is the search for safety warnings/instructions, material composition, test seals ("CE", "GS"), safety guidelines (EU/national) and the search for information on reporting points for security risks/incidents.

Civic and political participation

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Expressing opinions on political or social issues on websites (e.g. in blogs) or in social networks (e.g. Meta (Facebook, Instagram), X (formerly: Twitter), YouTube) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Taking part in online consultations or voting on political, social or municipal issues (e.g. urban planning or signing a petition) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

still:

200 For which private purposes did you use the internet (including via apps) in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

Entertainment

| | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Listening to music (via web radio or online streaming services such as Spotify or via download) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Watching internet streamed TV (live or time-shifted, also in media libraries) from TV broadcasters | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Watching videos from commercial providers (e.g. Amazon Prime Video, Apple TV+, DAZN, Disney+, Eurosport Player, HBO Max, Joyn/ Joyn PLUS+, MagentaSport, Netflix, Paramount+, RTL+/RTL+ Premium, Sky WOW) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Watching video content from video sharing services (e.g. YouTube, Instagram, TikTok) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Playing or downloading games (incl. downloads of updates/upgrades/ DLC) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Listening to or downloading podcasts | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

Health

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Searching for health-related information (e.g. injuries, diseases, nutrition, improving health) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Including: | | |
| Search for information on physical health | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Search for information on mental health | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Making an appointment with a doctor via a website or app (e.g. via the website of a hospital, a health care centre or a physical therapy practice) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Accessing personal health records online (in Germany called „ePA“) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Using other health services via a website or app instead of having to go to the hospital or visit a doctor (e.g. receiving a prescription or an online consultation) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

Job search

| | | |
|------------------------------------------------------|----------------------------|----------------------------|
| Looking for a job or sending a job application | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|------------------------------------------------------|----------------------------|----------------------------|

Other online services

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Selling goods or services via a website or app (e.g. Kleinanzeigen, Facebook Marketplace, Shpock or other online marketplace platforms) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Internet banking (including mobile banking) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

i Other common names are online banking and home banking.

Artificial intelligence (AI)

i The following section is about **Artificial Intelligence (AI)**, a branch of computer science.

AI is able to recognize information from existing data and thus imitate human cognitive abilities. This allows tasks that normally require human intelligence to be carried out automatically. Well-known examples of AI include search engines like Google or facial recognition in smartphones.

Generative AI can also generate new content that appears realistic and seemingly original by using available information and learning from existing patterns.

201 In the last 3 months, have you used any generative AI tools to create new content like text, images, programming code, or videos?

(voluntary information)

i Generative AI tools such as ChatGPT, Microsoft Copilot, Google Gemini (formerly Google Bard), LLaMA, Midjourney, DALL-E

Yes 1 ☐

No 8 ☐ → 203

202 What was the purpose of using generative AI tools in the last 3 months?

(voluntary information)

Please mark all relevant boxes.

Private further education (e.g. use of online services to improve language skills) 1 ☐ → 204

For professional (work) purposes 2 ☐ → 204

Formal education 3 ☐ → 204

i In Germany, formal education includes primary and secondary education (schools) as well as the tertiary education sector (higher education institutions, trade and technical schools, specialised academies).

203 What is the main reason for not using generative AI tools in the last 3 months?

(voluntary information)

Please mark all relevant boxes.

I didn't know that generative AI tools existed. 2 ☐

There was no need. 1 ☐

I didn't know how to use generative AI tools. 3 ☐

I had concerns about privacy, security or safety. 4 ☐

I had ethical/moral concerns (e.g. danger of perpetuating/reinforcing stereotypes and prejudices, no accountability, unauthorised use of intellectual property). 5 ☐

Other reasons 6 ☐

If "Other reasons", please describe briefly:

204 Did you conduct either of the following learning activities via the internet for educational, professional or private purposes in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

| | Yes | No |
|------------------------------|----------------------------|----------------------------|
| Doing an online course | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

i This refers to online courses with the aim of acquiring new skills. Such a course is usually completed with a corresponding certificate. For example, an "online yoga course" is only included if it was carried out with the intention of obtaining a certificate as a yoga teacher. However, if it is carried out only for private leisure/ recreational purposes, then it should not be included.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Using online learning material other than a complete online course (e.g. audio-visual material, video instructions (including YouTube videos), webinars, online learning software, electronic textbooks, learning apps or platforms) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

i This does not refer to downloading learning material.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Communicating with educators or learners using audio or video online tools (e.g. Zoom, Microsoft Teams, Google Classroom, Classtime) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

E-skills

i The questions in this section concern your online activities done for private, professional or educational purposes, via any device (e.g. desktop PC, laptop, tablet, smartphone).

205 Did you carry out any of the following activities in the last 3 months when using the computer or a mobile device?

(voluntary information)

Please mark "Yes" or "No".

| | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Copying or moving files (e.g. documents, data, images, videos) between drive folders, devices (e.g. via e-mail, Facebook Messenger, WhatsApp, USB, cable) or online storage (cloud) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

| | | |
|-----------------------------------|----------------------------|----------------------------|
| Installing software or apps | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-----------------------------------|----------------------------|----------------------------|

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Changing the settings of software applications, apps or devices (e.g. adjusting language settings, colours, contrast, font size, toolbars/ menu), including operating systems and security programmes | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

206 Did you carry out any of the following software-related activities in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

| | Yes | No |
|--------------------------------------|----------------------------|----------------------------------|
| Using word processing software | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Using spreadsheet software | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> → 208 |

207 When using spreadsheet software, did you use features to structure, organise, analyse or modify data (e.g. sorting, filtering, applying formulas/macros, creating diagrams)?

(voluntary information)

Yes 1 ☐

No 8 ☐

208 Did you create (multimedia) files consisting of several different elements such as text, images, tables, diagrams, animations and/or sound elements (e.g. presentations, charts, videos)?

(voluntary information)

Yes 1 ☐

No 8 ☐

209 Did you digitally edit photos, videos or audio files?

(voluntary information)

Yes 1 ☐

No 8 ☐

210 Did you write a program in a programming language?

(voluntary information)

Yes 1 ☐

No 8 ☐

211 Did you see information (e.g. text, videos, images) on the internet that you considered untrue or doubtful?

(voluntary information)

i For example, on news service websites or on social media platforms such as Meta (Facebook, Instagram), YouTube, X (formerly Twitter) or TikTok. Information/content on the Internet that was generated using generative AI tools such as ChatGPT, Microsoft Copilot or Google Gemini must also be included.

Yes 1 ☐

No 8 ☐ → 215

212 Did you check the truthfulness of the doubtful information?

(voluntary information)

Yes 1 ☐

No 8 ☐ → 214

213 How did you check the truthfulness of the doubtful information?

(voluntary information)

Please mark all relevant boxes.

I checked the source/origin of the information or compared it with information from other sources on the internet (e.g. other news sites, online encyclopaedias such as Wikipedia). 1 ☐ → 215

I followed or took part in the discussion on the internet regarding the information. 2 ☐ → 215

I discussed the information offline (i.e. not via the internet) with other people or researched the information in sources not on the internet. 3 ☐ → 215

214 Why did you not check the truthfulness of the doubtful information found on the internet?

(voluntary information)

Please mark all relevant boxes.

I already knew that the information/content was not correct and/or the source was not reliable. 1 ☐

I lack sufficient internet skills or knowledge (e.g. did not know how to check the information or it was too complicated to do). 2 ☐

Other reasons 3 ☐

Internet of Things

i The questions in this section concern the use of smart devices or systems. These are systems/devices that are connected to the Internet and are also referred to as "smart home", "smart device/system" or "intelligent device/system".

"Use of smart devices or systems" means that the system/device is connected to the internet.

215 Did you use any of the following smart devices or systems for private purposes in the last 3 months?

(voluntary information)

Please mark all relevant boxes.

Smart home devices or systems for the energy management of your house/apartment, e.g. Internet-connected thermostats, electricity meters, utility meters, lighting, light barriers 1 ☐ → 217

i Including plug-ins/software extensions.

Smart home devices or systems for the security management of your home, e.g. internet-connected house alarm systems, smoke detectors, security cameras, motion detectors or door locks 2 ☐ → 217

Internet-connected home appliances, such as robot vacuum cleaners, refrigerators, ovens, coffee machines, gardening tools, robot lawn mowers or irrigation systems 3 ☐ → 217

Virtual assistants in the form of smart speakers or as an app (e.g. Amazon Echo/Alexa, Alexa app, Google Home/Google Assistant, Siri, Cortana, Bixby) 4 ☐ → 217

Does not apply. I have not used any of the devices/systems mentioned. 8 ☐

216 What were the reasons for not using any of the mentioned internet-connected devices or systems?

(voluntary information)

Please mark all relevant boxes.

