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Research Report

SOEP-Core - 2021: Individual (A-L3, M1-M2 + N-Q)

SOEP Survey Papers, No. 1207

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SOEP Survey Papers
Series A – Survey Instruments (Erhebungsinstrumente)

SOEP-Core – 2021: Individual (A-L3, M1-M2 + N-Q)

infas

Running since 1984, the German Socio-Economic Panel study (SOEP) is a wide-ranging representative longitudinal study of private households, located at the German Institute for Economic Research, DIW Berlin.

The aim of the SOEP Survey Papers Series is to thoroughly document the survey's data collection and data processing. The SOEP Survey Papers is comprised of the following series:

Series A – Survey Instruments (Erhebungsinstrumente)

Series B – Survey Reports (Methodenberichte)

Series C – Data Documentation (Datendokumentationen)

Series D – Variable Descriptions and Coding

Series E – SOEPmonitors

Series F – SOEP Newsletters

Series G – General Issues and Teaching Materials

The SOEP Survey Papers are available at <http://www.diw.de/soepsurveyspapers>

Editors:

Dr. Carina Cornesse, DIW Berlin and University of Bremen

Dr. Jan Goebel, DIW Berlin

Prof. Dr. Cornelia Kristen, University of Bamberg and DIW Berlin

Prof. Dr. Philipp Lersch, DIW Berlin and Humboldt-Universität zu Berlin

Prof. Dr. Carsten Schröder, DIW Berlin and Freie Universität Berlin

Prof. Dr. Jürgen Schupp, DIW Berlin and Freie Universität Berlin

Prof. Dr. Sabine Zinn, DIW Berlin and Humboldt-Universität zu Berlin

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DIW Berlin
German Socio-Economic Panel (SOEP)
Mohrenstr. 58
10117 Berlin
Germany

soepapers@diw.de

SOEP-Core – 2021: Individual (A-L3, M1-M2 + N-Q)

infas

2022

The variable names mentioned in this document belong to a collection of datasets, which is released with doi:10.5684/soep.core.v38eu.

Questionnaire

Individuals

Dear Participant,

The questions contained in this questionnaire are for all household members who were born in or before 2003.

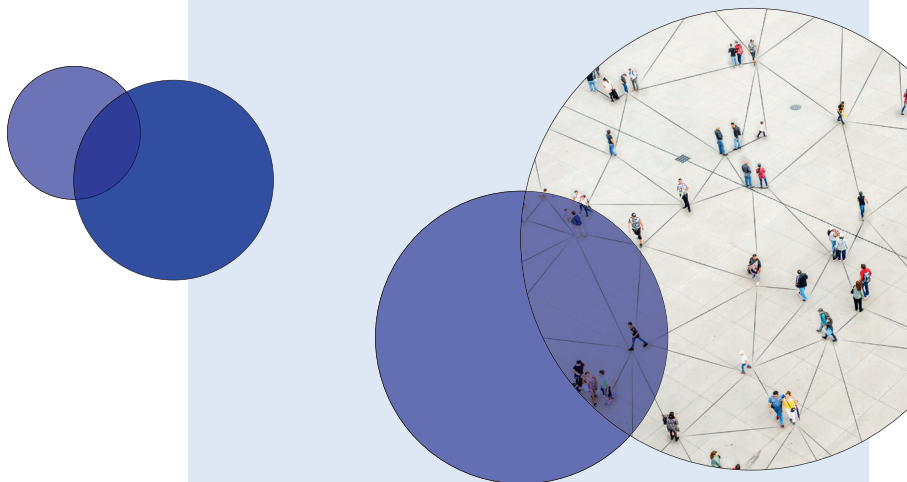
This questionnaire is for everyone in your household who was born in or before 2003. Your participation is voluntary, but the scientific relevance of this study depends crucially on the participation of every member of every household.

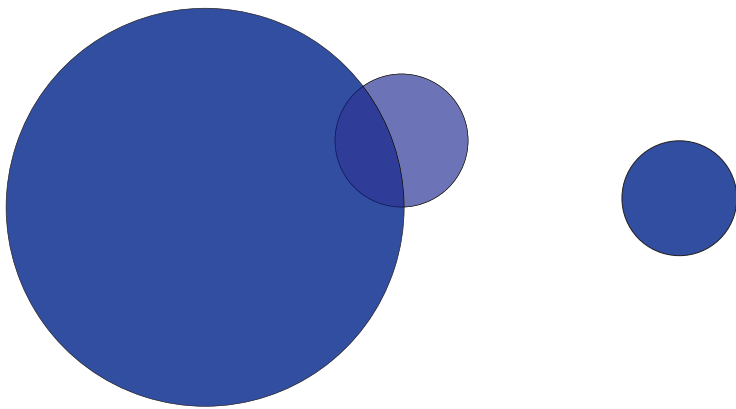
We therefore cordially request that you either:

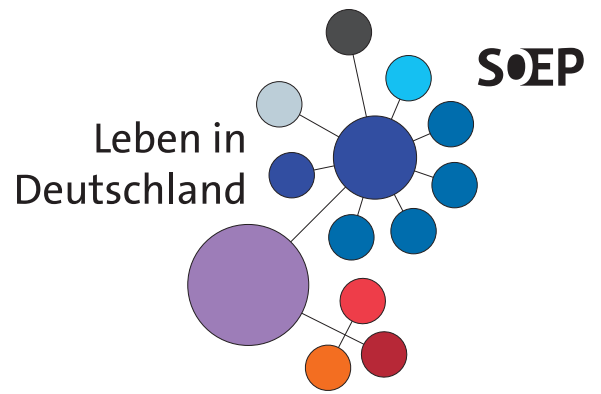
- allow our staff member to interview you or
- carefully fill out this questionnaire yourself.

This questionnaire is to be filled out by
(may also be filled out by Interviewer):

First name







Questionnaire

Individuals

We also offer an online questionnaire as an alternative to the paper version.

To complete the questionnaire online, please enter the following address into your Internet browser:

Your personal access code is:

If you completed the questionnaire online, you don't need to return this printed questionnaire.

If an interviewer is present, please enter:

LFD

Interviewernummer



infas

infas Institut für angewandte Sozialwissenschaft GmbH

Postfach 240101
53154 Bonn
Tel. 0800/66 77 876
LiD@infas.de
www.leben-in-deutschland.de

7701/PE-EN/2021

<LFD/Personen-Nr>

How should the questionnaire be filled out?

Make an X in the box next to the answer option that you think comes the closest. If you make a mistake, clearly cross out the wrong answer and make an X in the correct box.

Example:

Yes

No

If you change your mind and decide that you want to select the answer that you just crossed out, you will need to clearly cross out the second mistake and then make a circle around the box you had crossed out first.

Example:

Yes

No


When filling out the questionnaire, please pay attention to the instructions for each question:

Example:

 Please select one answer only.

If there is a blank for you to write your answer in, please print your answer in the blank:

Example:

Country: 

Sometimes you are asked to give numerical answers.

Please enter your answer by aligning numbers to the right in the spaces provided:

Example:

Number:

If you should skip certain questions, there will be specific instructions:

Example:

Yes → Continue with question 11

Please make sure:

 that you fill out the questionnaire in black pen only.

 that your answers are clearly legible.

 and that your answers are inside the boxes.

This makes our work much easier. Thank you very much!

Further information

If you have any questions about filling out the questionnaire or about your participation in the study, you are welcome to contact us at infas.

You can call us during normal business hours at our toll-free number, 0800-6677876, or send us an e-mail at LiD@infas.de. We will respond to e-mails as quickly as possible. For more information on the study, please see the infas homepage at: www.leben-in-deutschland.de

A Please state your birth date.

ppgebta
ple0003
ple0010_v2

Day		Month		Year					

1 What gender was listed on your birth certificate when you were born?

pla0009_v2

Male ¹ Female ²

2 Do you have the same gender entry today as when you were born?

psex2

People who cannot be clearly identified as male or female are allowed to change their gender entry in the birth register.

No ² Yes ¹ → **Continue with question 4**



3 What gender is listed for you in the birth register today?

psex3

Male ¹
 Female ²
 "Divers" ³
 No answer ⁴

Your current life situation

4 How satisfied are you today with the following areas of your life?

plh0171
plh0172
plh0173
plh0174
plh0175
plh0176
plh0177
plh0178
plh0179
plh0180
plh0152_v2

Please answer on a scale from 0 to 10, where 0 means completely dissatisfied and 10 means completely satisfied.

	Completely dissatisfied										Completely satisfied											
	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
How satisfied are you with ...																						
... with your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your sleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... (if employed) with your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... (if you are a homemaker) with your work in the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your household income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your personal income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your dwelling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your leisure time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... (if you have small children) with the childcare available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your family life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your social life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 For each of the following feelings, please state how often you experienced this feeling in the last four weeks.

plh0184
plh0185
plh0186
plh0187
plh0188_pe2

How often have you felt ...	Very rarely	Rarely	Occasionally	Often	Very often
	1	2	3	4	5
... angry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... worried?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... happy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... sad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 Are you generally a person who is willing to take risks or do you try to avoid taking risks?

plh0204_v2 Please select a box on the scale below, where the value 0 means not at all willing to take risks and the value 10 means very willing to take risks

Not at all willing to take risks						Very willing to take risks					
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Different things are important to different people. How important are the following things to you? Very important, important, less important, or quite unimportant?

plh0104
plh0105
plh0106
plh0107
plh0108
plh0109
plh0110
plh0111
plh0112
pwich10
pwich11

	Very important	Important	Less important	Quite unimportant
	1	2	3	4
Being able to afford things for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being there for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being personally fulfilled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being successful in my career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owning my own home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a happy marriage / relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being politically, socially involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing the world, traveling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith, religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comparing yourself with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8 How many close friends would you say that you have, and how many of them are co-workers?

pld0047
pld0297 If question does not apply, please answer "0"

Close friends:

Of whom are co-workers


9 How often do you ...

pgef5
pgef6
pgef7

	Very often 1	Often 2	Sometimes 3	Seldom 4	Never 5
... miss the company of other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... feel left out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... feel socially isolated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 Now some questions about your leisure time. Please indicate how often you take part in each activity: daily, at least once per week, at least once per month, seldom or never?

pli0080
pli0081
pfrei19_n
pli0083
pli0178
plh0391
plh0392
pli0093_v2
plh0393
pli0092_v3
pli0096_v2
plh0394

	Daily 1	At least once per week 2	At least once per month 3	Seldom 4	Never 5
Visiting or being visited by neighbors, friends, or acquaintances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting or being visited by family members or relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using online social networks / chat services (for instance, Facebook / Instagram / Twitter)  <i>This doesn't include messaging applications (such as WhatsApp)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching television / films, series or videos (including media centers / Internet live streams / DVDs etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing games online / on a computer / game console / smartphone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading books (including e-books)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading (daily) newspapers (including e-papers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artistic and musical activities (painting, music, photography, theater, dance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing repairs around the house / doing car repairs or maintenance / doing yard or garden work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking part in sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer work in clubs or social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing nothing / taking it easy / daydreaming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11 What is a typical day like for you? How many hours do you spend on the following activities on a typical weekday, Saturday, and Sunday?

pli0038_v4
pli0003_v4
pli0007_v5

 Please answer in full hours only. Use zero if the activity does not apply!

pli0040
pli0054
pli0011

pli0043_v3
pli0012_v3
pli0016_v4

pli0044_v3
pli0019_v4
pli0022_v4

pli0046
pli0055
pli0057

pli0047_v1
pli0024_v3
pli0028_v4

pli0049_v3
pli0031_v4
pli0034_v4

pli0162
pli0163
pli0164

pli0051
pli0036
pli0010

	Number of hours on a typical weekday	Number of hours on a typical Saturday	Number of hours on a typical Sunday
Job, apprenticeship, second job (including travel time to and from work)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Errands (shopping, trips to government agencies, etc.)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Housework (laundry, cooking, cleaning)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Childcare	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Care and support of persons in need of care	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Education or further training (also school / university)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Repairs on and around the home, car repairs, garden or lawn work	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Physical activity (sport, fitness, gymnastics)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Hobbies and other leisure-time activities	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

12 How many hours do you sleep on average on a normal day during the working week? How many hours on a normal weekend day?


pli0059
pli0060

 Please answer in full hours only. Use zero if the activity does not apply!

