

Name and establishment flap
Please fold it out to complete the questionnaire!

Name flap

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

1. Adult in the household who is most familiar with the household's financial matters
2. Spouse or cohabiting partner of Person 1
3. Children of Person 1 and/or Person 2
4. Relatives of Person 1 or Person 2
5. Other people in the household

(Please retain this order throughout the questionnaire.)

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

Telephone number for further enquiries
(voluntary)

Please enter the reference week as given on the front cover:

Monday, to Sunday,
DD MM YY DD MM YY

Establishment flap

101 Name and address of the establishment you work in.

| Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|----------|----------|----------|----------|----------|
| | | | | |
| | | | | |
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Microcensus 2022



7

Core programme and survey component relating to internet use

Reference week:

For the legal basis and other legal information please refer to pages 130 and 131 of this questionnaire. When answering the questions, please observe the explanatory notes **1** to **17** on pages 127 to 129 of this questionnaire.

Thank you for your time.

| | | |
|----------------------|--|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Auswahlbezirks-Nr. | Lfd. Nr. des Haushalts im Auswahlbezirk | Folge- bogen |

Microcensus 2022



7

Core programme and survey component relating to internet use

Reference week:

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

If you have any questions, please contact us at
Phone: 0800 4991132
E-Mail: mikrozensus@statistik-bbb.de

For the legal basis and other legal information please refer to pages 130 and 131 of this questionnaire. When answering the questions, please observe the explanatory notes **1** to **7** on pages 127 to 129 of this questionnaire.

Thank you for your time.

| | | |
|-----------------------------------|--|---------------------------------|
| _____ | _____ | _____ |
| <small>Auswahlbezirks-Nr.</small> | <small>Lfd. Nr. des Haushalts im Auswahlbezirk</small> | <small>Folge- bogen</small> |

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Thank you for your time.

Statistisches Landesamt
 Baden-Württemberg
 Referat 53 – Mikrozensus
 Böblinger Str. 68
 70199 Stuttgart

If you have any questions, please contact us at
 E-Mail: Mikrozensus-IKT@stala.bwl.de

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Thank you for your time.

Bayerisches Landesamt für Statistik
Mikrozensus
Nürnberger Straße 95
90762 Fürth

If you have any questions, please contact us at
Phone: 0911 98208-6560
E-Mail: mikrozensus@statistik.bayern.de

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

Microcensus 2022



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Thank you for your time.

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

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

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

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Thank you for your time.

Hessisches
Statistisches Landesamt
– Mikrozensus –
65175 Wiesbaden

If you have any questions, please contact us at
Phone: 0611 3802-240
E-Mail: mikrozensus-haushalte@statistik.hessen.de

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

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7

Core programme and survey component relating to internet use

Reference week:

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

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

For the legal basis and other legal information please refer to pages 130 and 131 of this questionnaire. When answering the questions, please observe the explanatory notes 1 to 7 on pages 127 to 129 of this questionnaire.

Thank you for your time.

| | | | | | | | | | | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
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Thank you for your time.

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

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

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

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Core programme and survey component relating to internet use

Reference week:

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

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

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Thank you for your time.

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Thank you for your time.

Information und Technik
Nordrhein-Westfalen
Statistisches Landesamt
S2 * Datengewinnung & Aufbereitung * Mikrozensus

If you have any questions, please contact us at

Phone: 0211 9449-4358

E-Mail: mikrozensus@it.nrw.de

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Core programme and survey component relating to internet use

Reference week:

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

If you have any questions, please contact us at

Phone: 02603 71-1170

E-Mail: mz-sb@statistik.rlp.de

For the legal basis and other legal information please refer to pages 130 and 131 of this questionnaire. When answering the questions, please observe the explanatory notes **1** to **17** on pages 127 to 129 of this questionnaire.

Thank you for your time.

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

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Thank you for your time.

Statistisches Amt Saarland
B4 – Mikrozensus
Virchowstraße 7
66119 Saarbrücken

If you have any questions, please contact us at
Phone: 0681 501-4300
E-Mail: mikrozensus.statistik@lzd.saarland.de

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

Microcensus 2022



7

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Reference week:

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Thank you for your time.

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

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

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

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Thank you for your time.

Thüringer Landesamt für Statistik
313
Europaplatz 3
99091 Erfurt

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

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| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Auswahlbezirks-Nr. | Lfd. Nr. des Haushalts im Auswahlbezirk | Folge- bogen |

Making it easier

- Some questions refer to the reference week. The reference week is given on the front cover. Please enter it on the name flap.
- Please keep the name flap folded out while you complete the questionnaire. Please observe the order of the columns for the respective persons as given on the name flap.
- Please do not complete the establishment flap before you are asked to do so in the course of completing the questionnaire (question 101 on page 30).
- Please note the time before you begin filling out the questionnaire. At the end of the questionnaire you will be asked how long it took you to complete it.

We will guide you through the questionnaire.

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

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

In the example, Person 1 answers “Yes” and goes to question 11.

Person 2 answers “No” and goes to the next question.

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

Example: Hours per week

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

Example: Yes
 No

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

Household and dwelling

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


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

Yes, number of other households
 No, no other households 8

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


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

Number of people in your household (including yourself)

Note 
 The reference week is given on the front cover.

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

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

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

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

Male 1
 Female 2
 Gender diverse 3
 Not stated in the birth register 4

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

5 When were you born?

Month
 Year

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

voluntary

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

Yes 1
 No 8

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

7 What is your marital status?

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

Note

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

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

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

9 Have you ever given birth to a child?

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

voluntary

10 How many children have you given birth to?

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

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

11 Do you occupy at least one more dwelling (including room, accommodation, residential establishment)?

Please mark all relevant boxes.

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Yes, I have another dwelling in Germany. | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, I have another dwelling abroad. | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, I do not have another dwelling. | 8 <input type="checkbox"/> → 13 | <input type="checkbox"/> → 13 | <input type="checkbox"/> → 13 | <input type="checkbox"/> → 13 | <input type="checkbox"/> → 13 |

12 Is this dwelling your main residence?

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

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

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

Yes
 No → 17

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

Yes, number of those who moved out
 No 8

15 Have any household members died since the last interview?

Yes, number of those who died
 No 8

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

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

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

People and household

17 Do you live in a one-person household?

Yes → 23
 No

18 Does your mother live in this household?

i This includes stepmothers, adoptive and foster mothers.

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

19 Does your father live in this household?

i This includes stepfathers, adoptive and foster fathers.

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

20 Does your spouse live in this household?

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

21 Does your partner live in this household?

i This includes registered life partnerships.