- I did not know that such smart devices/systems existed. 1 ☐ → 220
- There is no need. 2 ☐
- The costs would be too high. 3 ☐
- Lack of compatibility with other devices/systems 4 ☐
- Lack of skills to use those devices or systems 5 ☐
- Concerns about privacy and the protection of the personal information generated about me/my home by those devices/systems 6 ☐
- Security concerns related to IT security (e.g. concerns that the device/system could be hacked) 10 ☐
- Safety concerns related to personal protection and health issues (e.g. concerns that the use of the device/system could lead to accidents, injuries or health problems) 11 ☐
- Other reasons 12 ☐

If "Other reasons", please specify briefly:

217 Did you use the internet at home for private purposes on any of the following devices in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

- | | Yes | No |
|----------------------------------------------------------------------------------------|----------------------------|----|
| Smart TV 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| Internet-connected game console 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| Internet-connected home audio system or smart speakers 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |

218 Which of the following internet-connected devices did you use for private purposes in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

- | | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----|
| Smart watch, fitness bracelet, smart glasses, other internet connected things like wireless headsets, smart security tracker, smart accessories, smart clothes/shoes 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| Internet-connected devices for monitoring blood pressure, blood sugar, body weight (e.g. smart scales), care robots or other internet-connected devices relating to health/medical care 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| Internet-connected toys for children or adults, such as robot toys (including educational toys), drones or smart dolls 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| Car or other vehicle with built-in wireless internet connection 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |

219 Did you encounter any of the following problems with the internet-connected devices or systems that you used in the last 3 months?

(voluntary information)

i Think of all the internet-connected devices you ticked in the previous questions.

Please mark all relevant boxes.

Security or privacy problems (e.g. the device or system was hacked, there were problems with the protection of information about me and my family caused by those devices or systems) 1 ☐

Safety or health problems (e.g. the use of the device or system led to an accident, injury or health problem) 2 ☐

Difficulties with using the device (e.g. setting up, installing, connecting, pairing the device) 3 ☐

Other problems (e.g. connection problems, problems with application support) 4 ☐

I did not encounter any of the problems mentioned. 7 ☐

Not applicable because I did not use any of these devices or systems in the last 3 months. 8 ☐

Protection of privacy and personal identity on the internet

i The questions in this section concern the provision and protection of personal data provided during activities carried out over the internet for any private or work-related purpose during the last 3 months, using websites or apps. Personal data are e.g. name, date of birth, contact and location data, identity card and credit card numbers.

220 Which of the following activities did you carry out to control access to your personal data on the internet in the last 3 months?

(voluntary information)

Please mark all relevant boxes.

I read the relevant privacy statement before providing my personal data on the internet. 1 ☐

I restricted access to my geographical location data. 2 ☐

I limited access to my profile or content on social network sites or shared online storage (cloud). 3 ☐

I refused allowing the use of my personal data for advertising purposes. 4 ☐

I checked the security status of the website where I had to provide personal data (e.g. checked whether it is an https site, checked safety logo/ certificate). 5 ☐

I asked for access to my personal data held and managed by websites or search engines to have them updated or deleted. 6 ☐

I did not carry out any of these activities to control access to my personal data on the internet. 8 ☐

221 Have you ever changed the settings in your internet browser to prevent or limit cookies on the device you use for the internet?

(voluntary information)

i Cookies can be used by website operators to trace movements of users on the internet and to service them tailored advertisements.

Yes 1 ☐

No 8 ☐

222 How concerned are you with your online activities being recorded to provide you with tailored advertising?

(voluntary information)

Please mark only one box.

I am very concerned. 1 ☐

I am not very concerned. 2 ☐

I am not concerned. 3 ☐

223 Do you use anti-tracking software that limits the ability to track your activities on the internet?

(voluntary information)

i Anti-tracking software (e.g. Ghostery, uBlock Origin) informs users when they are surfing on the internet that there are hidden services running in the background and transmitting personal data to website operators; if requested it blocks such services.

Yes 1 ☐

No 8 ☐

Green ICT

i The questions in this section relate to the sustainability management of your privately used ICT and to the criteria that are important to you when purchasing a new ICT device.

224 What did you do with any of the following devices when you replaced or were no longer using them?

(voluntary information)

i Please refer to your personal, most recent device that you replaced or no longer use.

This does not include devices made available to you by your employer.

| The device I replaced/no longer use ... | smartphone/ mobile | laptop/ tablet | desktop- computer |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|
| was sold inside or outside of the household (e.g. "second hand", "trade-in") or given to someone else by me. | 11 <input type="checkbox"/> | 21 <input type="checkbox"/> | 31 <input type="checkbox"/> |
| was disposed of in electronic waste collection/recycling by me or left to the retailer for disposal. | 12 <input type="checkbox"/> | 22 <input type="checkbox"/> | 32 <input type="checkbox"/> |
| was disposed of elsewhere (but not in recycling) by me. | 13 <input type="checkbox"/> | 23 <input type="checkbox"/> | 33 <input type="checkbox"/> |
| I have never owned it, or it is still being used by myself or someone else (e.g. "sharing"). | 14 <input type="checkbox"/> | 24 <input type="checkbox"/> | 34 <input type="checkbox"/> |
| is still kept in my household, but it is currently not in use. | 16 <input type="checkbox"/> | 26 <input type="checkbox"/> | 36 <input type="checkbox"/> |
| Other | 17 <input type="checkbox"/> | 27 <input type="checkbox"/> | 37 <input type="checkbox"/> |

225 When you most recently bought a smartphone or mobile, tablet, laptop or desktop computer, which of the following purchase criteria did you consider important?

(voluntary information)

Please mark all relevant boxes.

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------|
| Price of the device | 1 | <input type="checkbox"/> |
| Brand, design or size of the device | 10 | <input type="checkbox"/> |
| Hard drive characteristics (storage, speed), processor speed of the device | 2 | <input type="checkbox"/> |
| Ecodesign of the device (e.g. durable, upgradeable and repairable design that requires fewer materials, environmentally friendly materials for packaging) | 3 | <input type="checkbox"/> |
| Possibility to extend the life span of the device by purchasing/ concluding an additional warranty contract | 4 | <input type="checkbox"/> |
| Energy efficiency of the device | 5 | <input type="checkbox"/> |
| Possibility of a take-back offer from the seller/manufacturer, i.e. the seller/manufacturer takes back the old device free of charge and/or offers the customer a discount for the purchase of another/new device. | 6 | <input type="checkbox"/> |
| I did not consider important any of the purchase criteria mentioned. | 7 | <input type="checkbox"/> |
| Not applicable. I never bought any of the devices mentioned. | 8 | <input type="checkbox"/> |

Internet contacts with authorities and public institutions (not government)

i The questions in this section refer to the private use of websites or apps of authorities and public institutions (e.g. administrative/judicial authorities at national, regional or municipal level) in the last 12 months before the survey.

Online contacts and transactions with authorities/public institutions include for example:

- searching/obtaining information and downloading of forms,
- requesting official documents (e.g. identity card, birth certificate),
- applying for social benefits,
- registration or change of residence notification,
- the electronic income tax return,
- contact with schools/universities and public educational establishments (e.g. public libraries, public health service institutions, services of public hospitals).

This does not include e-mail contacts with authorities and public institutions.

226 Did you do any of the following via a website or app of authorities or public institutions for private purposes in the last 12 months?

(voluntary information)

Please mark "Yes" or "No".

- | | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Accessing information stored by authorities or public institutions about you (e.g. information on pension, training assistance, health data) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Accessing information from public databases or registers (e.g. information about availability of books in public libraries, information from land registers of business registers) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Obtaining information (e.g. about services, benefits, entitlements, laws, opening hours) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

227 Did you do any of the following for private purposes in the last 12 months?

(voluntary information)

Please mark "Yes" or "No".

Yes No

Downloading or printing official forms from websites/apps of authorities or public institutions 1 ☐ 8 ☐

Making an appointment or reservation via a website or app of authorities or public institutions (e.g. reservation of a book in a public library, appointment with an authority or statutory health insurance institution) 1 ☐ 8 ☐

Receiving/accessing any official communication or documents sent by authorities or public institutions via your account on a website or app (e.g. notifications of fines or invoices, tax assessment notifications or other official letters, delivery of court summons, court documents) 1 ☐ 8 ☐

i This refers to communication/documents that you have to retrieve via online access to your account. This does not refer to receiving notifications via e-mail or SMS that communication/documents are available in your account.

228 Did you submit your tax declaration via a website or app for private purposes in the last 12 months?

(voluntary information)

Yes 1 ☐

No 8 ☐

229 What other online transactions did you do via a website or app of authorities or public institutions for private purposes in the last 12 months?