Normal working day hours

Normal weekend day hours

13 Have you done paid work during the last 7 days, even if only for an hour or a few hours?

 Please also answer "yes" if you would normally have worked in the last 7 days, but did not do so because of holidays, sickness, bad weather, or other reasons.

Yes 1

No 2

14 Are you currently on maternity leave (Mutterschutz) or on statutory parental leave (Elternzeit)?

plb0019_v2

Yes, maternity leave 1 Yes, parental leave 2 No 3

15 Are you currently using the statutory period of care (Pflegezeit) to care for a relative?

plb0020_v2

Yes 1 No 2

16 Are you officially registered unemployed at the Employment Office (Arbeitsamt)?

plb0021

Yes 1 No 2

17 Are you currently in education or training? In other words, are you attending a school or institution of higher education (including doctorate / Ph.D.), completing an apprenticeship or vocational training, or participating in further education or training?

paus1_n

Yes 1 → Continue with question 18No 2 → Continue with question 19, page 9

18 What type of education or training are you pursuing?

plg0267

General education 1 → Continue with question 18aHigher education 2 → Continue with question 18bVocational training 3 → Continue with question 18dFurther training / retraining 4 → Continue with question 18e

18a What type of general education is that exactly?

plg0013_v3

Lower secondary school (Hauptschule) 1 Intermediate secondary school (Realschule) 2 Upper secondary school (Gymnasium) 3 Comprehensive school (Gesamtschule) 4 Evening intermediate / upper secondary school
(Abendrealschule / Abendgymnasium) 5 Specialized upper secondary school (Fachoberschule) 6

→ Continue with question 19, page 9

18b What type of higher education is that exactly?

plb0604

- Dual degree college / university of cooperative education 4
- University of applied sciences 1
- Other college / university (e.g., art or music college / university) 5
- University / technical university 2
- Doctoral studies 3


→ Continue with question 18c

18c Do you receive a grant / scholarship to pay for your undergraduate or graduate studies?
If so, from what organization?

plg0015_v2
plg0015_v3
plg0015_v4
paus3so

- No 1
- Yes, BaföG
- Yes, other

↓ Please state:



→ Continue with question 19

18d What type of vocational training is that exactly?

plg0293_v9
paus5so

- Basic vocational training year / vocational preparation year 1
- Vocational school without apprenticeship 2
- Apprenticeship 3
- Full-time vocational school / commercial college 4
- Health sector school 5
- Technical college 6
- Training for civil servants 7
- Other 8

↓ Please state:



→ Continue with question 19

18e What type of further training / retraining is that exactly?

plg0292_v8
paus4so

- Occupational retraining (berufliche Umschulung) 1
- Further occupational training (berufliche Fortbildung) 2
- Occupational rehabilitation (berufliche Rehabilitation) 3
- Integration course / language course 6
- Other 5

↓ Please state:



How were things last year?

19 Have you completed a school, vocational training, or university degree since January 1, 2020?

plg0072

 We are also referring here to higher academic degrees!

Yes ¹ No ² → Continue with question 25



20 When did you finish this school, vocational training, or university degree?

plg0073
plg0074

In 2020, in the month

or

In 2021, in the month

21 Did you complete this education / training with a degree, certificate, or diploma?

plg0076

Yes ¹ No ² → Continue with question 25



22 Did you obtain this degree / certificate / diploma in Germany or in another country?

plg0077

Germany ¹ → Continue with question 24

In another country ² → Continue with question 23

23 Is this degree / certificate / diploma recognized in Germany?

plg0284

Yes, it is automatically recognized (e.g., Bachelor, Master, PhD) ¹

Yes, it has been recognized after successful completion of a recognition procedure ²

No ³

24 What type of a degree / certificate / diploma did you obtain?

plg0268

General education certificate / diploma ¹ → Continue with question 24a

Higher education degree ² → Continue with question 24b

Vocational degree ³ → Continue with question 24c

24a What type of general education certificate / diploma is that exactly?

plg0078_v1
pab5so

Lower secondary school-leaving certificate
(Hauptschulabschluss) ¹

General certificate of secondary education
(e.g., Realschulabschluss) ²

Specialized upper secondary school-leaving certificate
(Fachoberschule) ³

Upper secondary school-leaving certificate with
higher education entrance qualification (Abitur) ⁴

Other school-leaving certificate ⁵

↓ Please state other school-leaving certificate:




→ Continue with question 25

24b What type of higher education degree is that exactly?

plg0079_v4
pab6x1
pab6x2

- Dual university / college of advanced vocational studies (Duale Hochschule / Berufsakademie) 1
- Specialized college of higher education (Fachhochschule) 2
- Other university (e.g., university of arts or music) 3
- University / technical university 4
- Doctorate / postdoctoral dissertation (Habilitation) 5

Please state degree:



Please also state major field of study:



→ Continue with question 25

24c What type of vocational degree is that exactly?

plg0082_v2
pab7x


- Apprenticeship 1
- Full-time vocational school, commercial college 2
- Health sector school 3
- Technical college 4
- Training for civil servants 5
- In-service retraining 6
- Other, for example, further training 7

Name of the occupation:



25 Have you left a former job or position since January 2020?

plb0282_v2

 This includes leaving a job due to a leave of absence (Beurlaubung) / maternity leave (Mutterschutz) / parental leave (Elternzeit).

Yes 1 No 2 → Continue with question 31



26 When did you leave your last job?

plb0298
plb0299

In 2020, in the month

or
In 2021, in the month

27 How long were you employed at that job?

plb0301
plb0302

Years Months

28 How did that job end?

plb0304_v14

 Please select only one answer!

- | | | |
|--|---|--------------------------|
| My place of work or office closed | 1 | <input type="checkbox"/> |
| I resigned | 2 | <input type="checkbox"/> |
| I was dismissed by my employer | 3 | <input type="checkbox"/> |
| Mutual agreement with employer | 4 | <input type="checkbox"/> |
| I completed a temporary job or apprenticeship | 5 | <input type="checkbox"/> |
| I reached retirement age / retired | 6 | <input type="checkbox"/> |
| I took a leave of absence (Beurlaubung) / maternity leave (Mutterschutz) / parental leave (Elternzeit) | 7 | <input type="checkbox"/> |
| I gave up self-employment / closed my business | 8 | <input type="checkbox"/> |

29 Did you receive any sort of compensation or severance package from the company?

plc0040
plc0041_v2

- | | | | | | | | | | | | |
|-----|---|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------|
| Yes | 1 | <input type="checkbox"/> | → How much in total? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | euros |
| No | 2 | <input type="checkbox"/> | | | | | | | | | |

30 Did you have a new contract or job prospect before you left your last job?

plb0305_v2

 Please select only one answer!

- | | | |
|--------------------------------------|---|--------------------------|
| Yes, a job prospect | 1 | <input type="checkbox"/> |
| Yes, a new contract | 2 | <input type="checkbox"/> |
| No, I did not have anything lined up | 3 | <input type="checkbox"/> |
| I have not looked for a new job | 4 | <input type="checkbox"/> |

31 Are you currently employed? Which one of the following applies best to your status?

plb0022_v9

 Retirees or individuals in the federal volunteer service (Bundesfreiwilligendienst) who also work in addition to this, please state your job here.

- | | | | |
|---|----|--------------------------|---|
| Employed full-time | 1 | <input type="checkbox"/> | } → Continue with question 39, page 13 |
| Employed part-time | 2 | <input type="checkbox"/> | |
| Working reduced hours (short-time work) | 10 | <input type="checkbox"/> | |
| Completing in-service training / apprenticeship / in-service retraining | 3 | <input type="checkbox"/> | |
| In marginal or irregular employment | 4 | <input type="checkbox"/> | } → Continue with question 104, page 24 |
| In partial retirement, phase with zero working hours | 5 | <input type="checkbox"/> | |
| Voluntary social / ecological year, federal volunteer service | 7 | <input type="checkbox"/> | } → Continue with question 32, page 12 |
| Not employed | 9 | <input type="checkbox"/> | |

32 Do you intend to obtain (or resume) employment in the future?

plb0417_v2

No, definitely not 1 → Continue with question 114, page 27

Probably not 2

Probably 3 → Continue with question 33

Definitely 4

33 When, approximately, would you like to start working?

plb0418

As soon as possible 1

Next year 2

In the next 2 to 5 years 3

In the distant future, in more than five years 4

34 Are you interested in full-time or part-time employment, or would you be satisfied with either one?

plb0240

Full-time 1

Part-time 2

Either 3

I'm not sure yet 4

35 What would your net income have to be for you to accept a position?

plb0420_v2

plb0421

Net income euros per month → Continue with question 36

Can't say, it depends 1 → Continue with question 37

36 How many hours per week would you have to work to earn this net income?

plb0422

hours per week

37 If someone offered you an appropriate position right now, could you start working within the next two weeks?

plb0423

Yes 1

No 2

38 Have you actively looked for work within the last four weeks?

plb0424_v2

Yes 1 → Continue with question 108, page 25

No 2

Your current job

39 Have you changed jobs or started a new one since January 1, 2020?

plb0031_v2

 This includes starting working again after a break!

Yes ¹ No ² → Continue with question 51, page 15



40 How often have you changed jobs or started a new one since January 1, 2020?

plb0478

plb0479

Once ¹
Several times ² → times

41 When did you start your current position?

plb0032

plb0033_v7

2020, in the month

or

2021, in the month

42 What type of occupational change was that?

plb0284_v2

 If you have changed positions several times, please choose the reason for the most recent change.