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

22 What is your relationship to Person 1?

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

Housing circumstances

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

23 What kind of building do you live in?

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

24 In what type of residential building do you live?

i See also p. 127: **1** "Type of residential building".

Single-family house ...

detached 1

semi-detached 2

terraced 3

Multi-family house ...

detached 4

other than detached 5

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

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

See also p. 127: **2** "Dwelling".

1 dwelling 1

2 dwellings 2

3 or 4 dwellings 3

5 or 6 dwellings 4

7 to 9 dwellings 5

10 to 20 dwellings 6

21 dwellings or more 7

26 What year was the building constructed in which you live?

i This refers to the **year in which the building was completed.**

If additions, alterations and extensions have been made to the building, the question refers to the original year of completion.

Before 1919 1

1919 to 1948 2

1949 to 1978 3

1979 to 1990 4

1991 to 2000 5

2001 to 2010 6

2011 to 2019 7

2020 or later 10

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

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

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

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

See also p. 127: **B** "Living floor space".

Floor space in full square metres

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

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

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

Number of rooms

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

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

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

Year of moving in

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

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

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

Please mark all relevant boxes.

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

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

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

None of the above applies to the building. 8

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

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

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

Please mark all relevant boxes.

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

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

i See also p. 127: **4** "Heating of bedrooms, dining and living rooms".

Please mark all relevant boxes.

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

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

Type of energy mainly used
Code from List 33

Other types of energy used
Code from List 33

No other types of energy used. 8

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

Type of energy mainly used
Code from List 33

Other types of energy used
Code from List 33

No other types of energy used. 8

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

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

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

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

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

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

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

(Co-) owner of the building 1

(Co-) owner of the dwelling 2

Main tenant 3

Subtenant 4 } → 37

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

36 Did your household pay back loans last month for the dwelling/single-family house your household lives in?

i This includes paying back mortgages and loans under savings and loan contracts regarding the dwelling your household lives in/the living floor space your household occupies in your house. This does not include loans for the maintenance of the real property.

Yes 1

No 8 } → 44

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

i For communities of heirs and commonhold associations please indicate **private individuals**.

Private sector companies include, for example, real estate companies, private sector housing companies and other companies (flats provided by the employer).

Please indicate "Municipality, Federation, Land, church or other public institutions" as owner if they hold over 50% of the dwelling/house or of the company indicated as owner in the tenancy agreement.

One or more private individuals 1

A private sector company 2

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

A housing cooperative 4

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

i When answering this and the following questions, please use your tenancy agreement and the statement of incidental rental expenses.

If you live in a shared dwelling, each of the occupants should enter the proportion they pay.

See also p. 127:

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

Monthly total amount full euros

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

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

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

- Yes 1
- Yes, but the incidental rental expenses are not shown. 7 } → 43
- No 8

40 What are these monthly incidental rental expenses?

Monthly amount full euros

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

Monthly amount full euros

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

Monthly amount full euros

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

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

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

- Yes, the average monthly amount is full euros
- No 8

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

Please mark all relevant boxes.

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

Information and communication technology in the household

45 Does your household have internet access?

i This refers to the possibility of accessing the internet **from home**. This includes internet access through fixed devices (e.g. desktop computer) and mobile devices (e.g. smartphone).

- Yes 1
 - No 8
 - I don't know. 7
- } → 47

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

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

- 1 to 6 megabits per second (Mbps) 1
- Over 6 to 16 megabits per second (Mbps) 2
- Over 16 to 30 megabits per second (Mbps) 3
- Over 30 to 50 megabits per second (Mbps) 4
- Over 50 to 100 megabits per second (Mbps) 5
- Over 100 to 200 megabits per second (Mbps) 6
- Over 200 to 400 megabits per second (Mbps) 10
- Over 400 to 1000 megabits per second (Mbps) 11
- Over 1000 megabits per second (Mbps) 12

Children in day care

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

- Yes
- No → 50

48 For each child aged 14 or under, please indicate the type of care in the 12 months before the reference week.

Please mark all relevant boxes.

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Day care centre (kindergarten, crèche) 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional child minder 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Au-pair, babysitter 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Preschool institution (pre-primary education) 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Care services for pupils before and/or after school (offered by school or other facility) 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relatives, friends, neighbours 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| None of the above categories applies. 7 | <input type="checkbox"/> → 50 | <input type="checkbox"/> → 50 | <input type="checkbox"/> → 50 | <input type="checkbox"/> → 50 | <input type="checkbox"/> → 50 |

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

Please mark all relevant boxes.

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Day care centre (kindergarten, crèche) 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional child minder 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Au-pair, babysitter 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Preschool institution (pre-primary education) 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Care services for pupils before and/or after school (offered by school or other facility) 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relatives, friends, neighbours 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| None of the above categories applies. 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

50 Were you born in Germany?

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

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Yes | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | 8 <input type="checkbox"/> → 52 | <input type="checkbox"/> → 51 | <input type="checkbox"/> → 52 | <input type="checkbox"/> → 52 | <input type="checkbox"/> → 52 |

51 Were you born in the Federal Republic of Germany (today’s territory)?

i “Today’s territory” refers to the national borders of the Federal Republic of Germany as of 3 October 1990.

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Yes | 1 <input type="checkbox"/> → 55 | <input type="checkbox"/> → 55 | <input type="checkbox"/> → 55 | <input type="checkbox"/> → 55 | <input type="checkbox"/> → 55 |
| No | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

i See also p. 127: **7** “Today’s territory”.

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

54 What was your (main) reason for moving to the Federal Republic of Germany (today's territory)?

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Employment: job found before moving to Germany 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employment: no job found before moving to Germany 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Academic studies or other education, advanced training 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Moved to Germany with a family member or followed a family member (family reunification) 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Marriage/partnership with a person living in Germany (family formation) 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flight, persecution, expulsion, asylum 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Free movement within the EU: wished to settle in Germany 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Retirement 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other main reason 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

55 What language/languages do you speak at home?

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| I only speak German at home. 1 | <input type="checkbox"/> → 57 | <input type="checkbox"/> → 57 | <input type="checkbox"/> → 57 | <input type="checkbox"/> → 57 | <input type="checkbox"/> → 57 |
| I speak German and at least one other language at home. 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I do not speak German at home but another language/other languages. 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

56 What language do you mainly speak at home?

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

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Yes | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | 8 <input type="checkbox"/> → 59 | <input type="checkbox"/> → 59 | <input type="checkbox"/> → 59 | <input type="checkbox"/> → 59 | <input type="checkbox"/> → 59 |

58 In what year did you return to the Federal Republic of Germany (today's territory) after you last stayed abroad for at least one year?