(voluntary information)

Please mark all relevant boxes.

I requested online official documents or certificates (e.g. marriage/birth/death certificate, divorce documents, residence title, certificate of good conduct, car-related information, certificate on recognition of a qualification). 1 ☐ → 231

I requested online social benefits or claimed entitlements (e.g. citizen's benefit, unemployment benefit, parental allowance, children's allowance, housing allowance, pension, severance pay). 2 ☐ → 231

I made other enquiries, claimed entitlements or made complaints online (e.g. reporting a theft to the police, making an appeal on points of law, applying for legal aid, initiating a civil action). 3 ☐ → 231

Not applicable, I did not do any of the above online transactions in the last 12 months. 8 ☐

230 What were the reasons for you not to request documents or claim benefits/entitlements via a website or app of authorities or public institutions in the last 12 months?

(voluntary information)

Please mark all relevant boxes.

There was no need to request documents or claim benefits/entitlements. 1 ☐

Lack of skills (e.g. I did not know how to use the website/app or using it was too complicated). 2 ☐

I have concerns about the protection and security of my personal data or I was unwilling to pay the fees online (e.g. due to fear of credit card fraud). 3 ☐

Issues with accessibility for persons with impairments or disabilities (e.g. online service is not compatible with screen readers or other assistive technology, cluttered interfaces, no alt text for images). 11 ☐

Lack of electronic signature (e.g. lack of activated electronic identification (eID), De-Mail or other identification tool required for using the online service). 4 ☐

Someone else submitted the documents or claimed the benefits/entitlements on my behalf (e.g. family member, friend, adviser). 5 ☐

There was no such online service available. 10 ☐

Other reasons 6 ☐

If "Other reasons", please describe briefly

Muster

231 Did you encounter any of the following issues when using a website or app of authorities or public institutions in the last 12 months?

(voluntary information)

Please mark all relevant boxes.

Does not apply. In the last 12 months, I did not perform any of the internet activities mentioned in the previous questions in this section on e-government. 8 ☐

The website or app was difficult to use (e.g. the website/app was not user-friendly, the explanation or the procedure was not clear). 1 ☐

There were technical problems using the website or app (e.g. long loading or website crashes). 2 ☐

There were problems with the use of the electronic signature or electronic identification (eID). 3 ☐

It was not possible to pay via the website or app used (e.g. due to lack of access to the payment method required by the website/app). 4 ☐

Access to the service via smartphone or tablet was not possible (e.g. due to an incompatible device version or due to unavailable programs/applications). 5 ☐

Other issues 6 ☐

If "Other issues", please describe briefly

I did not encounter any of the issues mentioned when using a website or app from authorities or public institutions in the last 12 months. 7 ☐

Protection of privacy and personal identity on the internet

232 When did you last order or buy goods or services for private use via the internet?

(voluntary information)

i This concerns ordering/buying over the internet (via websites or apps), both from enterprises and from private individuals.

Please mark only one box.

Within the last 3 months 1 ☐

More than 3 months ago, but within the last 12 months 2 ☐

More than 12 months ago 3 ☐

I have never ordered or bought goods or services for private use via the internet. 9 ☐

Participation in the survey

233 Have you answered the questions yourself?

(voluntary information)

Yes 1 ☐ → 235

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

No, someone not living in the household has answered the questions. 3 ☐ → 235

234 Which household member has answered the questions?

(voluntary information)

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

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

(voluntary information)

Number of minutes

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Note

Please enter your name in the box at the side.

i Many questions on the use of information and communication technologies include the time categories

"In the last 3 months",

"More than 3 months ago, but within the last 12 months", and

"More than 12 months ago".

Those past periods refer to the reference week (the reference week is specified on the flap).

Disclaimer:

In the following questions on the use of information and communication technologies, any references to third party brands, products, trademarks and websites/apps are for the sake of clarification and are not intended to promote the use of such products/websites.

198 When did you last use the internet?

(voluntary information)

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.

Please mark only one box.

- | | | | |
|-------------------------------------------------------------|---|--------------------------|-------|
| In the last 3 months | 1 | <input type="checkbox"/> | |
| More than 3 months ago, but within the last 12 months | 2 | <input type="checkbox"/> | → 226 |
| More than 12 months ago | 3 | <input type="checkbox"/> | → 233 |
| Never | 8 | <input type="checkbox"/> | → 233 |

199 How often on average have you used the internet in the last 3 months?

(voluntary information)

Please mark only one box.

- | | | |
|------------------------------------------------|---|--------------------------|
| Several times during the day | 1 | <input type="checkbox"/> |
| Once a day or almost every day | 2 | <input type="checkbox"/> |
| At least once a week (but not every day) | 3 | <input type="checkbox"/> |
| Less than once a week | 4 | <input type="checkbox"/> |

Person 4:

200 For which private purposes did you use the internet (including via apps) in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

Communication

| | Yes | No |
|------------------------------------|----------------------------|----------------------------|
| Sending or receiving e-mails | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Making phone calls or video calls (phone calls using a webcam) via the internet (using apps, e.g. Skype, Messenger, Facetime, WhatsApp, Signal, Threema, Viber, Snapchat, Zoom, MS Teams, Webex) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Participating in social media (e.g. creating a user profile, posting messages or other contributions to Meta (Facebook, Instagram), X (formerly: Twitter), Snapchat, TikTok or other social networks) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

| | | |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Using instant messaging (i.e. exchanging messages e.g. via Skype, Messenger, WhatsApp, Viber, Snapchat, Telegram) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

Searching for information

| | | |
|-------------------------------------------------------------|----------------------------|----------------------------|
| Reading online news sites, newspapers, news magazines | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-------------------------------------------------------------|----------------------------|----------------------------|

i For example reading online www.dw.de, www.faz.net, www.fr-online.de, www.heute.de, www.spiegel.de, www.sueddeutsche.de, www.tagesschau.de, www.taz.de, www.welt.de, www.zeit.de

| | | |
|------------------------------------------------------|----------------------------|----------------------------|
| Searching for information on goods or services | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|------------------------------------------------------|----------------------------|----------------------------|

| | | |
|-------------------------------------------------------------|----------------------------|----------------------------|
| including searching for information on product safety | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-------------------------------------------------------------|----------------------------|----------------------------|

i Think about both physical products (e.g. baby pacifier) and digital products (e.g. software). Also included is the search for safety warnings/instructions, material composition, test seals ("CE", "GS"), safety guidelines (EU/national) and the search for information on reporting points for security risks/incidents.

Civic and political participation

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Expressing opinions on political or social issues on websites (e.g. in blogs) or in social networks (e.g. Meta (Facebook, Instagram), X (formerly: Twitter), YouTube) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Taking part in online consultations or voting on political, social or municipal issues (e.g. urban planning or signing a petition) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

still:

200 For which private purposes did you use the internet (including via apps) in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

Entertainment

Yes

No

Listening to music (via web radio or online streaming services such as Spotify or via download)

1 ☐

8 ☐

Watching internet streamed TV (live or time-shifted, also in media libraries) from TV broadcasters

1 ☐

8 ☐

Watching videos from commercial providers (e.g. Amazon Prime Video, Apple TV+, DAZN, Disney+, Eurosport Player, HBO Max, Joyn/ Joyn PLUS+, MagentaSport, Netflix, Paramount+, RTL+/RTL+ Premium, Sky WOW)

1 ☐

8 ☐

Watching video content from video sharing services (e.g. YouTube, Instagram, TikTok)

1 ☐

8 ☐

Playing or downloading games (incl. downloads of updates/upgrades/ DLC)

1 ☐

8 ☐

Listening to or downloading podcasts

1 ☐

8 ☐

Health

Searching for health-related information (e.g. injuries, diseases, nutrition, improving health)

1 ☐

8 ☐

Including:

Search for information on physical health

1 ☐

8 ☐

Search for information on mental health

1 ☐

8 ☐

Making an appointment with a doctor via a website or app (e.g. via the website of a hospital, a health care centre or a physical therapy practice)

1 ☐

8 ☐

Accessing personal health records online (in Germany called „ePA“)

1 ☐

8 ☐

Using other health services via a website or app instead of having to go to the hospital or visit a doctor (e.g. receiving a prescription or an online consultation)

1 ☐

8 ☐

Job search

Looking for a job or sending a job application

1 ☐

8 ☐

Other online services

Selling goods or services via a website or app (e.g. Kleinanzeigen, Facebook Marketplace, Shpock or other online marketplace platforms)

1 ☐

8 ☐

Internet banking (including mobile banking)

1 ☐

8 ☐

i Other common names are online banking and home banking.

Artificial intelligence (AI)

i The following section is about **Artificial Intelligence (AI)**, a branch of computer science.