I started working for the first time in my life ¹ → Continue with question 45

I returned to a previous employer after a break in employment ² → Continue with question 43

I started a new job with a different employer (for temporary workers this includes working in a temporary job) ³

I was hired by the company (in which I previously worked as an apprentice / in a job creation measure (ABM) / on a freelance basis) ⁴ → Continue with question 45

I changed positions within the same company ⁵

I became self-employed ⁶

43 Was your career interrupted by the birth of one or more children, e.g., maternity leave (Mutterschutz) or parental leave (Elternzeit)?

plb0295

Yes ¹ No ² → Continue with question 45



44 How many months did this break in employment last?

plb0480

Months

45 Were you actively looking for a job when you received your current position, or did it just come up?

plb0362

Actively looking for job ¹

Just came up ²

46 How did you find out about this job?


plb0358_v13


 Please select only one answer!

- | | | |
|--|----|--------------------------|
| Through the Employment Office | 16 | <input type="checkbox"/> |
| Through a private recruitment agency without an activation and placement voucher | 17 | <input type="checkbox"/> |
| An advertisement in the newspaper | 5 | <input type="checkbox"/> |
| An advertisement on the Internet | 18 | <input type="checkbox"/> |
| Through friends or acquaintances | 13 | <input type="checkbox"/> |
| Through family members | 14 | <input type="checkbox"/> |
| Through co-workers | 15 | <input type="checkbox"/> |
| I have returned to a former employer | 8 | <input type="checkbox"/> |
| Other or not applicable | 9 | <input type="checkbox"/> |

47 What is your current position / occupation?

pber

 Please state the exact title in German. For example, do not write “kaufmännische Angestellte” (clerk), but “Speditionskauffrau” (shipping clerk); not “Arbeiter” (blue-collar worker), but “Maschinenschlosser” (machine metalworker). If you are a civil servant, please give your official title, for example, “Polizeimeister” (police chief) or “Studienrat” (secondary school teacher). If you are an apprentice or in vocational training, please state the occupation for which you were trained.

 If you are currently working in more than one job, please answer the following questions for your main job only.



48 Does this job correspond to the occupation for which you were trained?

plb0072

- | | | |
|---|---|--------------------------|
| Yes | 1 | <input type="checkbox"/> |
| No | 2 | <input type="checkbox"/> |
| Still in education or training | 3 | <input type="checkbox"/> |
| I have not been trained for a particular occupation | 4 | <input type="checkbox"/> |


49 What type of education or training is usually required for this type of work?

plb0073_v5

- | | | |
|---|---|--------------------------|
| No completed vocational training is required | 1 | <input type="checkbox"/> |
| Completed vocational training | 2 | <input type="checkbox"/> |
| Degree from a technical college (Fachhochschule) | 3 | <input type="checkbox"/> |
| Degree from a university or other institution of higher education | 4 | <input type="checkbox"/> |

50 What sector of business or industry is your company or institution active in for the most part?

pbra

 Please state the exact sector in German. For example, do not write “Industrie” (industry), but “Elektroindustrie” (electronics industry); not “Handel” (trade), but “Einzelhandel” (retail trade); not “öffentlicher Dienst” (public service), but “Krankenhaus” (hospital).



51 When did you start working for your current employer?

plb0035
plb0036_v2

 If you are self-employed, please state when you started your current work.

Since


--	--

--	--	--	--	--

months year

52 What is your current occupational status?

plb0568

 If you are currently working in more than one job, please answer the following questions for your main job only.

Status:

- | | | |
|--|----------------------------|------------------------------|
| Self-employed (including family members working for the self-employed) | 1 <input type="checkbox"/> | → Continue with question 52a |
| Blue-collar worker (also in agriculture) | 2 <input type="checkbox"/> | → Continue with question 52b |
| Civil servant (including judges and professional soldiers) | 3 <input type="checkbox"/> | → Continue with question 52c |
| Apprentice / trainee / intern | 4 <input type="checkbox"/> | → Continue with question 52d |
| White-collar worker | 5 <input type="checkbox"/> | → Continue with question 52e |

52a What type of self-employment is that exactly?

plb0586

- | | | | |
|--|----------------------------|---|-----------------------------|
| Self-employed farmer | 1 <input type="checkbox"/> | } | → Continue with question 53 |
| Freelance professional, self-employed academic | 2 <input type="checkbox"/> | | |
| Other self-employed worker / entrepreneur | 3 <input type="checkbox"/> | | |
| Family member working for self-employed relative | 4 <input type="checkbox"/> | | |

52b What type of blue-collar worker are you exactly?

plb0058

- | | | | |
|--|----------------------------|---|--------------------------------------|
| Unskilled worker (ungelernt) | 1 <input type="checkbox"/> | } | → Continue with question 62, page 18 |
| Semi-skilled worker (angelernt) | 2 <input type="checkbox"/> | | |
| Skilled / specialist worker
(gelernter Arbeiter / Facharbeiter) | 3 <input type="checkbox"/> | | |
| Foreman / forewoman (Vorarbeiter / Kolonnenführer) | 4 <input type="checkbox"/> | | |
| Master craftsperson (Meister / Polierer) | 5 <input type="checkbox"/> | | |

52c What type of civil servant are you exactly?

plb0065

- | | | | |
|-----------------|----------------------------|---|--------------------------------------|
| Lower level | 1 <input type="checkbox"/> | } | → Continue with question 62, page 18 |
| Middle level | 2 <input type="checkbox"/> | | |
| Upper level | 3 <input type="checkbox"/> | | |
| Executive level | 4 <input type="checkbox"/> | | |

52d What type of apprentice / trainee / intern are you exactly?

plb0063_v3

- | | | | |
|--|----------------------------|---|--------------------------------------|
| Apprentice / trainee in industry or technology | 1 <input type="checkbox"/> | } | → Continue with question 62, page 18 |
| Apprentice / trainee in trade or commerce | 2 <input type="checkbox"/> | | |
| Volunteer, intern, etc. | 3 <input type="checkbox"/> | | |

52e What type of white-collar worker are you exactly?

plb0064_v2

Salaried employee engaged in unskilled activities without completed training / education 2

Salaried employee engaged in unskilled activities with completed training / education 3

Salaried employee engaged in skilled activities (e.g., executive officer, bookkeeper, technical draftsman) 4

Salaried employee engaged in highly skilled activities or managerial function (e.g., scientist, engineer, department head, Industry or factory foreman / forewoman) 5

Salaried employee in senior management role (e.g., managing director, business manager, head of a large firm or concern) 6

Managing partner or similar white-collar employee in self-owned business / company 7

→ Continue with question 62, page 18

→ Continue with question 66, page 18

53 Which of the following coronavirus-related government benefits and measures for self-employed people and entrepreneurs have you received or made use of since March 2020?

psstcovu1
psstcovu2
psstcovu3
psstcovu4
psstcovu5
psstcovu6
psstcovu7
psstcovu8
psstcovu9
psstcovu10
psstcovu11

Please select all answers that apply. 1

Short-time work

Unemployment Benefit (ALG II)

Immediate assistance (Spring 2020)

Bridging Assistance I (Summer 2020)

Bridging Assistance II (November Aid)

Bridging Assistance III (December Aid)

New Start Aid of up to 5000 euros

Relaxation or suspension of insolvency rules

State guarantees on loans

Tax relief measures such as tax payment deferrals, adjustments to tax prepayments, loss carry-back to increase liquidity, etc.

Auto loan

None of the above

→ Continue with question 54

→ Continue with question 55

54 Have you paid back any of the money provided through the government's coronavirus-related relief measures?

psstcovur

Yes, voluntarily without being requested to do so 1

Yes, after being requested to do so 2

No 3

55 How many employees did you have in February 2020, before the pandemic?

psstmzfeb
psstmzfeb_
pe2_ka

Does not apply, was not self-employed in February 2020 5

56 And how many employees do you currently have?

psstmzakt

--	--	--	--

57 What was your monthly turnover in February 2020, before the pandemic?

psstumfeb
psstumfeb_
pe2_ka

Monthly turnover in February 2020:

--	--	--	--	--	--

 euros per month

Does not apply, was not self-employed in February 2020 5

58 And what is your current monthly turnover?

psstumakt

Current monthly turnover:

--	--	--	--	--	--

 euros per month

59 What was your gross monthly income from self-employment in February 2020, before the pandemic?

psstbfeb
psstbfeb_
pe2_ka

Gross monthly income:

--	--	--	--	--	--

 euros per month

Does not apply, was not self-employed in February 2020 5

60 How have the following changes since the start of the pandemic affected the success of your business?

psstcov1
psstcov2
psstcov3
psstcov4
psstcov5
psstcov6

Please select one answer only per line.

	Very negatively	Not at all						Very positively			
	-5	-4	-3	-2	-1	0	1	2	3	4	5
	<small>1</small>	<small>2</small>	<small>3</small>	<small>4</small>	<small>5</small>	<small>6</small>	<small>7</small>	<small>8</small>	<small>9</small>	<small>10</small>	<small>11</small>
First lockdown in Spring 2020	<input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>
Second lockdown in Fall / Winter 2020 / 21	<input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>
Changes in (inter-)national supply chains	<input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>
Changes in the demand for our products or services	<input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>
Changes in customers' / clients' payment behavior	<input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>
Changes in schools and in the availability of childcare	<input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>

61 Thinking about the coming 12 months:

psstcove1
psstcove2
psstcove3
psstcove4

 Please select one answer only per line.

How high would you say the risk is, ...	Definitely not											Definitely will
	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%	
... that you will lay off employees?	¹ <input type="checkbox"/>	= ² <input type="checkbox"/>	= ³ <input type="checkbox"/>	= ⁴ <input type="checkbox"/>	= ⁵ <input type="checkbox"/>	= ⁶ <input type="checkbox"/>	= ⁷ <input type="checkbox"/>	= ⁸ <input type="checkbox"/>	= ⁹ <input type="checkbox"/>	= ¹⁰ <input type="checkbox"/>	= ¹¹ <input type="checkbox"/>	
... that you will have to reduce company operations?	<input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	
... that you will have to shut down your business (or declare bankruptcy)?	<input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	
... that your personal income will suffer?	<input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	= <input type="checkbox"/>	

→ Continue with question 67

62 Do you work for a public sector employer?

plb0040

Yes ¹

No ²

63 Is this work through a temporary employment agency (Zeitarbeit, Leiharbeit)?

plb0041

Yes ¹

No ²

64 Do you have a fixed-term or permanent employment contract?

plb0037_v3

Permanent contract ¹

Fixed-term contract ²

Not applicable / do not have an employment contract ³

65 Is the job part of a job-creation measure (ABM) or is it a “1-Euro Job” (community work)?

plb0587

Yes ¹

No ²

66 Approximately how many people does the company employ as a whole?

plb0049_v6

 This does not refer to a local unit of the company, but to the entire company.

fewer than 5 employees ¹

5-10 employees ²

11-19 employees ³

20-99 employees ⁴

100-199 employees ⁵

200-1,999 employees ⁶

2,000 or more employees ⁷

74 Do your work time arrangements include special arrangements such as emergency service, on-call service, or standby duty?

plb0212
plb0213
plb0214
plb0215

Please select all answers that apply. 1

- Yes, emergency service
- Yes, on-call service
- Yes, standby duty
- No, none of the above