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

59 Do you have German citizenship?

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Yes, German citizenship only | 1 <input type="checkbox"/> → 64 | <input type="checkbox"/> → 64 | <input type="checkbox"/> → 64 | <input type="checkbox"/> → 64 | <input type="checkbox"/> → 64 |
| Yes, German citizenship and citizenship of at least one foreign country | 2 <input type="checkbox"/> → 63 | <input type="checkbox"/> → 63 | <input type="checkbox"/> → 63 | <input type="checkbox"/> → 63 | <input type="checkbox"/> → 63 |
| No | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

60 Of which foreign country do you have citizenship?

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

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

61 Do you have citizenship of another foreign country?

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

62 Of which second foreign country do you have citizenship?

| | | |
|----------------|----------------------|--------|
| Person 1 | <input type="text"/> | } → 73 |
| Person 2 | <input type="text"/> | |
| Person 3 | <input type="text"/> | |
| Person 4 | <input type="text"/> | |
| Person 5 | <input type="text"/> | |

63 Of which other country do you have citizenship?

Person 1
 Person 2
 Person 3
 Person 4
 Person 5

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

64 How did you obtain German citizenship?

i See also p. 128: **B** "Citizenship".

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 1 | <input type="checkbox"/> → 67 | <input type="checkbox"/> → 67 | <input type="checkbox"/> → 67 | <input type="checkbox"/> → 67 | <input type="checkbox"/> → 67 |
| 2 | <input type="checkbox"/> → 73 | <input type="checkbox"/> → 73 | <input type="checkbox"/> → 73 | <input type="checkbox"/> → 73 | <input type="checkbox"/> → 73 |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | <input type="checkbox"/> → 73 | <input type="checkbox"/> → 73 | <input type="checkbox"/> → 73 | <input type="checkbox"/> → 73 | <input type="checkbox"/> → 73 |

65 When were you naturalised?

Year

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

66 Which citizenship did you have before your naturalisation?

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

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

Person 1
 Person 2
 Person 3
 Person 4
 Person 5

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

} → 73

67 Does your mother live in this household?

i This includes stepmothers, adoptive and foster mothers.

Yes
 No

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

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

i See also p. 127: **7** "Today's territory".

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes, in (year) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Yes, but I do not know the year of arrival. | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I don't know. | 7 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

69 Is/was your mother a German citizen?

i See also p. 128: **3** "Citizenship".

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes, by birth | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, as a non-naturalised (ethnic) German repatriate | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, as a naturalised (ethnic) German repatriate | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, by naturalisation (no ethnic German repatriate) | 4 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, by adoption by German parent(s) | 5 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, but I do not know how it was obtained. | 6 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I don't know. | 7 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

70 Does your father live in this household?

i This includes stepfathers, adoptive and foster fathers.

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

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

i See also p. 127: **7** "Today's territory".

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes, in (year) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Yes, but I do not know the year of arrival. | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I don't know. | 7 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

72 Is/was your father a German citizen?

i See also p. 128: **8** "Citizenship".

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes, by birth | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, as a non-naturalised (ethnic) German repatriate | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, as a naturalised (ethnic) German repatriate | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, by naturalisation (no ethnic German repatriate) | 4 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, by adoption by German parent(s) | 5 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, but I do not know how it was obtained. | 6 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I don't know. | 7 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

i See also p. 127: **7** "Today's territory".

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--------------------|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Yes | 1 <input type="checkbox"/> → 75 | <input type="checkbox"/> → 75 | <input type="checkbox"/> → 75 | <input type="checkbox"/> → 75 | <input type="checkbox"/> → 75 |
| No | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I don't know. | 7 <input type="checkbox"/> → 75 | <input type="checkbox"/> → 75 | <input type="checkbox"/> → 75 | <input type="checkbox"/> → 75 | <input type="checkbox"/> → 75 |

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

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

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

i See also p. 127: **7** "Today's territory".

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--------------------|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Yes | 1 <input type="checkbox"/> → 77 | <input type="checkbox"/> → 77 | <input type="checkbox"/> → 77 | <input type="checkbox"/> → 77 | <input type="checkbox"/> → 77 |
| No | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I don't know. | 7 <input type="checkbox"/> → 77 | <input type="checkbox"/> → 77 | <input type="checkbox"/> → 77 | <input type="checkbox"/> → 77 | <input type="checkbox"/> → 77 |

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

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

School or university attendance

77 Have you been a pupil, apprentice, student in the last 12 months before the reference week?

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Yes | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | 8 <input type="checkbox"/> → 83 | <input type="checkbox"/> → 83 | <input type="checkbox"/> → 83 | <input type="checkbox"/> → 83 | <input type="checkbox"/> → 83 |

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, because I switched to another school, higher education institution or apprenticeship, because of university vacation, school holidays, practical training phase in an establishment, studies at a higher education institution or school abroad, illness, maternity leave. | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, for other reasons | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Schools of general education

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|----------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Primary school | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Orientation stage in grades 5/6 (e. g. at primary or secondary schools, diagnostic stage) | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Special school, special needs school, special needs assistance | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| School offering several courses of education | 4 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary general school, evening secondary general school | 5 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intermediate school, evening intermediate school | 6 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comprehensive school | 7 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Waldorf school | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grammar school | 9 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vocational grammar school, also grammar school specialising in economics or technical subjects | 10 <input type="checkbox"/> → 83 | <input type="checkbox"/> → 83 | <input type="checkbox"/> → 83 | <input type="checkbox"/> → 83 | <input type="checkbox"/> → 83 |
| Evening grammar school, adult education college | 11 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please turn the page for more schools.

still:

79 Vocational schools offering a general school certificate

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Vocational school offering an intermediate school certificate (e. g. full-time vocational school) 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vocational school offering an entrance qualification for higher education institutions | | | | | |
| Specialised upper secondary school 13 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Full-time vocational school 14 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Two-year full-time vocational school 15 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vocational schools | | | | | |
| Pre-vocational training year 16 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basic vocational training year 17 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vocational school (dual system) 18 | <input type="checkbox"/> → 83 | <input type="checkbox"/> → 83 | <input type="checkbox"/> → 83 | <input type="checkbox"/> → 83 | <input type="checkbox"/> → 83 |
| Full-time vocational school providing a vocational qualification 19 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Training centre/school for health-care service occupations and social occupations | | | | | |
| one year (e. g. geriatric care assistant) 20 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| two years (e. g. masseur/masseuse, pharmaceutical laboratory assistant) 21 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| three years (e. g. physiotherapy, medical laboratory assistant, geriatric care) 22 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Training centre/school for educators 23 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Master craftsman training programme at trade and technical schools 24 | <input type="checkbox"/> → 81 | <input type="checkbox"/> → 81 | <input type="checkbox"/> → 81 | <input type="checkbox"/> → 81 | <input type="checkbox"/> → 81 |
| Trade and technical school e. g. for technicians, business economists 25 | <input type="checkbox"/> → 83 | <input type="checkbox"/> → 83 | <input type="checkbox"/> → 83 | <input type="checkbox"/> → 83 | <input type="checkbox"/> → 83 |
| Specialised academy (in Bayern only) 26 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Higher education institutions | | | | | |
| Vocational academy 27 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| College of public administration 28 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| University of applied sciences, Cooperative State University (in Baden-Württemberg and Thüringen) ... 29 | <input type="checkbox"/> → 82 | <input type="checkbox"/> → 82 | <input type="checkbox"/> → 82 | <input type="checkbox"/> → 82 | <input type="checkbox"/> → 82 |
| University (also college of art and music, college of education, college of theology) 30 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Doctoral studies 31 | <input type="checkbox"/> → 83 | <input type="checkbox"/> → 83 | <input type="checkbox"/> → 83 | <input type="checkbox"/> → 83 | <input type="checkbox"/> → 83 |

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Grades 1 to 4 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grades 5 to 9/10 2 | <input type="checkbox"/> → 83 | <input type="checkbox"/> → 83 | <input type="checkbox"/> → 83 | <input type="checkbox"/> → 83 | <input type="checkbox"/> → 83 |
| Upper secondary grades in grammar school 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

81 What is the title of your master craftsman specialisation?

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

| | | |
|----------------|----------------------|--------|
| Person 1 | <input type="text"/> | } → 83 |
| Person 2 | <input type="text"/> | |
| Person 3 | <input type="text"/> | |
| Person 4 | <input type="text"/> | |
| Person 5 | <input type="text"/> | |

82 What course of study did you take?

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

83 Are you 15 years or older?

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 | <input type="checkbox"/> → 164 |

Employment situation in the reference week

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

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

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

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

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Yes 1 | <input type="checkbox"/> → 88 | <input type="checkbox"/> → 88 | <input type="checkbox"/> → 88 | <input type="checkbox"/> → 88 | <input type="checkbox"/> → 88 |
| No 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes 1 | <input type="checkbox"/> → 92 | <input type="checkbox"/> → 92 | <input type="checkbox"/> → 92 | <input type="checkbox"/> → 92 | <input type="checkbox"/> → 92 |
| No 8 | <input type="checkbox"/> → 138 | <input type="checkbox"/> → 138 | <input type="checkbox"/> → 138 | <input type="checkbox"/> → 138 | <input type="checkbox"/> → 138 |

88 Why did you not work in the reference week?

i See also p. 128:
9 "Partial retirement" and
10 "Caregiver Leave Act/Family Caregiver Leave Act".

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Illness, accident (including spa treatment, rehabilitation) | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Holidays, special leave | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Compensation leave (within the framework of a working time account or an annualised hours contract) | 3 <input type="checkbox"/> → 92 | <input type="checkbox"/> → 92 | <input type="checkbox"/> → 92 | <input type="checkbox"/> → 92 | <input type="checkbox"/> → 92 |
| Maternity leave | 4 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Partial retirement | 5 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vocational and continuing training | 6 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parental leave | 7 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Released from work under the Caregiver Leave Act ... | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Off-season | 9 <input type="checkbox"/> → 91 | <input type="checkbox"/> → 91 | <input type="checkbox"/> → 91 | <input type="checkbox"/> → 91 | <input type="checkbox"/> → 91 |
| Strike, lockout | 10 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bad weather | 11 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Short-time work for technical or economic reasons ... | 12 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| General and continuing education, school attendance | 13 <input type="checkbox"/> → 90 | <input type="checkbox"/> → 90 | <input type="checkbox"/> → 90 | <input type="checkbox"/> → 90 | <input type="checkbox"/> → 90 |
| Personal, family responsibilities..... | 14 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other reasons | 15 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have already found a job but did not yet work in that job in the reference week. | 16 <input type="checkbox"/> → 138 | <input type="checkbox"/> → 138 | <input type="checkbox"/> → 138 | <input type="checkbox"/> → 138 | <input type="checkbox"/> → 138 |

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Yes | 1 <input type="checkbox"/> → 92 | <input type="checkbox"/> → 92 | <input type="checkbox"/> → 92 | <input type="checkbox"/> → 92 | <input type="checkbox"/> → 92 |
| No | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not applicable because self-employed, freelancer | 9 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

90 Indicate the total period of your absence from work?

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--------------------------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 3 months or less | 1 <input type="checkbox"/> → 92 | <input type="checkbox"/> → 92 | <input type="checkbox"/> → 92 | <input type="checkbox"/> → 92 | <input type="checkbox"/> → 92 |
| More than 3 months | 8 <input type="checkbox"/> → 139 | <input type="checkbox"/> → 139 | <input type="checkbox"/> → 139 | <input type="checkbox"/> → 139 | <input type="checkbox"/> → 139 |

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | 8 <input type="checkbox"/> → 139 | <input type="checkbox"/> → 139 | <input type="checkbox"/> → 139 | <input type="checkbox"/> → 139 | <input type="checkbox"/> → 139 |

Job during the reference week

92 What was your status in employment in the reference week?

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

In this context, it is irrelevant whether you are actually working in your main job or whether you are absent, for instance, because of parental leave, illness or holidays.

See also p. 12: **ii** "Categorisation of job".

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|----------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Self-employed person, freelancer | | | | | |
| without employees | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| with employees | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unpaid family worker in a family business | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Public official (not including candidates), judge | 4 <input type="checkbox"/> → 94 | <input type="checkbox"/> → 94 | <input type="checkbox"/> → 94 | <input type="checkbox"/> → 94 | <input type="checkbox"/> → 94 |
| Salary earner (not including apprentices) | 5 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wage earner (not including apprentices), homeworker | 6 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Apprentice/trainee receiving remuneration | 7 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Candidate public official | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intern, trainee (including paid practical training or internship | 9 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Temporary or professional soldier | 10 <input type="checkbox"/> → 94 | <input type="checkbox"/> → 94 | <input type="checkbox"/> → 94 | <input type="checkbox"/> → 94 | <input type="checkbox"/> → 94 |
| In voluntary military service | 11 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In the Federal Volunteer Service (also social, ecological or cultural year) | 12 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other employee with a small-scale job | 13 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

i This refers to remunerated apprenticeships/traineeships.