AI is able to recognize information from existing data and thus imitate human cognitive abilities. This allows tasks that normally require human intelligence to be carried out automatically. Well-known examples of AI include search engines like Google or facial recognition in smartphones.

Generative AI can also generate new content that appears realistic and seemingly original by using available information and learning from existing patterns.

201 In the last 3 months, have you used any generative AI tools to create new content like text, images, programming code, or videos?

(voluntary information)

i Generative AI tools such as ChatGPT, Microsoft Copilot, Google Gemini (formerly Google Bard), LLaMA, Midjourney, DALL-E

Yes 1 ☐

No 8 ☐ → 203

202 What was the purpose of using generative AI tools in the last 3 months?

(voluntary information)

Please mark all relevant boxes.

Private further education (e.g. use of online services to improve language skills) 1 ☐ → 204

For professional (work) purposes 2 ☐ → 204

Formal education 3 ☐ → 204

i In Germany, formal education includes primary and secondary education (schools) as well as the tertiary education sector (higher education institutions, trade and technical schools, specialised academies).

203 What is the main reason for not using generative AI tools in the last 3 months?

(voluntary information)

Please mark all relevant boxes.

I didn't know that generative AI tools existed. 2 ☐

There was no need. 1 ☐

I didn't know how to use generative AI tools. 3 ☐

I had concerns about privacy, security or safety. 4 ☐

I had ethical/moral concerns (e.g. danger of perpetuating/reinforcing stereotypes and prejudices, no accountability, unauthorised use of intellectual property). 5 ☐

Other reasons 6 ☐

If "Other reasons", please describe briefly:

204 Did you conduct either of the following learning activities via the internet for educational, professional or private purposes in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

| | Yes | No |
|------------------------------|----------------------------|----------------------------|
| Doing an online course | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

i This refers to online courses with the aim of acquiring new skills. Such a course is usually completed with a corresponding certificate. For example, an "online yoga course" is only included if it was carried out with the intention of obtaining a certificate as a yoga teacher. However, if it is carried out only for private leisure/ recreational purposes, then it should not be included.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Using online learning material other than a complete online course (e.g. audio-visual material, video instructions (including YouTube videos), webinars, online learning software, electronic textbooks, learning apps or platforms) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

i This does not refer to downloading learning material.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Communicating with educators or learners using audio or video online tools (e.g. Zoom, Microsoft Teams, Google Classroom, Classtime) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

E-skills

i The questions in this section concern your online activities done for private, professional or educational purposes, via any device (e.g. desktop PC, laptop, tablet, smartphone).

205 Did you carry out any of the following activities in the last 3 months when using the computer or a mobile device?

(voluntary information)

Please mark "Yes" or "No".

| | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Copying or moving files (e.g. documents, data, images, videos) between drive folders, devices (e.g. via e-mail, Facebook Messenger, WhatsApp, USB, cable) or online storage (cloud) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

| | | |
|-----------------------------------|----------------------------|----------------------------|
| Installing software or apps | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-----------------------------------|----------------------------|----------------------------|

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Changing the settings of software applications, apps or devices (e.g. adjusting language settings, colours, contrast, font size, toolbars/ menu), including operating systems and security programmes | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

206 Did you carry out any of the following software-related activities in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

| | Yes | No |
|--------------------------------------|----------------------------|----------------------------------|
| Using word processing software | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Using spreadsheet software | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> → 208 |

207 When using spreadsheet software, did you use features to structure, organise, analyse or modify data (e.g. sorting, filtering, applying formulas/macros, creating diagrams)?

(voluntary information)

Yes 1 ☐

No 8 ☐

208 Did you create (multimedia) files consisting of several different elements such as text, images, tables, diagrams, animations and/or sound elements (e.g. presentations, charts, videos)?

(voluntary information)

Yes 1 ☐

No 8 ☐

209 Did you digitally edit photos, videos or audio files?

(voluntary information)

Yes 1 ☐

No 8 ☐

210 Did you write a program in a programming language?

(voluntary information)

Yes 1 ☐

No 8 ☐

211 Did you see information (e.g. text, videos, images) on the internet that you considered untrue or doubtful?

(voluntary information)

i For example, on news service websites or on social media platforms such as Meta (Facebook, Instagram), YouTube, X (formerly Twitter) or TikTok. Information/content on the Internet that was generated using generative AI tools such as ChatGPT, Microsoft Copilot or Google Gemini must also be included.

Yes 1 ☐

No 8 ☐ → 215

212 Did you check the truthfulness of the doubtful information?

(voluntary information)

Yes 1 ☐

No 8 ☐ → 214

213 How did you check the truthfulness of the doubtful information?

(voluntary information)

Please mark all relevant boxes.

I checked the source/origin of the information or compared it with information from other sources on the internet (e.g. other news sites, online encyclopaedias such as Wikipedia). 1 ☐ → 215

I followed or took part in the discussion on the internet regarding the information. 2 ☐ → 215

I discussed the information offline (i.e. not via the internet) with other people or researched the information in sources not on the internet. 3 ☐ → 215

214 Why did you not check the truthfulness of the doubtful information found on the internet?

(voluntary information)

Please mark all relevant boxes.

I already knew that the information/content was not correct and/or the source was not reliable. 1 ☐

I lack sufficient internet skills or knowledge (e.g. did not know how to check the information or it was too complicated to do). 2 ☐

Other reasons 3 ☐

Internet of Things

i The questions in this section concern the use of smart devices or systems. These are systems/devices that are connected to the Internet and are also referred to as "smart home", "smart device/system" or "intelligent device/system".

"Use of smart devices or systems" means that the system/device is connected to the internet.

215 Did you use any of the following smart devices or systems for private purposes in the last 3 months?

(voluntary information)

Please mark all relevant boxes.

Smart home devices or systems for the energy management of your house/apartment, e.g. Internet-connected thermostats, electricity meters, utility meters, lighting, light barriers 1 ☐ → 217

i Including plug-ins/software extensions.

Smart home devices or systems for the security management of your home, e.g. internet-connected house alarm systems, smoke detectors, security cameras, motion detectors or door locks 2 ☐ → 217

Internet-connected home appliances, such as robot vacuum cleaners, refrigerators, ovens, coffee machines, gardening tools, robot lawn mowers or irrigation systems 3 ☐ → 217

Virtual assistants in the form of smart speakers or as an app (e.g. Amazon Echo/Alexa, Alexa app, Google Home/Google Assistant, Siri, Cortana, Bixby) 4 ☐ → 217

Does not apply. I have not used any of the devices/systems mentioned. 8 ☐

216 What were the reasons for not using any of the mentioned internet-connected devices or systems?

(voluntary information)

Please mark all relevant boxes.

- I did not know that such smart devices/systems existed. 1 ☐ → 220
- There is no need. 2 ☐
- The costs would be too high. 3 ☐
- Lack of compatibility with other devices/systems 4 ☐
- Lack of skills to use those devices or systems 5 ☐
- Concerns about privacy and the protection of the personal information generated about me/my home by those devices/systems 6 ☐
- Security concerns related to IT security (e.g. concerns that the device/system could be hacked) 10 ☐
- Safety concerns related to personal protection and health issues (e.g. concerns that the use of the device/system could lead to accidents, injuries or health problems) 11 ☐
- Other reasons 12 ☐

If "Other reasons", please specify briefly:

217 Did you use the internet at home for private purposes on any of the following devices in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

- | | Yes | No |
|----------------------------------------------------------------------------------------|----------------------------|----|
| Smart TV 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| Internet-connected game console 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| Internet-connected home audio system or smart speakers 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |

218 Which of the following internet-connected devices did you use for private purposes in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

- | | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----|
| Smart watch, fitness bracelet, smart glasses, other internet connected things like wireless headsets, smart security tracker, smart accessories, smart clothes/shoes 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| Internet-connected devices for monitoring blood pressure, blood sugar, body weight (e.g. smart scales), care robots or other internet-connected devices relating to health/medical care 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| Internet-connected toys for children or adults, such as robot toys (including educational toys), drones or smart dolls 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| Car or other vehicle with built-in wireless internet connection 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |

219 Did you encounter any of the following problems with the internet-connected devices or systems that you used in the last 3 months?

(voluntary information)

i Think of all the internet-connected devices you ticked in the previous questions.

Please mark all relevant boxes.

Security or privacy problems (e.g. the device or system was hacked, there were problems with the protection of information about me and my family caused by those devices or systems) 1 ☐

Safety or health problems (e.g. the use of the device or system led to an accident, injury or health problem) 2 ☐

Difficulties with using the device (e.g. setting up, installing, connecting, pairing the device) 3 ☐

Other problems (e.g. connection problems, problems with application support) 4 ☐

I did not encounter any of the problems mentioned. 7 ☐

Not applicable because I did not use any of these devices or systems in the last 3 months. 8 ☐

Protection of privacy and personal identity on the internet

i The questions in this section concern the provision and protection of personal data provided during activities carried out over the internet for any private or work-related purpose during the last 3 months, using websites or apps. Personal data are e.g. name, date of birth, contact and location data, identity card and credit card numbers.