75 Do you sometimes have to work in the evenings (after 7:00 p.m.) or at night (after 10:00 p.m.)? If so, how often?

plb0205_v2_1
plb0205_v2_2
plb0206_v2_1
plb0206_v2_2

	No, never	Yes:	Every day	Several times a week	On a weekly basis (changing shifts)	Rarely (as needed)
Evenings (7 to 10 p.m.)	² <input type="checkbox"/>	¹ <input type="checkbox"/> → ¹ <input type="checkbox"/>	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>
Nights (10 p.m. to 6 a.m.)	<input type="checkbox"/>	<input type="checkbox"/> → <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

76 Do you have to work weekends? If so, how often?

plb0218_1
plb0218_2
plb0219_1
plb0219_2

	No, never	Yes:	Every week	Every other week	Every 3-4 weeks	Rarely
Saturdays	² <input type="checkbox"/>	¹ <input type="checkbox"/> → ¹ <input type="checkbox"/>	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>
Sundays	<input type="checkbox"/>	<input type="checkbox"/> → <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

77 Have you worked from home in your current job in the last 6 months?

phaus1_n

Yes ¹ No ² → Continue with question 80

78 How often have you worked from home in your current job in the last 6 months?

phaus2_n

- On a daily basis ¹ → Continue with question 79
- Several times per week ² → Continue with question 79
- Every 2 to 4 weeks ³ → Continue with question 80
- Rarely, as needed ⁴ → Continue with question 80

79 And how many hours per week do you generally work from home on average (including any overtime)?

phaus_n1

hours per week

80 How often did you work from home before the start of the corona crisis in Germany?

phaus_n2

- On a daily basis ¹
- Several times per week ²
- Every 2 to 4 weeks ³
- Rarely, as needed ⁴
- Never ⁵
- Does not apply, I was not working at that time ⁶

81 Is it stated in your employment contract or elsewhere that you are allowed to work from home?

phaus4

No ² Yes ¹ → Continue with question 83



82 If your employer would allow you to temporarily work from home, would you accept this offer?

plb0097

Yes ¹

No ²

Not possible at my workplace ³

83 The following statements describe possible situations relating to your work, your job, and your employer. Please indicate to what degree you agree with the following statements.

plb0112
plb0113
plb0114
plb0115
plb0116
plb0117
plb0607
plb0608
plb0609
plb0610
plb0611
plb0612
plb0613
plb0614
plb0615
plb0616

	Strongly disagree	Disagree	Agree	Strongly agree
At work, I easily find myself under time pressure	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
I often am already thinking about work-related problems when I wake up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I come home, it is very easy to switch off from thinking about work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Those closest to me say I sacrifice myself too much for my career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work seldom lets go of me, it stays in my head all evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I put off something that needs to be done that day, I can't sleep at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is often high time pressure due to the large volume of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People often interrupt or bother me while I'm working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My workload has increased steadily over the last two years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The chances of promotion are low where I work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My work situation is getting worse or I am expecting it to get worse in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My own job is at risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I receive the recognition I deserve from my superiors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I consider all my accomplishments and efforts, the recognition of I've received seems about right to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I consider all my accomplishments and efforts, my personal chances of career advancement seem about right to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I consider all my accomplishments and efforts my pay seems about right to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

84 If you could choose your own working hours, taking into account that your income would change according to the number of hours: How many hours would you want to work?

plb0527
plb0538

. Hours per week

85 How many days do you usually work per week?

plb0209
plb0210

days per week

Not applicable, because ...

... the number of days is not fixed 1

... the number of days changes from week to week 2

86 How many hours per week are stipulated in your contract (excluding overtime)?

plb0176_v5
plb0176_v6
plb0185_v1

. Hours per week

No set hours 1

87 And how many hours do you generally work per week, including any overtime?

plb0186_v3
plb0186_v4

. Hours per week

30 hours or less → *Continue with question 88*

More than 30 hours → *Continue with question 91*

88 Is your job considered marginal part-time employment according to the Mini-Job or Midi-Job regulation?

paz11_n

Yes, Mini-Job (up to 450 euros) 1 → *Continue with question 89*

Yes, Midi-Job (450.01 to 850 euros) 2

No 3 → *Continue with question 90*

89 Do you make a voluntary pension contribution for your Mini-Job?

plb0635

Yes 1

No 2

90 Is this part-time work provided for under the Federal Parental Part-Time Work Act (Bundeselternzeitgesetz, BEEG)?

plb0188

Yes 1

No 2

91 Is an hourly wage specified in your employment contract or elsewhere?

plb0639

Yes 1

No 2

92 Regardless of what is specified in your employment contract: Was your gross hourly wage in the last month under 10 euros per hour, or was it 10 euros or more per hour?

plh0353_v2

10 euros or more per hour 1 → *Continue with question 94*

under 10 euros per hour 2 → *Continue with question 93*

93 What was your actual gross hourly wage in the last month?

plh0354_v3
plh0354_v4

. euros per hour

94 Do you have a second dwelling where you stay during your work week?

plb0589

Yes ¹ No ² → Continue with question 97



95 How far (in kilometers) is your place of work, or your second dwelling that is near your work, from your main dwelling?

plb0590

km

96 How often do you commute from your main dwelling to your place of work or to your second dwelling that is near your work?

plb0591

Several times a week ¹
Once per week (e.g., on weekends) ²
Less often ³

97 How far do you travel to work on a normal workday?

plb0158
plb0159_v3

km

Can't say since I work in different locations ¹
Workplace and dwelling are in the same building or on the same property ²

98 And how much time do you usually spend commuting to work on a normal workday?

plb0592

minutes

99 Do you work overtime?

plb0193

Yes ¹ → Continue with question 100
No ²
Not applicable because I am self-employed ³ } → Continue with question 104

100 Can you also save your overtime in a working hours account that allows you to take time off for the overtime within a year or more?

plb0194
plb0220_v2

Yes ¹ → ...by the end of the year ¹
No ² ...within a shorter period of time ²
...within a longer period of time ³

101 Have you worked overtime in the last month? If so, how many hours?

plb0196_v3
plb0197

Yes ¹ → hours
No ²

102 Have you taken time off in lieu of overtime in the last month? If so, how many hours?

plb0483
plb0484

Yes 1 → hours

No 2

103 Did you receive financial compensation for overtime in the last month? If so, for how many hours?

plb0605
plb0198


Yes 1 → hours

No 2

104 What did you earn from your work last month? Please state both:

plc0013_v2
plc0014_v2

- gross income, which means income before deduction of taxes and social security
- and net income, which means income after deduction of taxes, social security, and unemployment and health insurance.

 *If you received extra income such as vacation pay or back pay, please do not include this. Please do include overtime pay. If you are self-employed: Please estimate your monthly income before and after taxes.*

The earnings were:

I earned gross: euros

I earned net: euros

105 Are you paid according to a collectively agreed wage agreement?

plc0502_v2

Yes 1 → **Continue with question 106**

No 2 } → **Continue with question 107**

Don't know 3

106 Does the collective wage agreement include a fixed minimum wage?

plc0507
plc0508
plc0509


Yes 1 → . euros per hour

No 2

Don't know 3

107 How likely is it that you will experience the following career changes within the next two years?

plb0433_v2
plb0437_v2
plb0440_v2

 Please estimate the probability on a scale of 0 to 100, with 0 meaning that such a change definitely will not happen, and 100 meaning that such a change definitely will happen.

	Definitely not	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%	Definitely will	
		0	1	2	3	4	5	6	7	8	9	10		
That you ...														
... will lose your job?		<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... will give up your job either temporarily or permanently?		<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... that your working hours will change significantly, from full-time to part-time or from part-time to full-time?		<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>

108 How likely is it that you ...

plb0588

 Please rate the likelihood on a scale from 0 to 100.

	Definitely not	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%	Definitely will	
		0	1	2	3	4	5	6	7	8	9	10		
... will continue working beyond the statutory retirement age?		<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>

109 The following questions are for people who are currently employed, civil servants, trainees / apprentices, or marginally employed, or who were one of these in the last 6 months. Does this apply to you?

lee2filter

Yes, currently employed, civil servant, trainee / apprentice or marginally employed ¹



Yes, self-employed ² → Continue with question 111

No ³ → Continue with question 114

110 In many cases, scientific researchers can only make accurate statements about people's current working and living conditions and how they change over time if they have information from both employees and employers. For this reason, we asked participants in the 2012 LIVING IN GERMANY survey to provide us with the names and addresses of the employers they worked for in 2011. We are now launching the second round of the survey EMPLOYERS AND OCCUPATIONAL WORKING ENVIRONMENTS IN GERMANY and we sincerely ask for your support. Based on your consent to participate, infas will ask the local operating units and combine this information with data that can be obtained through publicly available business registers. We are not interested in the situation of individual people, but in the overall situation of different occupational groups. Of course, we will ensure that you remain completely anonymous and that all data protection regulations are strictly observed. No information will be passed on that would allow you to be identified as an individual. This confidentiality also applies, of course, to the information provided by your employer.

110a Please state the name and address of the local operating unit or office

lee2name
lee2str
lee2hnr
lee2plz
lee2ort

We are referring here to the local operating unit or office of the company where you are currently working or where you last worked. Local operating units include manufacturing plants, workshops, branch offices, or subsidiaries. We are not referring to the company or agency as a whole.

Please answer based on your current or most recent main job.

Please give the exact name of the local operating unit – in other words, not just “bakery” or “hair salon” but the exact name of the bakery or hair salon (for example, “Acme Bakery”); not “Berlin Police” or “Munich Hospital” but the name of the police station or hospital (for example, “Police Directorate 3, Section 32” or “Großhadern Clinic”).

Name of the local operating unit:



Street address:



Postal code:



City:




→ Continue with question 112


111 Self-employed people play a key role in the economy. To find out more about them, LIVING IN GERMANY respondents were invited in 2020 to take part in a supplementary survey about their own work as a self-employed person. This year, we are launching the second round of the survey SELF-EMPLOYMENT IN GERMANY and invite you to take part. Based on your consent to participate, infas will ask you about the situation in your business or company and combine this information with data that can be obtained through publicly available business registers. We will, of course, maintain your confidentiality and anonymity at all times and ensure strict adherence to all data protection regulations.

111a Please give us the name and address of your business / company.



lee2name_2
lee2str_2
lee2hnr_2
lee2plz_2
lee2ort_2

 *If you own more than one business or company, please give us the name of the one with the highest turnover. Please also give us the name even if the business or company is registered only in your own first and last name.*

Name of the business / company:




Street address:

Postal code:



City:



112 Please state the last month in which you were employed or self-employed at this establishment.

plm0616

 *If you are currently employed there, please state the current month.*

113 How many employees or associates did the local operating unit or office have in the month you stated?

lee2size

- Fewer than 5 employees or associates 1
- 5 to 9 employees or associates 2
- 10 to 49 employees or associates 3
- 50 to 249 employees or associates 4
- 250 to 499 employees or associates 5
- 500 or more employees or associates 6

114 Sometimes people have a side job or do volunteer work alongside their main job. Do you currently have one or more side jobs or volunteer positions?

plb0618

 *We are not referring to the occupation described above!*

Yes 1 No 2  **Continue with question 124, page 29**




115 How many side jobs, including volunteer positions, do you currently have?

plb0619

116 What kind of side job or volunteer position is it?

pneba
pnebb
pnebc

 Please answer questions 116 to 123 column by column, i.e., first all questions for the first side job / volunteer position, then for a possible second, and finally for the third, if applicable.