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| With an establishment (company, shop, office, hospital, public authority) | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| With an inter-company or external institution as vocational training provider, e.g. a vocational training centre for disabled young people (Berufsbildungswerk), educational centre (Bildungszentrum) | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

94 Are you in marginal employment?

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

In this context, it is irrelevant whether you are actually working in your main job or whether you are absent, for instance, because of parental leave, illness or holidays.

See also p. 128: **12** "Marginal employment".

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes, a 450-euros job, mini-job (average maximum earnings of 450 euros per month) | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, short-term employment (a maximum of 3 months or 70 days worked per year) | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, a one-euro job, (job opportunity for people receiving unemployment benefit II) | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

95 How often do you work in your job?

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

Job during the reference week

96 Please provide some keywords to describe your current job.

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

| | |
|----------------|---|
| Person 1 | <input style="width: 100%; height: 25px;" type="text"/> |
| Person 2 | <input style="width: 100%; height: 25px;" type="text"/> |
| Person 3 | <input style="width: 100%; height: 25px;" type="text"/> |
| Person 4 | <input style="width: 100%; height: 25px;" type="text"/> |
| Person 5 | <input style="width: 100%; height: 25px;" type="text"/> |

97 What is the title of your current job?

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

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

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

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

99 What activities does your current job usually consist of?

Please mark all relevant boxes.

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

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

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

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

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

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

See also p. 129: **IE** “Establishment (location)”.

Person 1

Person 2

Person 3

Person 4

Person 5

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

101 Please fold out the flap at the side of page 2 and enter the name and address of the establishment.

i **The name and address of the establishment** will only be used to identify its branch of activity and will not be stored.

102 Are you employed in the public service?

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

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

Yes

No

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

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

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

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

→ 105 → 105 → 105 → 105 → 105

104 Please enter the exact number of people working in the establishment.

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

Change of job or occupation

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

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

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

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

i This includes a change of occupation without retraining.

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

Scope and scale of current job

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

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

If you are in **partial retirement** please mark the category relating to the time before you entered partial retirement.

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Full-time | 1 <input type="checkbox"/> → 110 | <input type="checkbox"/> → 110 | <input type="checkbox"/> → 110 | <input type="checkbox"/> → 110 | <input type="checkbox"/> → 110 |
| Part-time | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

108 Why do you work part-time?

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Could not find full-time work | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| School education, studies, other education or advanced training | 2 <input type="checkbox"/> → 110 | <input type="checkbox"/> → 110 | <input type="checkbox"/> → 110 | <input type="checkbox"/> → 110 | <input type="checkbox"/> → 110 |
| Own illness, consequences of an accident | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Permanently reduced earning capacity, permanent disability | 4 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have to look after children | 5 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have to look after people with disabilities | 6 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have to look after people in need of care | 7 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other family reasons | 9 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other personal reasons | 10 <input type="checkbox"/> → 110 | <input type="checkbox"/> → 110 | <input type="checkbox"/> → 110 | <input type="checkbox"/> → 110 | <input type="checkbox"/> → 110 |
| I want to work part-time | 11 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other main reason | 12 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | 8 <input type="checkbox"/> → 112 | <input type="checkbox"/> → 112 | <input type="checkbox"/> → 112 | <input type="checkbox"/> → 112 | <input type="checkbox"/> → 112 |

111 How many hours per week do you usually work

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

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------------------|---|---|---|---|---|
| Number of hours | <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> |
| | ↳ 116 | ↳ 116 | ↳ 116 | ↳ 116 | ↳ 116 |

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

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

113 Do you have a fixed-term working contract?

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

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

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

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

115 How many hours a week do you usually work, including regular extra hours and stand-by duty?

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

See also p. 129: **14** "Stand-by duty".

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

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

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | 8 <input type="checkbox"/> → 118 | <input type="checkbox"/> → 118 | <input type="checkbox"/> → 118 | <input type="checkbox"/> → 118 | <input type="checkbox"/> → 118 |

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

i Please include half days and count them as 0.5.

Number of days

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

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

Yes

No

| Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 <input type="checkbox"/> → 120 | <input type="checkbox"/> → 120 | <input type="checkbox"/> → 120 | <input type="checkbox"/> → 120 | <input type="checkbox"/> → 120 |

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

i Please include half days and count them as 0.5.

Number of days

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

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

Yes

No

| Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 <input type="checkbox"/> → 122 | <input type="checkbox"/> → 122 | <input type="checkbox"/> → 122 | <input type="checkbox"/> → 122 | <input type="checkbox"/> → 122 |

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

i Please include half days and count them as 0.5.

Number of days

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

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

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

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

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

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

Number of hours

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

Second or additional jobs

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

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------------------------------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes, I had 2 jobs. | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, I had more than 2 jobs. | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | 8 <input type="checkbox"/> → 133 | <input type="checkbox"/> → 133 | <input type="checkbox"/> → 133 | <input type="checkbox"/> → 133 | <input type="checkbox"/> → 133 |

124 Are you in marginal employment in your additional job?

i If you have **more than one additional job**, please answer the questions below for the additional job in which you work the most hours.

See also p. 128: **12** "Marginal employment".

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes, a 450-euros job, mini-job (average maximum earnings of 450 euros per month) | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, short-term employment (a maximum of 3 months or 70 days worked per year) | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, a one-euro job, (job opportunity for people receiving unemployment benefit II) | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

125 How often do you work in your additional job?

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

126 What is your status in your additional job?

i See also p. 128: **11** "Categorisation of job".

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Self-employed person, freelancer without employees | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-employed person, freelancer with employees | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unpaid family worker in a family business | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Public official, judge | 4 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Salary earner | 5 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wage earner, homemaker | 6 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

127 Please provide some keywords to describe your additional job.

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

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

128 What is the title of your additional job?

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

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

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

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

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

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

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

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

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

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

See also p. 129: **IB** "Establishment (location)".

Person 1
 Person 2
 Person 3
 Person 4
 Person 5

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

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

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

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

Number of hours.....

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

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

If you did not work in the reference week, please enter "0" in the number-of-hours box.

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

Number of hours.....

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

Number of desired working hours

133 Would you like to retain your normal weekly working hours or to change them, subject to a corresponding adjustment in earnings?