220 Which of the following activities did you carry out to control access to your personal data on the internet in the last 3 months?

(voluntary information)

Please mark all relevant boxes.

I read the relevant privacy statement before providing my personal data on the internet. 1 ☐

I restricted access to my geographical location data. 2 ☐

I limited access to my profile or content on social network sites or shared online storage (cloud). 3 ☐

I refused allowing the use of my personal data for advertising purposes. 4 ☐

I checked the security status of the website where I had to provide personal data (e.g. checked whether it is an https site, checked safety logo/ certificate). 5 ☐

I asked for access to my personal data held and managed by websites or search engines to have them updated or deleted. 6 ☐

I did not carry out any of these activities to control access to my personal data on the internet. 8 ☐

221 Have you ever changed the settings in your internet browser to prevent or limit cookies on the device you use for the internet?

(voluntary information)

i Cookies can be used by website operators to trace movements of users on the internet and to service them tailored advertisements.

Yes 1 ☐

No 8 ☐

222 How concerned are you with your online activities being recorded to provide you with tailored advertising?

(voluntary information)

Please mark only one box.

I am very concerned. 1 ☐

I am not very concerned. 2 ☐

I am not concerned. 3 ☐

223 Do you use anti-tracking software that limits the ability to track your activities on the internet?

(voluntary information)

i Anti-tracking software (e.g. Ghostery, uBlock Origin) informs users when they are surfing on the internet that there are hidden services running in the background and transmitting personal data to website operators; if requested it blocks such services.

Yes 1 ☐

No 8 ☐

Green ICT

i The questions in this section relate to the sustainability management of your privately used ICT and to the criteria that are important to you when purchasing a new ICT device.

224 What did you do with any of the following devices when you replaced or were no longer using them?

(voluntary information)

i Please refer to your personal, most recent device that you replaced or no longer use.

This does not include devices made available to you by your employer.

| The device I replaced/no longer use ... | smartphone/ mobile | laptop/ tablet | desktop- computer |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|
| was sold inside or outside of the household (e.g. "second hand", "trade-in") or given to someone else by me. | 11 <input type="checkbox"/> | 21 <input type="checkbox"/> | 31 <input type="checkbox"/> |
| was disposed of in electronic waste collection/recycling by me or left to the retailer for disposal. | 12 <input type="checkbox"/> | 22 <input type="checkbox"/> | 32 <input type="checkbox"/> |
| was disposed of elsewhere (but not in recycling) by me. | 13 <input type="checkbox"/> | 23 <input type="checkbox"/> | 33 <input type="checkbox"/> |
| I have never owned it, or it is still being used by myself or someone else (e.g. "sharing"). | 14 <input type="checkbox"/> | 24 <input type="checkbox"/> | 34 <input type="checkbox"/> |
| is still kept in my household, but it is currently not in use. | 16 <input type="checkbox"/> | 26 <input type="checkbox"/> | 36 <input type="checkbox"/> |
| Other | 17 <input type="checkbox"/> | 27 <input type="checkbox"/> | 37 <input type="checkbox"/> |

225 When you most recently bought a smartphone or mobile, tablet, laptop or desktop computer, which of the following purchase criteria did you consider important?

(voluntary information)

Please mark all relevant boxes.

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------|
| Price of the device | 1 | <input type="checkbox"/> |
| Brand, design or size of the device | 10 | <input type="checkbox"/> |
| Hard drive characteristics (storage, speed), processor speed of the device | 2 | <input type="checkbox"/> |
| Ecodesign of the device (e.g. durable, upgradeable and repairable design that requires fewer materials, environmentally friendly materials for packaging) | 3 | <input type="checkbox"/> |
| Possibility to extend the life span of the device by purchasing/ concluding an additional warranty contract | 4 | <input type="checkbox"/> |
| Energy efficiency of the device | 5 | <input type="checkbox"/> |
| Possibility of a take-back offer from the seller/manufacturer, i.e. the seller/manufacturer takes back the old device free of charge and/or offers the customer a discount for the purchase of another/new device. | 6 | <input type="checkbox"/> |
| I did not consider important any of the purchase criteria mentioned. | 7 | <input type="checkbox"/> |
| Not applicable. I never bought any of the devices mentioned. | 8 | <input type="checkbox"/> |

Internet contacts with authorities and public institutions (government)

i The questions in this section refer to the private use of websites or apps of authorities and public institutions (e.g. administrative/judicial authorities at national, regional or municipal level) in the last 12 months before the survey.

Online contacts and transactions with authorities/public institutions include for example:

- searching/obtaining information and downloading of forms,
- requesting official documents (e.g. identity card, birth certificate),
- applying for social benefits,
- registration or change of residence notification,
- the electronic income tax return,
- contact with schools/universities and public educational establishments (e.g. public libraries, public health service institutions, services of public hospitals).

This does not include e-mail contacts with authorities and public institutions.

226 Did you do any of the following via a website or app of authorities or public institutions for private purposes in the last 12 months?

(voluntary information)

Please mark "Yes" or "No".

- | | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Accessing information stored by authorities or public institutions about you (e.g. information on pension, training assistance, health data) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Accessing information from public databases or registers (e.g. information about availability of books in public libraries, information from land registers of business registers) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Obtaining information (e.g. about services, benefits, entitlements, laws, opening hours) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

227 Did you do any of the following for private purposes in the last 12 months?

(voluntary information)

Please mark "Yes" or "No".

Yes No

Downloading or printing official forms from websites/apps of authorities or public institutions 1 ☐ 8 ☐

Making an appointment or reservation via a website or app of authorities or public institutions (e.g. reservation of a book in a public library, appointment with an authority or statutory health insurance institution) 1 ☐ 8 ☐

Receiving/accessing any official communication or documents sent by authorities or public institutions via your account on a website or app (e.g. notifications of fines or invoices, tax assessment notifications or other official letters, delivery of court summons, court documents) 1 ☐ 8 ☐

i This refers to communication/documents that you have to retrieve via online access to your account. This does not refer to receiving notifications via e-mail or SMS that communication/documents are available in your account.

228 Did you submit your tax declaration via a website or app for private purposes in the last 12 months?

(voluntary information)

Yes 1 ☐

No 8 ☐

229 What other online transactions did you do via a website or app of authorities or public institutions for private purposes in the last 12 months?

(voluntary information)

Please mark all relevant boxes.

I requested online official documents or certificates (e.g. marriage/birth/death certificate, divorce documents, residence title, certificate of good conduct, car-related information, certificate on recognition of a qualification). 1 ☐ → 231

I requested online social benefits or claimed entitlements (e.g. citizen's benefit, unemployment benefit, parental allowance, children's allowance, housing allowance, pension, severance pay). 2 ☐ → 231

I made other enquiries, claimed entitlements or made complaints online (e.g. reporting a theft to the police, making an appeal on points of law, applying for legal aid, initiating a civil action). 3 ☐ → 231

Not applicable, I did not do any of the above online transactions in the last 12 months. 8 ☐

230 What were the reasons for you not to request documents or claim benefits/entitlements via a website or app of authorities or public institutions in the last 12 months?

(voluntary information)

Please mark all relevant boxes.

There was no need to request documents or claim benefits/entitlements. 1 ☐

Lack of skills (e.g. I did not know how to use the website/app or using it was too complicated). 2 ☐

I have concerns about the protection and security of my personal data or I was unwilling to pay the fees online (e.g. due to fear of credit card fraud). 3 ☐

Issues with accessibility for persons with impairments or disabilities (e.g. online service is not compatible with screen readers or other assistive technology, cluttered interfaces, no alt text for images). 11 ☐

Lack of electronic signature (e.g. lack of activated electronic identification (eID), De-Mail or other identification tool required for using the online service). 4 ☐

Someone else submitted the documents or claimed the benefits/entitlements on my behalf (e.g. family member, friend, adviser). 5 ☐

There was no such online service available. 10 ☐

Other reasons 6 ☐

If "Other reasons", please describe briefly

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231 Did you encounter any of the following issues when using a website or app of authorities or public institutions in the last 12 months?

(voluntary information)

Please mark all relevant boxes.