First side job or volunteer position	Second side job or volunteer position	Third side job or volunteer position

117 What is your current occupational status in this job?

plb0620
plb0621
plb0622

Blue-collar / white-collar worker (including Mini-Job)

1

1

1

Self-employed / freelance (including work on a contract basis)

2

2

2

Helping out a family member in his / her business

3

3

3

Other occupational status

4

4

4

118 Is that a volunteer position?

plb0623
plb0624
plb0625

Yes

1

1

1

No

2

2

2

119 Is it “marginal” part-time work in accordance with the 450 euro rule (Mini-Job)?

plb0626
plb0627
plb0628

Yes

1 → Question 120

1 → Question 120

1 → Question 120

No

2 → Question 121

2 → Question 121

2 → Question 121

120 Do you make a voluntary pension contribution for that Mini-Job?

plc0538
plc0539
plc0540

Yes

1

1

1

No

2

2

2

121 How many days per month do you work at this side job?

plb0629
plb0630
plb0631

days per month

--	--

--	--

--	--

122 How many hours per week do you work at this job?

plb0632
plb0633
plb0634

hours per week

--	--

--	--

--	--

 Please first re-enter the type of the side job or volunteer position:

pneba_2
pnebb_2
pnebc_2

	First side job or volunteer position	Second side job or volunteer position	Third side job or volunteer position
	<input type="text"/>	<input type="text"/>	<input type="text"/>
123 What was your gross income for this job last month?	<input type="text"/>	<input type="text"/>	<input type="text"/>
euros	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unpaid work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	↓ <i>Please continue with your second side job or volunteer position. Question 116, page 28</i>	↓ <i>Please continue with your third side job or volunteer position. Question 116, page 28</i>	↓ <i>Continue with question 124</i>

plc0541
plc0543
plc0545

plc0542
plc0544
plc0546

124 Which of the following sources of income did you personally receive in the last month? For all applicable income sources, please state the total gross amount in the last month.

plc0232
plc0233_v2

plc0273
plc0274_v2

plc0130_v2
plc0131_v2

plc0132_v3
plc0128_v2

pek26
pek261

plc0152
plc0153_v2

plc0167_v2
plc0168_v2


plc0534
plc0535

plc0183
plc0184

plc0202_v2
plc0203_v2

plc0116

 Gross amount means: before deduction of taxes and social security contributions.

 If you do not receive income from any of the sources mentioned, please state that at the end of the questions!

	1	(In the last month:) gross income
Retirement, pension	<input type="checkbox"/>	<input type="text"/>
Widow's / widower's / orphan's pension	<input type="checkbox"/>	<input type="text"/>
Unemployment benefits (also while attending further education / retraining or while receiving a transitional allowance)	<input type="checkbox"/>	<input type="text"/>
Unemployment benefit II / social benefit	<input type="checkbox"/>	<input type="text"/>
Sick pay from health insurance	<input type="checkbox"/>	<input type="text"/>
Parental allowance / maternity allowance	<input type="checkbox"/>	<input type="text"/>
BAföG grant, scholarship, vocational training allowance	<input type="checkbox"/>	<input type="text"/>
Maintenance payments from former spouse or life partner / including child support	<input type="checkbox"/>	<input type="text"/>
Advance maintenance payment from child maintenance funds	<input type="checkbox"/>	<input type="text"/>
Other support from persons who do not live in the household	<input type="checkbox"/>	<input type="text"/>
No, I did not receive income from any of these sources in the last month.	<input type="checkbox"/>	

125 Which of the following sources of income did you receive in the past calendar year, 2020? For each of the income sources that apply, please state how many months of 2020 you received the income and what the average monthly gross income amount was.

plc0015_v2
plc0016
plb0471_v2

plc0073
plc0074
plb0474_v2

plc0064
plc0065
plb0477_v2

plc0234
plc0235

plc0275
plc0276

plc0135
plc0136
plc0137_v2

plc0138
plc0139

pvek26
pvek261
pvek262

plc0126
plc0154
plc0155_v2

plc0169
plc0170
plc0171_v2

plc0526
plc0527
plc0528

plc0188_v2
plc0189_v2
plc0190_v2

plc0204
plc0205_v1
plc0198_v2

plc0117

Gross amount means: before deduction of taxes and social security contributions.
 If you do not receive income from any of the sources mentioned, please state that at the end of the questions!

	1	Number of months	Gross amount per month	
Wages or salary as employee (including income received during training, partial retirement or sick leave)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	→ Continue with question 126
Income from independent / freelance / commercial activities / including profit distribution	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	→ Continue with question 133, page 33
Second job, side job	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Retirement, pension	<input type="checkbox"/>	<input type="text"/>		→ Continue with question 132, page 32
Widow's / widower's / orphan's pension	<input type="checkbox"/>	<input type="text"/>		
Unemployment benefits (also while attending further education / retraining or while receiving a transitional allowance)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	→ Continue with question 133, page 33
Unemployment benefit II / social benefit	<input type="checkbox"/>	<input type="text"/>		
Sick pay from health insurance	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Parental allowance / maternity allowance	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
BAföG grant, scholarship, vocational training allowance	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Maintenance payments from former spouse or life partner / including child support	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Advance maintenance payment from child maintenance funds	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Other support from persons who do not live in the household	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
No, I did not receive income from any of these sources in the last year	<input type="checkbox"/>			

126 Did you receive any of the following bonuses or extra pay from your employer last year (2020)?
If yes, please state the gross amount.

plc0042
plc0043_v2

plc0044
plc0045_v2

plc0046
plc0047_v2

plc0048
plc0049_v2

plc0050
plc0051_v2

plc0052
plc0053_v2

plc0054

1 Gross amount

13th month salary →

--	--	--	--	--	--	--	--

14th month salary →

--	--	--	--	--	--	--	--

Additional Christmas bonus →

--	--	--	--	--	--	--	--

Vacation pay →

--	--	--	--	--	--	--	--

Profit-sharing, premiums, bonuses →

--	--	--	--	--	--	--	--

Other →

--	--	--	--	--	--	--	--

No, I did not receive any of these

127 Last year (2020), did you receive money to cover travel expenses or an allowance to cover use of local public transit (e.g., a Jobticket)? If so, please indicate the value thereof:

plc0055
plc0056

Yes →

--	--	--	--	--

 euros

No

128 Did you get short-time allowance last year (2020)?

plc0057_v2

Yes No → Continue with question 133, page 33

129 For how many weeks did you get short-time allowance in 2020?

plc0058_v2

--	--

 weeks

130 By how many hours per week were your working hours reduced during short-time work?

pzus08_n1

By

--	--	--

 hours per week


131 What was your average gross monthly income during short-time work?

pzus08_n2

--	--	--	--	--	--	--


 euros → Continue with question 133, page 33

132 Who pays your retirement / pension and what were the monthly payments in 2020?


 Please state the gross amount, excluding taxes. If you receive more than one pension, please select each that applies. If you do not know the exact amount, please estimate.

	Own retirement / pension Euros per month	Widow's / widower's / (Half-) orphan's pension Euros per month
<small>plc0220_v3 plc0268_v3</small> <small>plc0236_v2 plc0279_v2</small> <small>plc0238_v2 plc0281_v2</small> <small>plc0240_v2 plc0283_v2</small> <small>plc0224_v1 plc0270_v1</small> German Pension Insurance (Deutsche Rentenversicherung, formerly LVA, BfA, Knappschaft)	<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"/>
<small>plc0516 plc0517</small> Civil service pension scheme (Beamtenversorgung)	<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"/>
<small>plc0242 plc0285</small> Supplementary insurance for public sector employees (Zusatzversorgung des öffentlichen Dienstes, e.g., VBL)	<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"/>
<small>plc0243_v2 plc0286_v2</small> <small>plc568 plc569</small> Occupational pension (Betriebliche Altersversorgung, e.g., Werkspension)	<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"/>
<small>plc0249_v2 plc0288_v2</small> Professional pension scheme	<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"/>
<small>parso pwrs0</small> Riester pension plan	<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"/>
Private pension scheme (incl. Arbeitgeberdirektversicherung or berufsständische Versorgung)	<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"/>
Accident insurance (Unfallversicherung, e.g., provided by an employer's insurance association (Berufsgenossenschaft))	<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"/>
Pensions from another country	<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"/>
Other	<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"/>

↓ Please state:




And now think back on the entire last year, that is, 2020. We have provided a kind of calendar below. Listed on the left are various employment characteristics that may have applied to you last year. Please go through the various months and check all the months in which you were employed, unemployed, etc.

 Please select at least one box for each month! For unemployment: Even if you were unemployed for less than one month, please select the box "unemployed" for that month.

pab0001_v3_1-
pab0001_v3_10
pab0002_1-
pab0002_10
pab0003_1-
pab0003_10
pab0011_1-
pab0011_10
pab0014_1-
pab0014_10
pkal04_n_1-
pkal04_n_10
pab0004_1-
pab0004_10
pab0005_1-
pab0005_10
pab0006_1-
pab0006_10
pab0013_1-
pab0013_10
pab0007_1-
pab0007_10
pab0008_1-
pab0008_10
pab0012_1-
pan0012_10
pkalso

	2020											
I was...	Jan 1	Feb 2	Mar 3	Apr 4	May 5	June 6	July 7	Aug 8	Sep 9	Oct 10	Nov 11	Dec 12
... employed full-time (including full-time ABM / SAM job creation measures)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
... employed part-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... Working reduced hours (short-time work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... working at a Mini-Job (up to 450€)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... in first-time in-service training (betriebliche Erstausbildung) / apprenticeship (Lehre)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... in further training (Fortbildung) / retraining (Umschulung), further occupational training (berufliche Weiterbildung)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... registered unemployed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... in retirement / early retirement (Vorruhestand)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... on maternity leave (Mutterschutz) / childcare leave (Erziehungsurlaub) / parental leave (Elternzeit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... attending school / university / or vocational school (Fachschule)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... voluntary or compulsory military service (Wehrdienst) / reserve dutytraining (Wehrübung) / Community service (Zivildienst) / voluntary social / ecological year (freiwilliges soziales / ökologisches Jahr) / federal volunteer service (Bundesfreiwilligendienst)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... Homemaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Please state:

Health and Illness

134 How would you describe your current health?

ple0008

- Very good 1
- Good 2
- Satisfactory 3
- Poor 4
- Bad 5

135 Over the last two weeks, how often have you been bothered by any of the following problems?

plh0339
plh0340
plh0341
plh0342

 Please select one answer only per line.