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|----------------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Retain | 1 <input type="checkbox"/> → 137 | <input type="checkbox"/> → 137 | <input type="checkbox"/> → 137 | <input type="checkbox"/> → 137 | <input type="checkbox"/> → 137 |
| Increase | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reduce | 3 <input type="checkbox"/> → 136 | <input type="checkbox"/> → 136 | <input type="checkbox"/> → 136 | <input type="checkbox"/> → 136 | <input type="checkbox"/> → 136 |

134 How would you like to increase your working hours?

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Exclusively by working more hours in the current job(s) | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exclusively by taking up one or more additional jobs | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exclusively by moving to a job with more working hours | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Without tying myself down to one of the above options | 5 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| By combining some of the above options | 4 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**135 Thinking of the 2 weeks following the reference week:
Would you be able to start working more hours in these 2 weeks?**

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

136 How many hours a week would you like to work?

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

Please round to the nearest half hour (e. g. 3.5).

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

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

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

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

| | | | | | | |
|-----------|---|----------|----------|----------|----------|----------|
| Yes | 1 | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
| No | 8 | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |

Last job or absence from work

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

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

Former unpaid family workers please mark „Yes“.

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | 8 <input type="checkbox"/> → 149 | <input type="checkbox"/> → 149 | <input type="checkbox"/> → 149 | <input type="checkbox"/> → 149 | <input type="checkbox"/> → 149 |

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

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

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

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

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

Reasons related to the labour market

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

Family reasons

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

Personal reasons

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

Other reasons

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

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

Month
Year

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

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

i See also p. 128: **iii** "Categorisation of job".

Self-employed person, freelancer
 without employees 1
 with employees 2
 Unpaid family worker in a family business 3
 Public official (not including candidates), judge 4
 Salary earner (not including apprentices) 5
 Wage earner (not including apprentices),
 homeworker 6
 Apprentice/trainee receiving remuneration 7
 Candidate public official 8
 Intern, trainee (including paid practical training or
 internship) 9
 Temporary or professional soldier 10
 Person doing compulsory military/civilian service 11
 In voluntary military service 12
 In the Federal Volunteer Service (also social,
 ecological or cultural year) 13

| Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> → 144 | <input type="checkbox"/> → 144 | <input type="checkbox"/> → 144 | <input type="checkbox"/> → 144 | <input type="checkbox"/> → 144 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> → 144 | <input type="checkbox"/> → 144 | <input type="checkbox"/> → 144 | <input type="checkbox"/> → 144 | <input type="checkbox"/> → 144 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

i This refers to remunerated apprenticeships/traineeships.

With an establishment (company, shop, office,
 hospital, public authority) 1
 With an inter-company or external institution as
 vocational training provider, e.g. a vocational
 training centre for disabled young people
 (Berufsbildungswerk), educational centre
 (Bildungszentrum) 2

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

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

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

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

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

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

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

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

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

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

147 Enter the branch of activity of the establishment (location) you last worked in or the branch of activity of the job from which you are absent.

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

If you were a **temporary employee**, please enter the branch of activity of your last job/the job from which you are absent.

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

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

See also p. 129: **IB** "Establishment (location)".

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

148 In your last job/the job from which you are absent:

Were you employed in the public service?

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

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

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

149 Did you make any effort to find (new) work in the reference week or the preceding 3 weeks? This includes any search for a job with only a few hours or activities to start a business.

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | 8 <input type="checkbox"/> → 151 | <input type="checkbox"/> → 151 | <input type="checkbox"/> → 151 | <input type="checkbox"/> → 151 | <input type="checkbox"/> → 151 |

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

Please mark all relevant boxes.

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Contacted the employment agency (job centre) or other employment authority | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contacted private employment organisations | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Placed job wanted advertisements | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responded to job offers | 4 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sent off unsolicited applications | 5 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Asked friends, relatives, acquaintances | 6 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Looked through job offers | 7 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Took tests, interviews, exams | 8 <input type="checkbox"/> → 161 | <input type="checkbox"/> → 161 | <input type="checkbox"/> → 161 | <input type="checkbox"/> → 161 | <input type="checkbox"/> → 161 |
| Placed or updated online CVs | 13 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Searched for premises, offices, equipment for self-employment or a freelance job. | 9 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Applied for licences, concessions or financial resources for self-employment or a freelance job. | 10 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Took other action for self-employment or a freelance job | 11 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Took other action | 12 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

151 Did you find a job in the reference week?

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes, I found a job in the reference week and have started it. | 1 <input type="checkbox"/> → 161 | <input type="checkbox"/> → 161 | <input type="checkbox"/> → 161 | <input type="checkbox"/> → 161 | <input type="checkbox"/> → 161 |
| Yes, I found a job in the reference week but have not started it yet. | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No, I did not find a job in the reference week. | 8 <input type="checkbox"/> → 153 | <input type="checkbox"/> → 153 | <input type="checkbox"/> → 153 | <input type="checkbox"/> → 153 | <input type="checkbox"/> → 153 |

152 When will you start your new job?

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

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

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

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

Yes
 No

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | <input type="checkbox"/> → 159 | <input type="checkbox"/> → 159 | <input type="checkbox"/> → 159 | <input type="checkbox"/> → 159 | <input type="checkbox"/> → 159 |

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

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

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

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

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

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

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes | 1 <input type="checkbox"/> → 163 | <input type="checkbox"/> → 163 | <input type="checkbox"/> → 163 | <input type="checkbox"/> → 163 | <input type="checkbox"/> → 163 |
| No | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| School or vocational education, studies | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Own illness, consequences of an accident | 2 <input type="checkbox"/> → 163 | <input type="checkbox"/> → 163 | <input type="checkbox"/> → 163 | <input type="checkbox"/> → 163 | <input type="checkbox"/> → 163 |
| Permanently reduced earning capacity, permanent disability | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have to look after children | 4 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have to look after people with disabilities | 5 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have to look after people in need of care | 6 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other family responsibilities | 7 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other personal responsibilities | 8 <input type="checkbox"/> → 163 | <input type="checkbox"/> → 163 | <input type="checkbox"/> → 163 | <input type="checkbox"/> → 163 | <input type="checkbox"/> → 163 |
| Retirement | 9 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other main reason | 10 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| There is no adequate care available in the vicinity. | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| There is no adequate care available at the relevant times of the day. | 2 <input type="checkbox"/> → 163 | <input type="checkbox"/> → 163 | <input type="checkbox"/> → 163 | <input type="checkbox"/> → 163 | <input type="checkbox"/> → 163 |
| Adequate care is too expensive. | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I want to do it myself. | 4 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other essential reasons | 9 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

159 Why do you not want to, or why are you not able to work?

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

- School or vocational education, studies 1
- Own illness, consequences of an accident 2
- Permanently reduced earning capacity, permanent disability 3
- Have to look after children 4
- Have to look after people with disabilities 5
- Have to look after people in need of care 6
- Other family responsibilities 7
- Other personal responsibilities 8
- Retirement 9
- Other main reason 10

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

- Less than 1 month 1
- 1 to less than 3 months 2
- 3 to less than 6 months 3
- 6 to less than 12 months 4
- 1 to less than 1 ½ years 5
- 1 ½ to less than 2 years 6
- 2 to less than 4 years 7
- 4 years or more 8

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

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

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

Self-assessment of life situation in the reference week

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

i See also p. 128:
9 "Partial retirement" and
10 "Caregiver Leave Act/Family Caregiver Leave Act".