Does not apply. In the last 12 months, I did not perform any of the internet activities mentioned in the previous questions in this section on e-government. 8 ☐

The website or app was difficult to use (e.g. the website/app was not user-friendly, the explanation or the procedure was not clear). 1 ☐

There were technical problems using the website or app (e.g. long loading or website crashes). 2 ☐

There were problems with the use of the electronic signature or electronic identification (eID). 3 ☐

It was not possible to pay via the website or app used (e.g. due to lack of access to the payment method required by the website/app). 4 ☐

Access to the service via smartphone or tablet was not possible (e.g. due to an incompatible device version or due to unavailable programs/applications). 5 ☐

Other issues 6 ☐

If "Other issues", please describe briefly

I did not encounter any of the issues mentioned when using a website or app from authorities or public institutions in the last 12 months. 7 ☐

Protection of privacy and personal identity on the internet

232 When did you last order or buy goods or services for private use via the internet?

(voluntary information)

i This concerns ordering/buying over the internet (via websites or apps), both from enterprises and from private individuals.

Please mark only one box.

Within the last 3 months 1 ☐

More than 3 months ago, but within the last 12 months 2 ☐

More than 12 months ago 3 ☐

I have never ordered or bought goods or services for private use via the internet. 9 ☐

Participation in the survey

233 Have you answered the questions yourself?

(voluntary information)

Yes 1 ☐ → 235

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

No, someone not living in the household has answered the questions. 3 ☐ → 235

234 Which household member has answered the questions?

(voluntary information)

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

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

(voluntary information)

Number of minutes

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Note

Please enter your name in the box at the side.

i Many questions on the use of information and communication technologies include the time categories

"In the last 3 months",

"More than 3 months ago, but within the last 12 months", and

"More than 12 months ago".

Those past periods refer to the reference week (the reference week is specified on the flap).

Disclaimer:

In the following questions on the use of information and communication technologies, any references to third party brands, products, trademarks and websites/apps are for the sake of clarification and are not intended to promote the use of such products/websites.

198 When did you last use the internet?

(voluntary information)

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.

Please mark only one box.

- | | | | |
|-------------------------------------------------------------|---|--------------------------|-------|
| In the last 3 months | 1 | <input type="checkbox"/> | |
| More than 3 months ago, but within the last 12 months | 2 | <input type="checkbox"/> | → 226 |
| More than 12 months ago | 3 | <input type="checkbox"/> | → 233 |
| Never | 8 | <input type="checkbox"/> | → 233 |

199 How often on average have you used the internet in the last 3 months?

(voluntary information)

Please mark only one box.

- | | | |
|------------------------------------------------|---|--------------------------|
| Several times during the day | 1 | <input type="checkbox"/> |
| Once a day or almost every day | 2 | <input type="checkbox"/> |
| At least once a week (but not every day) | 3 | <input type="checkbox"/> |
| Less than once a week | 4 | <input type="checkbox"/> |

200 For which private purposes did you use the internet (including via apps) in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

Communication

| | Yes | No |
|------------------------------------|----------------------------|----------------------------|
| Sending or receiving e-mails | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Making phone calls or video calls (phone calls using a webcam) via the internet (using apps, e.g. Skype, Messenger, Facetime, WhatsApp, Signal, Threema, Viber, Snapchat, Zoom, MS Teams, Webex) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Participating in social media (e.g. creating a user profile, posting messages or other contributions to Meta (Facebook, Instagram), X (formerly: Twitter), Snapchat, TikTok or other social networks) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

| | | |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Using instant messaging (i.e. exchanging messages e.g. via Skype, Messenger, WhatsApp, Viber, Snapchat, Telegram) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

Searching for information

| | | |
|-------------------------------------------------------------|----------------------------|----------------------------|
| Reading online news sites, newspapers, news magazines | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-------------------------------------------------------------|----------------------------|----------------------------|

i For example reading online www.dw.de, www.faz.net, www.fr-online.de, www.heute.de, www.spiegel.de, www.sueddeutsche.de, www.tagesschau.de, www.taz.de, www.welt.de, www.zeit.de

| | | |
|------------------------------------------------------|----------------------------|----------------------------|
| Searching for information on goods or services | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|------------------------------------------------------|----------------------------|----------------------------|

| | | |
|-------------------------------------------------------------|----------------------------|----------------------------|
| including searching for information on product safety | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-------------------------------------------------------------|----------------------------|----------------------------|

i Think about both physical products (e.g. baby pacifier) and digital products (e.g. software). Also included is the search for safety warnings/instructions, material composition, test seals ("CE", "GS"), safety guidelines (EU/national) and the search for information on reporting points for security risks/incidents.

Civic and political participation

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Expressing opinions on political or social issues on websites (e.g. in blogs) or in social networks (e.g. Meta (Facebook, Instagram), X (formerly: Twitter), YouTube) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Taking part in online consultations or voting on political, social or municipal issues (e.g. urban planning or signing a petition) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|

still:

200 For which private purposes did you use the internet (including via apps) in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

Entertainment

| | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Listening to music (via web radio or online streaming services such as Spotify or via download) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Watching internet streamed TV (live or time-shifted, also in media libraries) from TV broadcasters | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Watching videos from commercial providers (e.g. Amazon Prime Video, Apple TV+, DAZN, Disney+, Eurosport Player, HBO Max, Joyn/ Joyn PLUS+, MagentaSport, Netflix, Paramount+, RTL+/RTL+ Premium, Sky WOW) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Watching video content from video sharing services (e.g. YouTube, Instagram, TikTok) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Playing or downloading games (incl. downloads of updates/upgrades/ DLC) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Listening to or downloading podcasts | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

Health

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Searching for health-related information (e.g. injuries, diseases, nutrition, improving health) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Including: | | |
| Search for information on physical health | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Search for information on mental health | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Making an appointment with a doctor via a website or app (e.g. via the website of a hospital, a health care centre or a physical therapy practice) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Accessing personal health records online (in Germany called „ePA“) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Using other health services via a website or app instead of having to go to the hospital or visit a doctor (e.g. receiving a prescription or an online consultation) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

Job search

| | | |
|------------------------------------------------------|----------------------------|----------------------------|
| Looking for a job or sending a job application | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|------------------------------------------------------|----------------------------|----------------------------|

Other online services

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Selling goods or services via a website or app (e.g. Kleinanzeigen, Facebook Marketplace, Shpock or other online marketplace platforms) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Internet banking (including mobile banking) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

i Other common names are online banking and home banking.

Artificial intelligence (AI)

i The following section is about **Artificial Intelligence (AI)**, a branch of computer science.

AI is able to recognize information from existing data and thus imitate human cognitive abilities. This allows tasks that normally require human intelligence to be carried out automatically. Well-known examples of AI include search engines like Google or facial recognition in smartphones.

Generative AI can also generate new content that appears realistic and seemingly original by using available information and learning from existing patterns.

201 In the last 3 months, have you used any generative AI tools to create new content like text, images, programming code, or videos?

(voluntary information)

i Generative AI tools such as ChatGPT, Microsoft Copilot, Google Gemini (formerly Google Bard), LLaMA, Midjourney, DALL-E

Yes 1 ☐

No 8 ☐ → 203

202 What was the purpose of using generative AI tools in the last 3 months?

(voluntary information)

Please mark all relevant boxes.

Private further education (e.g. use of online services to improve language skills) 1 ☐ → 204

For professional (work) purposes 2 ☐ → 204

Formal education 3 ☐ → 204

i In Germany, formal education includes primary and secondary education (schools) as well as the tertiary education sector (higher education institutions, trade and technical schools, specialised academies).

203 What is the main reason for not using generative AI tools in the last 3 months?

(voluntary information)

Please mark all relevant boxes.

I didn't know that generative AI tools existed. 2 ☐

There was no need. 1 ☐

I didn't know how to use generative AI tools. 3 ☐

I had concerns about privacy, security or safety. 4 ☐

I had ethical/moral concerns (e.g. danger of perpetuating/reinforcing stereotypes and prejudices, no accountability, unauthorised use of intellectual property). 5 ☐

Other reasons 6 ☐

If "Other reasons", please describe briefly:

204 Did you conduct either of the following learning activities via the internet for educational, professional or private purposes in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

Doing an online course 1 ☐ Yes 8 ☐ No

i This refers to online courses with the aim of acquiring new skills. Such a course is usually completed with a corresponding certificate. For example, an "online yoga course" is only included if it was carried out with the intention of obtaining a certificate as a yoga teacher. However, if it is carried out only for private leisure/ recreational purposes, then it should not be included.

Using online learning material other than a complete online course (e.g. audio-visual material, video instructions (including YouTube videos), webinars, online learning software, electronic textbooks, learning apps or platforms) 1 ☐ 8 ☐

i This does not refer to downloading learning material.

Communicating with educators or learners using audio or video online tools (e.g. Zoom, Microsoft Teams, Google Classroom, Classtime) 1 ☐ 8 ☐

E-skills

i The questions in this section concern your online activities done for private, professional or educational purposes, via any device (e.g. desktop PC, laptop, tablet, smartphone).