	Not at all	On some days	On more than half the days	(Almost) every day
	1	2	3	4
Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling nervous, anxious, or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

136 Has a doctor ever diagnosed you to have one or more of the following illnesses?

ple0011
ple0189
ple0012
ple0013
ple0014
ple0015
ple0016
ple0017
ple0018
ple0019
ple0020
ple0021
ple0022
ple0187
ple0023
pkrs0
ple0024

 Please select all answers that apply.

- 1
- Sleep disorder
- Thyroid disease
- Diabetes
- Asthma
- Cardiac disease (also cardiac insufficiency, weak heart)
- Cancer
- Stroke
- Migraine
- High blood pressure
- Depression
- Dementia
- Joint diseases (including arthritis, rheumatism)
- Chronic back trouble
- Burnout
- Other illness

 Please state:



No illness diagnosed

137 Do you have any health problems that limit your normal daily activities?

ple0009

- Yes, severely 1
Yes, somewhat 2
No, not at all 3
- } → Continue with question 138
→ Continue with question 139

138 Have you had this problem for more than half a year?

ple0162

- Yes 1
No 2

139 Have you been officially assessed as being severely disabled (Schwerbehindert) or partially incapable of work (Erwerbsgemindert) for medical reasons?

ple0040

- Yes 1 No 2 → Continue with question 143
- ↓

140 What is the degree of your reduced capability to work (Erwerbsminderung) or disability (Schwerbehinderung)?

ple0041

--	--	--

141 When was the degree of your disability, or the degree of reduction in your capacity to work officially determined?

pbeh3

In the year

--	--	--	--

142 What type of impairment was decisive in the official determination of your reduced capacity to work or severe disability?

pbeh4
pbeh5
pbeh6
pbeh_n

☞ Please select all answers that apply.

- Physical 1
Mental
Intellectual / cognitive
None of the above

143 Are you receiving a pension for partial or full reduction in earning capacity?

plc0446

- Yes 1
No 2

144 Have you gone to a doctor in the last three months? If so, please state how many times.

ple0072
ple0073

Number of visits to a doctor in the last three months:

--	--

Have not gone to the doctor in the last three months 1

145 What about hospital stays in the last year – were you admitted to a hospital for at least one night in 2020?

ple0053

- Yes 1 No 2 → Continue with question 148
- ↓

146 How many nights total did you spend in the hospital last year, i.e., 2020?

ple0056

--	--	--

 nights

147 And how often did you have to go to the hospital in the year 2020?

ple0055

times


148 Were you on sick leave from work for more than 6 weeks at any time last year?

plb0024_v3

- Yes, once 1
 - Yes, several times 2
 - No 3
 - Does not apply, I was not employed in 2020 4
- } → **Continue with question 149**
- } → **Continue with question 151**

149 How many days were you unable to work in 2020 due to illness?

ple0044_v1
ple0046

 Please state the total number of days, not just the number of days for which you had an official note from your doctor.

None 1

A total of days

150 Leaving aside sick leave and vacation: Was there any other point in 2020 when you did not work for other, personal reasons?

ple0048
ple0049

 Possible reasons may include, for example, caring for a sick child, business with the authorities that could not be postponed, or important family events.

ple0174
ple0175

ple0050
ple0051

ple0052

- Yes, because of a sick child 1 → days
- Yes, because of care for a relative → days
- Yes, for other reasons → days
- No

Attitudes and opinions

151 Have you been vaccinated against the coronavirus?

pcovimpf1

Answer "yes" even if you have only received one dose of vaccine so far.

No 2 Yes 1 → Continue with question 151b



151a If a vaccine is offered to you, would you get vaccinated against the coronavirus?

pcovimpfang

Yes, as soon as it is offered 1

Yes, at some point in the future 2

I have not decided if I will get vaccinated 3

No 4

→ Continue with question 151c

151b When where you vaccinated against COVID-19?

pcovimpft1
pcovimpfm1
pcovimpft2
pcovimpfm2

If you don't remember the exact date, please estimate.

1st dose of the vaccine:
Day Month

2nd dose of the vaccine:
Day Month

151c How relevant were the following factors in making your vaccination decision?

pcovimpfa01
pcovimpfa02
pcovimpfa03
pcovimpfa04
pcovimpfa05
pcovimpfa06
pcovimpfa07
pcovimpfa08
pcovimpfa09
pcovimpfa10
pcovimpfa11
pcovimpfa12

Not at all relevant Very relevant

0 1 2 3 4

The number of other people getting a vaccination

The health risks from the virus

Protection of other people

Safety of vaccines

Recommendations of national regulatory authority on what vaccinations to get

Information from other sources

My own health situation

Effort involved in getting a vaccination

Ethical or religious aspects

Effectiveness of vaccines

State of medical research

Financial costs of getting a vaccination

152 Are you in favor or opposed to mandatory coronavirus vaccination for all adults who are healthy enough to be vaccinated?

pcovimpf2

I am in favor of mandatory vaccination

1

I am opposed to mandatory vaccination

2

→ Continue with question 154



153 Why are you in favor of mandatory coronavirus vaccination?

pcovimpf3
pcovimpf4
pcovimpf5
pcovimpf6
pcovimpf7
pcovimpf8
pcovimpf9

	Yes 1	No 2
Because only with mandatory vaccination would enough people be vaccinated	<input type="checkbox"/>	<input type="checkbox"/>
Because most people underestimate how dangerous the virus is	<input type="checkbox"/>	<input type="checkbox"/>
Because vaccinating a large number of people is more important than free choice	<input type="checkbox"/>	<input type="checkbox"/>
Because a lot of people think the vaccine is not safe	<input type="checkbox"/>	<input type="checkbox"/>
Because a lot of people think the vaccine is not effective	<input type="checkbox"/>	<input type="checkbox"/>
Because mandatory vaccination would make sense even for less dangerous illnesses	<input type="checkbox"/>	<input type="checkbox"/>
For other reasons	<input type="checkbox"/>	<input type="checkbox"/>

→ Continue with question 155

154 Why are you opposed to mandatory coronavirus vaccination?

pcovimpf10
pcovimpf11
pcovimpf12
pcovimpf13
pcovimpf14
pcovimpf15
pcovimpf16

	Yes 1	No 2
Because enough people would be get vaccinated voluntarily even without mandatory vaccination	<input type="checkbox"/>	<input type="checkbox"/>
Because most people overestimate how dangerous the virus is	<input type="checkbox"/>	<input type="checkbox"/>
Because free choice is more important than vaccinating a large number of people	<input type="checkbox"/>	<input type="checkbox"/>
Because I don't think the vaccine is safe	<input type="checkbox"/>	<input type="checkbox"/>
Because I don't think the vaccine is effective	<input type="checkbox"/>	<input type="checkbox"/>
Because vaccination should never be mandatory, not even for very dangerous illnesses	<input type="checkbox"/>	<input type="checkbox"/>
For other reasons	<input type="checkbox"/>	<input type="checkbox"/>

155 How concerned are you about the following issues?

plh0032
plh0033
plh0335
plh0035
plh0036
plh0037
plh0038
plh0040
plh0336
plj0046
plj0047
plh0042

	Very concerned 1	Some- what concerned 2	Not concerned at all 3
The economy in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your own economic situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your own provision for old age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The impacts of climate change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining peace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime in Germany	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social cohesion in society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigration to Germany	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hostility towards foreigners or minorities in Germany	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you are employed: Your job security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

156 People have different ideas about what makes a society just. What's your opinion about the following statements?

plh0396i01
plh0396i02
plh0396i03
plh0396i04

 Please answer on a scale from 1 to 7, where 1 means "Do not agree at all" and 7 means "Completely agree".

	Do not agree at all							Completely agree						
	1	2	3	4	5	6	7	1	2	3	4	5	6	7
A society is just when people who work hard earn more than others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A society is just when people from respected families have advantages in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A society is just when it takes care of the weak and needy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A society is just when the income and wealth in society are equally distributed among all people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

157 Generally speaking, how interested are you in politics?

ph0007

- | | | |
|--------------------------|---|--------------------------|
| Very interested | 1 | <input type="checkbox"/> |
| Moderately interested | 2 | <input type="checkbox"/> |
| Not so interested | 3 | <input type="checkbox"/> |
| Completely disinterested | 4 | <input type="checkbox"/> |

158 Many people in Germany lean towards one party in the long term, even if they occasionally vote for another party. Do you lean towards a particular party?

ph0011_v2

- | | | | | | | |
|-----|---|--------------------------|----|---|--------------------------|------------------------------|
| Yes | 1 | <input type="checkbox"/> | No | 2 | <input type="checkbox"/> | → Continue with question 161 |
|-----|---|--------------------------|----|---|--------------------------|------------------------------|



159 Which party do you lean toward?

ph0012_v6

Please select only one answer!

- | | | |
|---------------------------------|----|--------------------------|
| SPD | 1 | <input type="checkbox"/> |
| CDU | 2 | <input type="checkbox"/> |
| CSU | 3 | <input type="checkbox"/> |
| FDP | 4 | <input type="checkbox"/> |
| Bündnis 90 / Die Grünen | 5 | <input type="checkbox"/> |
| Die Linke | 6 | <input type="checkbox"/> |
| AfD | 27 | <input type="checkbox"/> |
| NPD / Republikaner / Die Rechte | 7 | <input type="checkbox"/> |
| Other | 8 | <input type="checkbox"/> |

160 And to what extent?

ph0013_v2

- | | | |
|-------------|---|--------------------------|
| Extremely | 1 | <input type="checkbox"/> |
| Strongly | 2 | <input type="checkbox"/> |
| Moderately | 3 | <input type="checkbox"/> |
| Weakly | 4 | <input type="checkbox"/> |
| Very weakly | 5 | <input type="checkbox"/> |

161 How often or rarely does politics seem so complicated to you that you don't really understand what it's all about?

ppolint1

- | | | |
|------------|---|--------------------------|
| Very often | 1 | <input type="checkbox"/> |
| Often | 2 | <input type="checkbox"/> |
| Sometimes | 3 | <input type="checkbox"/> |
| Rarely | 4 | <input type="checkbox"/> |
| Never | 5 | <input type="checkbox"/> |

162 How difficult or easy is it for you to form an opinion on political issues?

ppolint2

- | | | |
|----------------------------|---|--------------------------|
| Very difficult | 1 | <input type="checkbox"/> |
| Somewhat difficult | 2 | <input type="checkbox"/> |
| Neither difficult nor easy | 3 | <input type="checkbox"/> |
| Somewhat easy | 4 | <input type="checkbox"/> |
| Very easy | 5 | <input type="checkbox"/> |

163 For the following public institutions or groups of people, please indicate how much you personally trust each of them.

ppolver1
ppolver2
ppolver3
ppolver4
ppolver5

Answer on a scale from 0 to 10, where 0 means “do not trust at all” and 10 means “trust completely”

	Do not trust at all										Trust completely		
	0	1	2	3	4	5	6	7	8	9	10		
Germany's parliament (Bundestag)	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
The legal system	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
The police	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
Politicians	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
Political parties	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>

164 If a federal election were held today, would you be eligible to vote?

ppolpar1

Yes ¹ No ² → Continue with question 166



165 When elections are held, many people cast their votes, while others don't get around to voting or don't take part in voting for other reasons. If a federal election were held next Sunday, would you go to the polls?

ppolpar2

Please select only one answer!