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| on parental leave | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| in partial retirement | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| fully or partly released from work under the Caregiver Leave Act | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| partly released from work under the Family Caregiver Leave Act | 4 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Self-employed person, freelancer

| | | | | | |
|---|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| without employees | 6 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| with employees | 7 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unpaid family worker in a family business | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | | | | | |
|--|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Pupil, student | 9 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Retired or in early retirement | 10 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unemployed | 11 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Housewife/househusband, looking after children or people in need of care | 12 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Permanently unfit for work | 13 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | 14 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 15 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Current income situation

164 Which are your main sources of livelihood?

i See also p. 129:
164 "Main sources of livelihood".

Main sources of livelihood:

Code from List 164

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

List 164

| | | | |
|--|---|--|----|
| Own employment | 1 | Income of the parents | 8 |
| Unemployment benefit I | 2 | Income of the partner, spouse or other relatives | 14 |
| Unemployment benefit II (Hartz IV), social benefit | 3 | Maintenance payments or other regular payments received from other private households | 9 |
| Public assistance, e.g. basic security in old age and in cases of reduced earning capacity, assistance for nursing care, continuous subsistence payments | 4 | Training assistance (BAföG), scholarship/grant | 10 |
| Pension | 5 | Benefits for asylum seekers | 11 |
| Own property, savings, interest, renting, leasing, life interest retained for older people, life assurance, specific pensions fund (Versorgungswerk) | 6 | Benefits from own long-term care insurance (long-term care allowance) | 12 |
| Parental allowance | 7 | Other financial support, e.g. early retirement payments, allowances for foster children, sickness pay, loan in accordance with the Caregiver Leave Act or the Family Caregiver Leave Act, corona emergency aid | 13 |

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

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

This includes:

- earnings from main and second job(s), extra payments (e. g. Christmas bonus, severance pay, bonus payments)
- pensions
- unemployment benefit I, unemployment benefit II (Hartz IV), social benefit
- basic security in old age and in cases of reduced earning capacity, assistance for nursing care, continuous subsistence payments and other public assistance benefits
- heating and housing benefits, housing allowance, children’s allowance, long-term care allowance, parental allowance, training assistance (BAföG), child bonus, corona emergency aid and other public payments
- maintenance payments or other regular payments received from other private households
- further income and receipts (e. g. entrepreneurial income, income from renting and leasing, interest, dividends).

See also p. 129:  “Net income”.

Personal net income:

Code from List 165

I had no income. ⁹⁰

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

List 165

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

166 What was the total net income of your household in the month before the reference week?

i The net income of the household is the sum of the net incomes of all people in the household.

Net household income

Monthly amount
(full euros)

If you are not able to state an exact amount, please enter the size class of List 164 that corresponds to the amount of your monthly net household income.

Code from List 165

167 Are you 15 years or older?

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

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

Educational and vocational attainment

168 Do you hold a general school certificate?

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No/Not yet | <input type="checkbox"/> → 172 | <input type="checkbox"/> → 172 | <input type="checkbox"/> → 172 | <input type="checkbox"/> → 172 | <input type="checkbox"/> → 172 |

169 Which is your highest qualification?

Please convert qualifications gained abroad to German equivalents.

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

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Germany | <input type="checkbox"/> → 172 | <input type="checkbox"/> → 172 | <input type="checkbox"/> → 172 | <input type="checkbox"/> → 172 | <input type="checkbox"/> → 172 |
| Abroad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

171 How long did you attend school?

Please round to the nearest year.

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

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

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

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|------------------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes | 1 <input type="checkbox"/> → 174 | <input type="checkbox"/> → 174 | <input type="checkbox"/> → 174 | <input type="checkbox"/> → 174 | <input type="checkbox"/> → 174 |
| No/Not yet | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Year

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

| Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ↳ 180 | ↳ 180 | ↳ 180 | ↳ 180 | ↳ 180 |
| <input type="checkbox"/> → 180 | <input type="checkbox"/> → 180 | <input type="checkbox"/> → 180 | <input type="checkbox"/> → 180 | <input type="checkbox"/> → 180 |

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

Year

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

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

Germany

Abroad

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

176 Which is your highest qualification?

Please convert qualifications gained abroad to German equivalents.

Vocational qualification attained

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| On-the-job training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Internship | <input type="checkbox"/> → 180 | <input type="checkbox"/> → 180 | <input type="checkbox"/> → 180 | <input type="checkbox"/> → 180 | <input type="checkbox"/> → 180 |
| Pre-vocational training year | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Apprenticeship, vocational training in the dual system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Certificate qualifying for an occupation obtained from a full-time vocational school or from a secondary school offering general as well as vocational education to pupils aged 16 to 19 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Preparatory training for the intermediate service in public administration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Training centre/school for health-care service occupations and social occupations | | | | | |
| one year (e.g. geriatric care assistant) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant) | <input type="checkbox"/> → 179 | <input type="checkbox"/> → 179 | <input type="checkbox"/> → 179 | <input type="checkbox"/> → 179 | <input type="checkbox"/> → 179 |
| three years (e.g. physiotherapy, medical laboratory assistant, geriatric care) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nursery teacher/educator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Master craftsman/craftswoman | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Technician's qualification or equivalent trade and technical school certificate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialised and engineering schools of the GDR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialised academy (in Bayern only) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Higher education institutions

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

| | | | | | |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Vocational academy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| College of public administration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| University of applied sciences (also college of engineering), cooperative state university (in Baden-Württemberg and Thüringen) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| University (also college of art and music, college of education, college of theology) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Doctor's degree | <input type="checkbox"/> → 178 | <input type="checkbox"/> → 178 | <input type="checkbox"/> → 178 | <input type="checkbox"/> → 178 | <input type="checkbox"/> → 178 |

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 177 What is the title of the highest degree you obtained from a higher education institution? | | | | | |
| Bachelor's | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Master's | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diplom degree, state examination e.g. for the teaching profession, artistic and comparable degrees | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

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

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

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

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

Continuing education and training

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

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

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

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

Pension insurance

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Yes | 1 <input type="checkbox"/> → 183 | <input type="checkbox"/> → 183 | <input type="checkbox"/> → 183 | <input type="checkbox"/> → 183 | <input type="checkbox"/> → 183 |
| No | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

i See also p. 129:

17 "Statutory pension insurance".