205 Did you carry out any of the following activities in the last 3 months when using the computer or a mobile device?

(voluntary information)

Please mark "Yes" or "No".

Copying or moving files (e.g. documents, data, images, videos) between drive folders, devices (e.g. via e-mail, Facebook Messenger, WhatsApp, USB, cable) or online storage (cloud) 1 ☐ Yes 8 ☐ No

Installing software or apps 1 ☐ 8 ☐

Changing the settings of software applications, apps or devices (e.g. adjusting language settings, colours, contrast, font size, toolbars/ menu), including operating systems and security programmes 1 ☐ 8 ☐

206 Did you carry out any of the following software-related activities in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

Using word processing software 1 ☐ Yes 8 ☐ No

Using spreadsheet software 1 ☐ 8 ☐ → 208

207 When using spreadsheet software, did you use features to structure, organise, analyse or modify data (e.g. sorting, filtering, applying formulas/macros, creating diagrams)?

(voluntary information)

Yes 1 ☐

No 8 ☐

208 Did you create (multimedia) files consisting of several different elements such as text, images, tables, diagrams, animations and/or sound elements (e.g. presentations, charts, videos)?

(voluntary information)

Yes 1 ☐

No 8 ☐

209 Did you digitally edit photos, videos or audio files?

(voluntary information)

Yes 1 ☐

No 8 ☐

210 Did you write a program in a programming language?

(voluntary information)

Yes 1 ☐

No 8 ☐

211 Did you see information (e.g. text, videos, images) on the internet that you considered untrue or doubtful?

(voluntary information)

i For example, on news service websites or on social media platforms such as Meta (Facebook, Instagram), YouTube, X (formerly Twitter) or TikTok. Information/content on the Internet that was generated using generative AI tools such as ChatGPT, Microsoft Copilot or Google Gemini must also be included.

Yes 1 ☐

No 8 ☐ → 215

212 Did you check the truthfulness of the doubtful information?

(voluntary information)

Yes 1 ☐

No 8 ☐ → 214

213 How did you check the truthfulness of the doubtful information?

(voluntary information)

Please mark all relevant boxes.

I checked the source/origin of the information or compared it with information from other sources on the internet (e.g. other news sites, online encyclopaedias such as Wikipedia). 1 ☐ → 215

I followed or took part in the discussion on the internet regarding the information. 2 ☐ → 215

I discussed the information offline (i.e. not via the internet) with other people or researched the information in sources not on the internet. 3 ☐ → 215

214 Why did you not check the truthfulness of the doubtful information found on the internet?

(voluntary information)

Please mark all relevant boxes.

I already knew that the information/content was not correct and/or the source was not reliable. 1 ☐

I lack sufficient internet skills or knowledge (e.g. did not know how to check the information or it was too complicated to do). 2 ☐

Other reasons 3 ☐

Internet of Things

i The questions in this section concern the use of smart devices or systems. These are systems/devices that are connected to the Internet and are also referred to as "smart home", "smart device/system" or "intelligent device/system".

"Use of smart devices or systems" means that the system/device is connected to the internet.

215 Did you use any of the following smart devices or systems for private purposes in the last 3 months?

(voluntary information)

Please mark all relevant boxes.

Smart home devices or systems for the energy management of your house/apartment, e.g. Internet-connected thermostats, electricity meters, utility meters, lighting, light barriers 1 ☐ → 217

i Including plug-ins/software extensions.

Smart home devices or systems for the security management of your home, e.g. internet-connected house alarm systems, smoke detectors, security cameras, motion detectors or door locks 2 ☐ → 217

Internet-connected home appliances, such as robot vacuum cleaners, refrigerators, ovens, coffee machines, gardening tools, robot lawn mowers or irrigation systems 3 ☐ → 217

Virtual assistants in the form of smart speakers or as an app (e.g. Amazon Echo/Alexa, Alexa app, Google Home/Google Assistant, Siri, Cortana, Bixby) 4 ☐ → 217

Does not apply. I have not used any of the devices/systems mentioned. 8 ☐

216 What were the reasons for not using any of the mentioned internet-connected devices or systems?

(voluntary information)

Please mark all relevant boxes.

- I did not know that such smart devices/systems existed. 1 ☐ → 220
- There is no need. 2 ☐
- The costs would be too high. 3 ☐
- Lack of compatibility with other devices/systems 4 ☐
- Lack of skills to use those devices or systems 5 ☐
- Concerns about privacy and the protection of the personal information generated about me/my home by those devices/systems 6 ☐
- Security concerns related to IT security (e.g. concerns that the device/system could be hacked) 10 ☐
- Safety concerns related to personal protection and health issues (e.g. concerns that the use of the device/system could lead to accidents, injuries or health problems) 11 ☐
- Other reasons 12 ☐

If "Other reasons", please specify briefly:

217 Did you use the internet at home for private purposes on any of the following devices in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

- | | Yes | No |
|----------------------------------------------------------------------------------------|----------------------------|----|
| Smart TV 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| Internet-connected game console 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| Internet-connected home audio system or smart speakers 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |

218 Which of the following internet-connected devices did you use for private purposes in the last 3 months?

(voluntary information)

Please mark "Yes" or "No".

- | | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----|
| Smart watch, fitness bracelet, smart glasses, other internet connected things like wireless headsets, smart security tracker, smart accessories, smart clothes/shoes 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| Internet-connected devices for monitoring blood pressure, blood sugar, body weight (e.g. smart scales), care robots or other internet-connected devices relating to health/medical care 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| Internet-connected toys for children or adults, such as robot toys (including educational toys), drones or smart dolls 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| Car or other vehicle with built-in wireless internet connection 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | |

219 Did you encounter any of the following problems with the internet-connected devices or systems that you used in the last 3 months?

(voluntary information)

i Think of all the internet-connected devices you ticked in the previous questions.

Please mark all relevant boxes.

Security or privacy problems (e.g. the device or system was hacked, there were problems with the protection of information about me and my family caused by those devices or systems) 1 ☐

Safety or health problems (e.g. the use of the device or system led to an accident, injury or health problem) 2 ☐

Difficulties with using the device (e.g. setting up, installing, connecting, pairing the device) 3 ☐

Other problems (e.g. connection problems, problems with application support) 4 ☐

I did not encounter any of the problems mentioned. 7 ☐

Not applicable because I did not use any of these devices or systems in the last 3 months. 8 ☐

Protection of privacy and personal identity on the internet

i The questions in this section concern the provision and protection of personal data provided during activities carried out over the internet for any private or work-related purpose during the last 3 months, using websites or apps. Personal data are e.g. name, date of birth, contact and location data, identity card and credit card numbers.

220 Which of the following activities did you carry out to control access to your personal data on the internet in the last 3 months?

(voluntary information)

Please mark all relevant boxes.

I read the relevant privacy statement before providing my personal data on the internet. 1 ☐

I restricted access to my geographical location data. 2 ☐

I limited access to my profile or content on social network sites or shared online storage (cloud). 3 ☐

I refused allowing the use of my personal data for advertising purposes. 4 ☐

I checked the security status of the website where I had to provide personal data (e.g. checked whether it is an https site, checked safety logo/ certificate). 5 ☐

I asked for access to my personal data held and managed by websites or search engines to have them updated or deleted. 6 ☐

I did not carry out any of these activities to control access to my personal data on the internet. 8 ☐

221 Have you ever changed the settings in your internet browser to prevent or limit cookies on the device you use for the internet?

(voluntary information)

i Cookies can be used by website operators to trace movements of users on the internet and to service them tailored advertisements.

Yes 1 ☐

No 8 ☐

222 How concerned are you with your online activities being recorded to provide you with tailored advertising?

(voluntary information)

Please mark only one box.

I am very concerned. 1 ☐

I am not very concerned. 2 ☐

I am not concerned. 3 ☐

223 Do you use anti-tracking software that limits the ability to track your activities on the internet?

(voluntary information)

i Anti-tracking software (e.g. Ghostery, uBlock Origin) informs users when they are surfing on the internet that there are hidden services running in the background and transmitting personal data to website operators; if requested it blocks such services.

Yes 1 ☐

No 8 ☐

Green ICT

i The questions in this section relate to the sustainability management of your privately used ICT and to the criteria that are important to you when purchasing a new ICT device.

224 What did you do with any of the following devices when you replaced or were no longer using them?

(voluntary information)

i Please refer to your personal, most recent device that you replaced or no longer use.