Would definitely vote	<input type="checkbox"/>	¹	} → Continue with question 167
Would probably vote	<input type="checkbox"/>	²	
Might vote	<input type="checkbox"/>	³	
Would probably not vote	<input type="checkbox"/>	⁴	
Would definitely not vote	<input type="checkbox"/>	⁵	

166 When elections are held, many people cast their votes, while others don't get around to voting or don't take part in voting for other reasons. If you were eligible to vote, how likely would you be to go to the polls in the next federal election?


ppolpar3

Please select only one answer!

Would definitely vote	<input type="checkbox"/>	¹
Would probably vote	<input type="checkbox"/>	²
Might vote	<input type="checkbox"/>	³
Would probably not vote	<input type="checkbox"/>	⁴
Would definitely not vote	<input type="checkbox"/>	⁵

167 How likely do you think it is that each of these statements is true?

pverschw1
pverschw2
pverschw3
pverschw4
pverschw5

 Please indicate the likelihood on a scale from 0% to 100%, where 0% means definitely not true and 100% means definitely true.

	Definitely not true	0 %	10 %	20 %	30 %	40 %	50 %	60 %	70 %	80 %	90 %	100 %	Definitely true	
		0	1	2	3	4	5	6	7	8	9	10		
Many very important things happen in the world that the public is never informed about		<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
Politicians usually do not tell us their true motives for their decisions		<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
Government agencies closely monitor all citizens		<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
Events that seem unconnected on the surface are often the result of secret activities		<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
There are secret organizations that greatly influence political decisions		<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>

168 Now I would like to ask you some questions about the people you count among your circle of acquaintances, that is, adults whose names you know and who you would talk with at least briefly if you met them on the street or while shopping.

pbkreis1
pbkreis2
pbkreis3
pbkreis4

 Acquaintances include relatives and friends.

	None	Very few of them	Several of them	Many of them	Most of them	All of them							
	1	2	3	4	5	6							
How many of your acquaintances ...													
... have a university degree?	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... have not completed any vocational training?	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... have a lot of money or wealth – for example, own several homes, own a company, or are millionaires?	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
... have very little money or wealth – for example, work for minimum wage or live off unemployment benefits (Hartz IV)?	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>

169 How does your standard of living compare to that of the following groups of people in your personal sphere:

plebsta1
plebsta2
plebsta3
plebsta4
plebsta5

If you would say that the standard of living differs within a group, please give an average standard of living for the group as a whole.

Is it ...	Much lower	Somewhat lower	Around the same	Somewhat higher	Much higher	Person / people not in my personal sphere					
... your neighbors	<input type="checkbox"/> 1	=====	<input type="checkbox"/> 2	=====	<input type="checkbox"/> 3	=====	<input type="checkbox"/> 4	=====	<input type="checkbox"/> 5	=====	<input type="checkbox"/> 6
... your friends	<input type="checkbox"/> 1	=====	<input type="checkbox"/> 2	=====	<input type="checkbox"/> 3	=====	<input type="checkbox"/> 4	=====	<input type="checkbox"/> 5	=====	<input type="checkbox"/> 6
... your parents when they were your age	<input type="checkbox"/> 1	=====	<input type="checkbox"/> 2	=====	<input type="checkbox"/> 3	=====	<input type="checkbox"/> 4	=====	<input type="checkbox"/> 5	=====	<input type="checkbox"/> 6
... your partner	<input type="checkbox"/> 1	=====	<input type="checkbox"/> 2	=====	<input type="checkbox"/> 3	=====	<input type="checkbox"/> 4	=====	<input type="checkbox"/> 5	=====	<input type="checkbox"/> 6
... (If you are employed), people in the same occupation as you	<input type="checkbox"/> 1	=====	<input type="checkbox"/> 2	=====	<input type="checkbox"/> 3	=====	<input type="checkbox"/> 4	=====	<input type="checkbox"/> 5	=====	<input type="checkbox"/> 6

Imagine a ladder representing the different social strata in Germany. At the top of the ladder, on the tenth rung, are the people who are doing best: They have the most money, the best education, and a highly prestigious job. At the bottom of the ladder, on the first rung, are the people who are doing the worst: They have the least money, the lowest level of education, and are unemployed or have a job that no one wants or respects.

You can use the values between 1 and 10 to indicate exactly where you stand.

170 Please think about where you currently stand on the ladder. On a scale of 1 (bottom) to 10 (top), please indicate which rung of the ladder corresponds to your current position in society.

psleiter

171 (If you have children who are 25 or younger) Now please think about your children and their future. On a scale of 1 (bottom) to 10 (top), please indicate which rung of the ladder your children will be on when they are as old as you are now.

psleiterk

172 Now please think about where you yourself want to be in 10 years. On a scale of 1 (bottom) to 10 (top), please indicate which rung of the ladder you have set yourself as your goal.

psleiterz

173 To what degree do you personally agree with the following statements?

psozauf
plh0379_v2
plh0381_v2

	Do not agree at all							Completely agree
	1	2	3	4	5	6	7	
Whether I manage to climb the social ladder depends on me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How my life goes depends on me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have little control over the things that happen in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

174 In your opinion, what really determines whether someone is successful in Germany and moves up the social ladder? Please indicate how much you agree with each of the following statements.

perfig01
perfig02
perfig03
perfig04
perfig05
perfig06
perfig07
perfig08
perfig09
perfig10
perfig11
perfig12

	Agree completely	Agree	Neither agree nor disagree	Disagree	Disagree completely
	1	2	3	4	5
You have to work hard and be diligent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You have to be talented and intelligent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You have to be energetic and take the initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You have to be ruthless and tough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You have to have expertise in your field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You have to have finished school with good grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You have to be lucky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You have to come from the right family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You have to have money and assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You have to have connections with the right people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You have to be a man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You have to be from a German family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

176 To what extent would you be in favor of or opposed to the following policies?

psozin1
psozin2
psozin3
psozin4
psozin5

	Very much in favor of	In favor of	Against	Very much against
	1	2	3	4
... the government spending more on education and training for the unemployed, but in return paying less in unemployment benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... the government introducing additional social benefits to make it easier for working parents to balance work and family, even if this would mean significantly higher taxes for everyone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... the government investing more in education to improve equality of opportunity, even if that would mean significantly higher taxes for everyone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... paying health care workers and nursing staff significantly more, even if that would mean significantly higher health insurance premiums or significantly higher taxes for everyone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... the government providing comprehensive support programs for large companies and corporations to deal with economic crises, even if that would mean significantly higher taxes for everyone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

177 Now we would like to talk to you about your everyday experiences around the topic of “appreciation”. How often do you experience the following?


pwertsch1
pwertsch2

	Never	1	2	3	4	5	6	7	Frequently
I feel like other people don't appreciate what I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I feel like other people look down on me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Continue with question 179 ←
Continue with question 178 ↓

178 Now, if you think back to situations where you have felt like others did not appreciate what you were doing or that others looked down on you: Where specifically have you had these kinds of experiences?

pherabs1
pherabs2
pherabs3
pherabs4
pherabs5
pherabs6
pherabs7
pherabs8
pherabsso

 Please select all answers that apply. 1

At work or in the workplace	<input type="checkbox"/>
Government agencies / offices	<input type="checkbox"/>
On the street / in public	<input type="checkbox"/>
In the family or household	<input type="checkbox"/>
Among friends	<input type="checkbox"/>
In leisure-time activities (for example, in sports, clubs, volunteer work, parties, restaurants)	<input type="checkbox"/>
On social media and in Internet forums	<input type="checkbox"/>
Other	<input type="checkbox"/>

↓ Please state:

179 Further on the topic of "appreciation". How often do you experience the following?

pwertsch3
pwertsch4

	Never						Frequently				
	1	2	3	4	5	6	7				
I feel like other people appreciate what I do.	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>
I feel like other people look up to me.	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>

Continue with question 181 ←
Continue with question 180 ↓

180 Now, if you think back to situations where you have felt like others appreciated what you were doing or that others looked up to you: Where specifically have you had these kinds of experiences?

panerk1
panerk2
panerk3
panerk4
panerk5
panerk6
panerk7
panerk8
panerkso

Please select all answers that apply. 1

At work or in the workplace

Government agencies / offices

On the street / in public

In the family or household

Among friends

In leisure-time activities (for example, in sports, clubs, volunteer work, parties, restaurants)

On social media and in Internet forums

Other

↓ Please state:

Country of Origin

181 Do you have German citizenship?

plj0014_v3

Yes 1 No 2 → *Continue with question 186*

↓

182 Do you have citizenship in another country besides Germany?

plj0022

Yes 1 No 2 → *Continue with question 184*

↓

183 What is your second country of citizenship?

psta2x
psta22x

If you are a citizen of more than two countries, please state the third and all others in the second space below.

second country of citizenship

further country of citizenship

184 Have you had German citizenship since birth or did you acquire it at a later date?

plj0024_v1

Since birth 1 → *Continue with question 185*

At a later date 2 → *Continue with question 188*

185 Were both of your parents born in Germany?


plj0175

Yes, both of my parents were born in Germany ¹ → Continue with question 191

No, at least one of my parents was born outside Germany ² → Continue with question 188

186 What is your country of citizenship?

ppnat
ppnat2

 If you are a citizen of more than one country, please state the second and all others in the second space below.

first country of citizenship



second country of citizenship



187 What is your residence status in Germany?

plj0722

Citizenship of a country in the EU or European Economic Area ⁸

Blue Card (EU) ²

Visa ⁵

Permanent residency (Niederlassungserlaubnis) ¹


Limited residence permit (Befristete Aufenthaltserlaubnis) ³

Temporary residence permit (Aufenthaltsgestattung) ⁷


Temporary suspension of deportation (Duldung) ⁴

188 What country would you consider your or your parents' country of origin?

phland

 If you were not born in Germany yourself, please state the country where you were born. If you were born in Germany, please state the country of origin of the parent who was not born in Germany. If both of your parents were born in countries other than Germany, please state the country that seems most important to you. The questions below numbered 189-190 relate to the country of origin you have stated.

code of country



189 What about you — How well do you know the language of your native country / your parents' language?

plj0074
plj0075
plj0076

	Very well ¹	Well ²	Okay ³	Badly ⁴	Not at all ⁵
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

190 Here in Germany, what language do you speak with ...

plj0324
plj0325
plj0326

... your family members?

- ... mainly German 1
- ... mainly the language of my country of origin 2
- ... mainly a different language 3
- ... both languages in approximately equal proportions 4
- does not apply 5

... your friends?

- ... mainly German 1
- ... mainly the language of my country of origin 2
- ... mainly a different language 3
- ... both languages in approximately equal proportions 4
- does not apply 5

... at work?