This does not include devices made available to you by your employer.

| The device I replaced/no longer use ... | smartphone/ mobile | laptop/ tablet | desktop- computer |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|
| was sold inside or outside of the household (e.g. "second hand", "trade-in") or given to someone else by me. | 11 <input type="checkbox"/> | 21 <input type="checkbox"/> | 31 <input type="checkbox"/> |
| was disposed of in electronic waste collection/recycling by me or left to the retailer for disposal. | 12 <input type="checkbox"/> | 22 <input type="checkbox"/> | 32 <input type="checkbox"/> |
| was disposed of elsewhere (but not in recycling) by me. | 13 <input type="checkbox"/> | 23 <input type="checkbox"/> | 33 <input type="checkbox"/> |
| I have never owned it, or it is still being used by myself or someone else (e.g. "sharing"). | 14 <input type="checkbox"/> | 24 <input type="checkbox"/> | 34 <input type="checkbox"/> |
| is still kept in my household, but it is currently not in use. | 16 <input type="checkbox"/> | 26 <input type="checkbox"/> | 36 <input type="checkbox"/> |
| Other | 17 <input type="checkbox"/> | 27 <input type="checkbox"/> | 37 <input type="checkbox"/> |

225 When you most recently bought a smartphone or mobile, tablet, laptop or desktop computer, which of the following purchase criteria did you consider important?

(voluntary information)

Please mark all relevant boxes.

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------|
| Price of the device | 1 | <input type="checkbox"/> |
| Brand, design or size of the device | 10 | <input type="checkbox"/> |
| Hard drive characteristics (storage, speed), processor speed of the device | 2 | <input type="checkbox"/> |
| Ecodesign of the device (e.g. durable, upgradeable and repairable design that requires fewer materials, environmentally friendly materials for packaging) | 3 | <input type="checkbox"/> |
| Possibility to extend the life span of the device by purchasing/ concluding an additional warranty contract | 4 | <input type="checkbox"/> |
| Energy efficiency of the device | 5 | <input type="checkbox"/> |
| Possibility of a take-back offer from the seller/manufacturer, i.e. the seller/manufacturer takes back the old device free of charge and/or offers the customer a discount for the purchase of another/new device. | 6 | <input type="checkbox"/> |
| I did not consider important any of the purchase criteria mentioned. | 7 | <input type="checkbox"/> |
| Not applicable. I never bought any of the devices mentioned. | 8 | <input type="checkbox"/> |

Internet contacts with authorities and public institutions (government)

i The questions in this section refer to the private use of websites or apps of authorities and public institutions (e.g. administrative/judicial authorities at national, regional or municipal level) in the last 12 months before the survey.

Online contacts and transactions with authorities/public institutions include for example:

- searching/obtaining information and downloading of forms,
- requesting official documents (e.g. identity card, birth certificate),
- applying for social benefits,
- registration or change of residence notification,
- the electronic income tax return,
- contact with schools/universities and public educational establishments (e.g. public libraries, public health service institutions, services of public hospitals).

This does not include e-mail contacts with authorities and public institutions.

226 Did you do any of the following via a website or app of authorities or public institutions for private purposes in the last 12 months?

(voluntary information)

Please mark "Yes" or "No".

- | | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Accessing information stored by authorities or public institutions about you (e.g. information on pension, training assistance, health data) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Accessing information from public databases or registers (e.g. information about availability of books in public libraries, information from land registers of business registers) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Obtaining information (e.g. about services, benefits, entitlements, laws, opening hours) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

227 Did you do any of the following for private purposes in the last 12 months?

(voluntary information)

Please mark "Yes" or "No".

Yes No

Downloading or printing official forms from websites/apps of authorities or public institutions 1 ☐ 8 ☐

Making an appointment or reservation via a website or app of authorities or public institutions (e.g. reservation of a book in a public library, appointment with an authority or statutory health insurance institution) 1 ☐ 8 ☐

Receiving/accessing any official communication or documents sent by authorities or public institutions via your account on a website or app (e.g. notifications of fines or invoices, tax assessment notifications or other official letters, delivery of court summons, court documents) 1 ☐ 8 ☐

i This refers to communication/documents that you have to retrieve via online access to your account. This does not refer to receiving notifications via e-mail or SMS that communication/documents are available in your account.

228 Did you submit your tax declaration via a website or app for private purposes in the last 12 months?

(voluntary information)

Yes 1 ☐

No 8 ☐

229 What other online transactions did you do via a website or app of authorities or public institutions for private purposes in the last 12 months?

(voluntary information)

Please mark all relevant boxes.

I requested online official documents or certificates (e.g. marriage/birth/death certificate, divorce documents, residence title, certificate of good conduct, car-related information, certificate on recognition of a qualification). 1 ☐ → 231

I requested online social benefits or claimed entitlements (e.g. citizen's benefit, unemployment benefit, parental allowance, children's allowance, housing allowance, pension, severance pay). 2 ☐ → 231

I made other enquiries, claimed entitlements or made complaints online (e.g. reporting a theft to the police, making an appeal on points of law, applying for legal aid, initiating a civil action). 3 ☐ → 231

Not applicable, I did not do any of the above online transactions in the last 12 months. 8 ☐

230 What were the reasons for you not to request documents or claim benefits/entitlements via a website or app of authorities or public institutions in the last 12 months?

(voluntary information)

Please mark all relevant boxes.

There was no need to request documents or claim benefits/entitlements. 1 ☐

Lack of skills (e.g. I did not know how to use the website/app or using it was too complicated). 2 ☐

I have concerns about the protection and security of my personal data or I was unwilling to pay the fees online (e.g. due to fear of credit card fraud). 3 ☐

Issues with accessibility for persons with impairments or disabilities (e.g. online service is not compatible with screen readers or other assistive technology, cluttered interfaces, no alt text for images). 11 ☐

Lack of electronic signature (e.g. lack of activated electronic identification (eID), De-Mail or other identification tool required for using the online service). 4 ☐

Someone else submitted the documents or claimed the benefits/entitlements on my behalf (e.g. family member, friend, adviser). 5 ☐

There was no such online service available. 10 ☐

Other reasons 6 ☐

If "Other reasons", please describe briefly

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231 Did you encounter any of the following issues when using a website or app of authorities or public institutions in the last 12 months?

(voluntary information)

Please mark all relevant boxes.

Does not apply. In the last 12 months, I did not perform any of the internet activities mentioned in the previous questions in this section on e-government. 8 ☐

The website or app was difficult to use (e.g. the website/app was not user-friendly, the explanation or the procedure was not clear). 1 ☐

There were technical problems using the website or app (e.g. long loading or website crashes). 2 ☐

There were problems with the use of the electronic signature or electronic identification (eID). 3 ☐

It was not possible to pay via the website or app used (e.g. due to lack of access to the payment method required by the website/app). 4 ☐

Access to the service via smartphone or tablet was not possible (e.g. due to an incompatible device version or due to unavailable programs/applications). 5 ☐

Other issues 6 ☐

If "Other issues", please describe briefly

I did not encounter any of the issues mentioned when using a website or app from authorities or public institutions in the last 12 months. 7 ☐

Protection of privacy and personal identity on the internet

232 When did you last order or buy goods or services for private use via the internet?

(voluntary information)

i This concerns ordering/buying over the internet (via websites or apps), both from enterprises and from private individuals.

Please mark only one box.

Within the last 3 months 1 ☐

More than 3 months ago, but within the last 12 months 2 ☐

More than 12 months ago 3 ☐

I have never ordered or bought goods or services for private use via the internet. 9 ☐

Participation in the survey

233 Have you answered the questions yourself?

(voluntary information)

Yes 1 ☐ → 235

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

No, someone not living in the household has answered the questions. 3 ☐ → 235

234 Which household member has answered the questions?

(voluntary information)

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

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

(voluntary information)

Number of minutes

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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 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.

14 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.

15 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.

16 Statutory pension insurance

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

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

You also have statutory pension insurance if you

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

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

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

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

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

Purpose, type and scope of the survey

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

The purpose of the microcensus is to provide statistical data, with a detailed subject-related breakdown, on the population structure, the economic and social situation of the population, of families and households, on the labour market, the occupational structure and education of the labour force, and on the housing circumstances. It also serves to meet European obligations. Every year, up to one percent of the population may be surveyed. In every sampling district, the survey is conducted not more than four times within five consecutive calendar years. Data for the additional survey component concerning information and communication technologies will be collected from a maximum of 3.5 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) 2019/2180, (EU) 2019/2181 and (EU) 2025/1322, Delegated Regulations (EU) 2020/256 and (EU) 2020/2175³ 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 9 of the Microcensus Act.

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

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

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

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

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

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

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

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

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

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

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

Controller

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

Confidentiality

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

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

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

³ The Delegated Regulations (EU) concerning the survey on the use of information and communication technologies in households and by individuals for reference year 2026 had not yet been published in the Official Journal of the European Union at the time of print.

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

Individual data may in particular be transmitted to:

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

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

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

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

Article 11 of Regulation (EU) 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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