- ... mainly German 1
- ... mainly the language of my country of origin 2
- ... mainly a different language 3
- ... both languages in approximately equal proportions 4
- does not apply 5

191 How well do you know German?

plj0071
plj0072
plj0073

	Very well <small>1</small>	Well <small>2</small>	Okay <small>3</small>	Badly <small>4</small>	Not at all <small>5</small>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

192 Do you want to stay in Germany forever?

plj0085_v1
plj0086
plj0087
plj0088

No 2 Yes 1 → **Continue with question 193**

How long do you want to stay in Germany?

A year at the most 1

A few more years 2 → **How many?**

years

Don't know 1

Family situation

193 What is your family status?

pfamst_n

Married	1	<input type="checkbox"/>	} → <i>Continue with question 194</i>
Registered same-sex partnership (Registration was possible until September 2017. It may still be valid.)	2	<input type="checkbox"/>	
Single, never been married	3	<input type="checkbox"/>	} → <i>Continue with question 197</i>
Divorced	4	<input type="checkbox"/>	
Registered same-sex partnership annulled	5	<input type="checkbox"/>	
Widowed	6	<input type="checkbox"/>	
Life partner from registered same-sex partnership deceased	7	<input type="checkbox"/>	

194 Do you have a marriage contract or a registered life partnership contract (Lebenspartnerschaftsvertrag)?

pld0299

Yes	1	<input type="checkbox"/>
No	2	<input type="checkbox"/>


195 Do you live in the same household as your spouse or partner?

pld0300

Yes	1	<input type="checkbox"/>	} → <i>Continue with question 196</i>
We're together but live in separate homes	2	<input type="checkbox"/>	
No, we're separated	3	<input type="checkbox"/>	} → <i>Continue with question 197</i>
We're separated but (still) live together	4	<input type="checkbox"/>	

196 What is the name of your (marital) partner?

pelnam



→ *Continue with question 200*

197 Are you in a serious / permanent relationship?

pld0132_v1

Yes	1	<input type="checkbox"/>	No	2	<input type="checkbox"/>	→ <i>Continue with question 202</i>
-----	---	--------------------------	----	---	--------------------------	-------------------------------------

↓

198 Does your partner live with you in this household?

pld0133

Yes	1	<input type="checkbox"/>
No	2	<input type="checkbox"/>

199 What is the name of your (marital) partner?

pfpnam



200 How do you and your partner (or spouse) decide what to do with the income that one or both of you receive?

plc0010

- Each keeps track of his / her own money 1
- I keep track of our money and give some to my partner 2
- My partner keeps track of our money and gives some to me 3
- We pool the money and each take what we need 4
- We each contribute to a common fund and keep part of our money for ourselves 5

201 Who has the final say in your relationship / marriage when making important financial decisions?

plc0011

- Me 1
- My Partner 2
- Both equally 3

202 In the last year, that is, in 2020, have you personally given money or financial support to relatives or other people outside this household? If so, how much in the year 2020 as a whole?

plj0131
plj0132_v2
plj0133_v2
plj0133_v3

Please select all answers that apply.

plj0135
plj0136_v2
plj0137
plj0138

plj0139
plj0140_v2
plj0142_v2
plj0142_v3

plj0143
plj0144_v2
plj0145_v2
plj0145_v3

plj0147
plj0148_v2
plj0149_v2
plj0149_v3

plj0151

	Amount		Where does the recipient live?									
	Euros in 2020		Germany	abroad								
<p>1 <input type="checkbox"/> →</p> <p>To parents / parents-in-law</p>	1	<input type="checkbox"/> → <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									<input type="checkbox"/> 1	<input type="checkbox"/> 1
<p>To children (also son-in-law / daughter-in-law)</p>	<input type="checkbox"/> →	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									<input type="checkbox"/>	<input type="checkbox"/>
<p>To spouse or divorced spouse</p>	<input type="checkbox"/> →	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									<input type="checkbox"/>	<input type="checkbox"/>
<p>To other relatives</p>	<input type="checkbox"/> →	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									<input type="checkbox"/>	<input type="checkbox"/>
<p>To non-relatives</p>	<input type="checkbox"/> →	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									<input type="checkbox"/>	<input type="checkbox"/>
<p>No, I have not given any money or financial support of this kind</p>	<input type="checkbox"/>											

203 In the last year, that is, in 2020, have you personally received money or financial support from relatives or other people outside this household? How much in the year as a whole?

plj1052
plj1053
plj1054
plj0155

 Please select all answers that apply.

plj0156
plj0157
plj0158
plj0159

plj0160
plj0161
plj0162
plj0163

plj0164
plj0165
plj0166
plj0167

plj0168
plj0169
plj0170
plj0171

plj0172

	Amount							Where does the person who provided the support live?		
	Euros per month							Germany	abroad	
	1						1	1		
From parents / parents-in-law	<input type="checkbox"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
From children (also son-in-law / daughter-in-law)	<input type="checkbox"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
From spouse or divorced spouse	<input type="checkbox"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
From other relatives	<input type="checkbox"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
From non-relatives	<input type="checkbox"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I have not received any money or financial support of this kind	<input type="checkbox"/>									

Has your family situation changed since January 1, 2020? Please indicate if any of the following have occurred, and if so, when.

pld0038
pld0039
pld0040

If any of the following has taken place more than once since January 1, 2020, please refer to the most recent change.

pld0137
pld0138
pld0139

Please select all answers that apply.

pld0134
pld0135
pld0136

pld0152
pld0153
pld0154

pla0012
pla0013
pla0014

pld0149
pld0150
pld0151

pld0143
pld0144
pld0145

pld0140
pld0141
pld0142

pld0146
pld0147
pld0148

pld0160
pld0161
pld0162

pld0163
pld0164
pld0165

pld0166
pld0167
pld0168

pld0169
pld0170
pld0171

pld0155
pld0156
pld0158

pfsso

pld0159

	1	2021, in the month	2020, in the month
Started a new relationship	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Moved in with my partner	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Got married	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Became a father / mother (again)	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
A child entered the household	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
My son or daughter left the household	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
I separated from my spouse / partner	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
I got divorced	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
My spouse / partner died	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Father died	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Mother died	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Child died	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Another person who lived in the household died	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>
Other family changes	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>

→ Continue with question 204a

Please state:

No, none of these

204a Did the person contract a coronavirus infection immediately before dying?

pfs072a
pfs082a
pfs092a
pfs122a
pfs132a

	Yes	No	Person not deceased
My spouse / partner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another person who lived in the household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

→ If, in questions 204 and 204a, you answered that one or more people close to you have died, please complete the questionnaire “The Deceased Person” after finishing this questionnaire.



205 Now we would like to ask you about your satisfaction with your life in general. How satisfied are you with your life, all things considered?

plh0182

Please answer on a scale from 0 to 10, where 0 means completely dissatisfied and 10 means completely satisfied.

Completely dissatisfiedCompletely satisfied

0 1 2 3 4 5 6 7 8 9 10
0 1 2 3 4 5 6 7 8 9 10
 = = = = = = = = = = =

206 In conclusion, we have some questions on a different topic. Last year, you or your household were invited to take part in the supplementary telephone survey “Life During COVID-19” and the study “Living in Germany – Corona-Monitoring”. Did you personally take part in the supplementary telephone survey “Life During COVID-19”?

pzbefr1cov

Yes 1 No 2 → Continue with question 209

↓

207 How interesting did you find this supplementary telephone survey overall?

pzbefr11

Please answer on a scale from 0 (uninteresting) to 10 (interesting).

UninterestingInteresting

0 1 2 3 4 5 6 7 8 9 10
0 1 2 3 4 5 6 7 8 9 10
 = = = = = = = = = =

208 How satisfied were you with the following aspects of the survey?

pzbefr12
pzbefr13
pzbefr14
pzbefr15

Please answer on a scale from 0 (completely dissatisfied) to 10 (completely satisfied).

	Completely dissatisfied											Completely satisfied				
	0	1	2	3	4	5	6	7	8	9	10					
	<small>0</small>	<small>1</small>	<small>2</small>	<small>3</small>	<small>4</small>	<small>5</small>	<small>6</small>	<small>7</small>	<small>8</small>	<small>9</small>	<small>10</small>					
The interview as a whole	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	
The length	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	
The topics	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	
The understandability of the questions	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	

209 Did you personally take part in the supplementary survey “Living in Germany – Corona-Monitoring”?

pzbefr2rki

Yes 1 No 2 Continue with question 212



210 How interesting did you find this supplementary survey overall?

pzbefr21

Please answer on a scale from 0 (uninteresting) to 10 (interesting).

Uninteresting	0	1	2	3	4	5	6	7	8	9	10	Interesting		
	<small>0</small>	<small>1</small>	<small>2</small>	<small>3</small>	<small>4</small>	<small>5</small>	<small>6</small>	<small>7</small>	<small>8</small>	<small>9</small>	<small>10</small>			
	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	

211 How satisfied were you with the following aspects of the survey?

pzbefr22
pzbefr23
pzbefr24
pzbefr25
pzbefr26

Please answer on a scale from 0 (completely dissatisfied) to 10 (completely satisfied).

	Completely dissatisfied											Completely satisfied				
	0	1	2	3	4	5	6	7	8	9	10					
	<small>0</small>	<small>1</small>	<small>2</small>	<small>3</small>	<small>4</small>	<small>5</small>	<small>6</small>	<small>7</small>	<small>8</small>	<small>9</small>	<small>10</small>					
The total amount of time it took	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	
The length of the questionnaire	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	
The understandability of the questions	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	
The understandability of the instructions for collecting the samples	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	
The understandability of the consent forms	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	

212 If you could choose: How you would take part in a supplementary survey to “Living in Germany”?

pzbefrmode1
pzbefrmode2
pzbefrmode3
pzbefrmode4
pzbefrmode5

Please select all answers that apply.

1

In person, at home

By telephone

In written form, with paper questionnaire sent by mail

Online on a computer, smartphone, or tablet

None of the above

213 In your opinion, what is the maximum amount of time it should take to complete the questionnaire for a supplementary survey?

pzbefrstd
pzbefrmin

Hours Minutes

214 And in your opinion, how much time should there be (minimum) between the supplementary survey and the annual main survey?

pzbefrwr
pzbefrwr

Weeks or
or
 Months

A When did you finish filling out the questionnaire?

datt
datm
datst
datmi

Date: Time: :
Day Month Hour Minute

B Approximately how long did it take you to complete this questionnaire?

dauer2

Minutes

C Were other persons present while you were filling out the questionnaire?

anw1
anw2
anw3
anw4

 Please select all answers that apply.




1

Yes, spouse / partner

Yes, other person who is living in the same household

Yes, other person who does not live in the same household

No

 **Continue with question D**

 **End of questionnaire**

D Did any of the aforementioned people bother you while you were filling out the questionnaire?

abl

Yes 1
No 2

Thank you for taking part.

Please give the completed questionnaire to our interviewer or send it back to infas in the enclosed postage-paid envelope:

infas Institut für angewandte
Sozialwissenschaft GmbH
Postfach 24 01 01
53154 Bonn