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

Internet access and internet use

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

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

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

184 Is this dwelling your main residence?

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

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

185 Are you 16 to 74 years old?

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

Questions about health

voluntary

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|----------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| severely limited 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| limited but not severely 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not limited 8 | <input type="checkbox"/> → p. 57, 188 | <input type="checkbox"/> → p. 71, 188 | <input type="checkbox"/> → p. 85, 188 | <input type="checkbox"/> → p. 99, 188 | <input type="checkbox"/> → p. 113, 188 |

187 How long have you been affected by these limitations?

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|----------------------------|--------------------------|---|---|---|--|
| Less than 6 months 1 | <input type="checkbox"/> | <input type="checkbox"/>] → p. 71, 188 | <input type="checkbox"/>] → p. 85, 188 | <input type="checkbox"/>] → p. 99, 188 | <input type="checkbox"/>] → p. 113, 188 |
| 6 months or more 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Use of the internet – Person 1 (16 to 74 years)

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

- “In the last 3 months”,
- “More than 3 months ago, but within the last 12 months” and
- “More than 12 months ago”.

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

Disclaimer:

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

Note 

Please enter your name in the box at the side.

Person 1:

voluntary

188 When did you last use the internet?

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

Please mark only one box.

- In the last 3 months 1
- More than 3 months ago, but within the last 12 months 2 → 201
- More than 12 months ago 3 } → 220
- Never 8

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

Please mark only one box.

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

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

Please mark "Yes" or "No".

Communication

Sending or receiving e-mails 1 Yes 8 No

Making phone calls or video calls (phone calls using a webcam) via the internet (using apps, e.g. Skype, Messenger, Facetime, WhatsApp, Viber, Snapchat, Zoom, MS Teams, Webex; not including phone calls via IP-based phone connections) 1 Yes 8 No

Participating in social networks (e.g. creating a user profile, posting messages or other contributions to Facebook Twitter, Instagram, Snapchat or other social networks) 1 Yes 8 No

Using instant messaging (i.e. exchanging messages e.g. via Skype, Messenger, WhatsApp, Viber, Snapchat) 1 Yes 8 No

Searching information

Reading online news sites, newspapers, magazines 1 Yes 8 No

Searching information on goods or services 1 Yes 8 No

Entertainment

Listening to music (via web radio or online streaming services such as Spotify or via download) 1 Yes 8 No

Watching internet streamed TV (live or time-shifted) from TV broadcasters 1 Yes 8 No

Watching videos from commercial providers (e.g. Netflix, Amazon Prime, Maxdome, Apple TV) 1 Yes 8 No

Watching video content from video sharing services (e.g. YouTube) 1 Yes 8 No

Playing or downloading games 1 Yes 8 No

Listening to or downloading podcasts 1 Yes 8 No

Health

Searching health-related information (e.g. injuries, diseases, nutrition, improving health) 1 Yes 8 No

Making an appointment with a doctor via a website or app (e.g. via the website of a hospital or health care centre) 1 Yes 8 No

Accessing personal health records online (in Germany called „ePA“) 1 Yes 8 No

Using other health services via a website or app instead of having to go to the hospital or visit a doctor (e.g. receiving a prescription or an online consultation) 1 Yes 8 No

Civic and political participation

Expressing opinions on political or social issues on websites (e.g. in blogs) or in social networks (e.g. Facebook, Twitter, Instagram, YouTube) 1 Yes 8 No

Taking part in online consultations or voting on political, social or municipal issues (e.g. urban planning or signing a petition) 1 Yes 8 No

Other online services

Selling of goods or services via a website or app (e.g. eBay, Facebook Marketplace, Shpock or other online marketplace platforms) 1 Yes 8 No

Internet banking (including mobile banking) 1 Yes 8 No

voluntary

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

Please mark all relevant boxes.

Doing an online course 1

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

Using online learning material other than a complete online course (e.g. audio-visual material, video instructions, webinars, online learning software, electronic textbooks, learning apps) 2

i This does not refer to downloading learning material.

Communicating with educators or learners using audio or video online tools (e.g. Zoom, Skype, Microsoft Teams, Google Classroom, Classtime) 3

Does not apply. 8 → 193

voluntary

192 What was the purpose of these learning activities?

Please mark all relevant boxes.

Formal education 1

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

Vocational/work-related education (company or individual job-related further education) 2

Private further education (e.g. use of online services to improve language skills) 3

193 Did you carry out any of the following financial activities over the internet (via websites or apps) for private purposes in the last 3 months?

i This does not include financial activities transmitted via e-mail or messaging (e.g. SMS, MMS).

Please mark “Yes” or “No”.

| | | | |
|---|---|--------------------------|----------------------------|
| | | Yes | No |
| Buying or extending existing insurance policies (including policies offered as a package together with other services, e.g. travel insurance offered together with an airline ticket) | 1 | <input type="checkbox"/> | 8 <input type="checkbox"/> |

| | | | |
|---|---|--------------------------|----------------------------|
| Taking loans/credits from banks or other financial services providers | 1 | <input type="checkbox"/> | 8 <input type="checkbox"/> |
|---|---|--------------------------|----------------------------|

| | | | |
|---|---|--------------------------|----------------------------|
| Buying or selling shares, bonds, units in funds or other financial assets | 1 | <input type="checkbox"/> | 8 <input type="checkbox"/> |
|---|---|--------------------------|----------------------------|

Internet of Things

i The questions in this section concern the use of intelligent “smart” devices or systems for private purposes (“Internet of Things”). These devices/systems are connected to the internet and can also be connected to each other to enable advanced services, e.g. remotely controlling the device, adjusting settings, giving instructions for tasks to be performed and receiving feedback from the device.

194 Which of the following internet-connected devices/systems did you use in the last 3 months?

Please mark all relevant boxes.

- | | | | |
|---|---|--------------------------|---------|
| Internet-connected thermostat, utility meter, lighting, or other internet-connected solutions for the energy management of your home (including plug-ins/software extensions) | 1 | <input type="checkbox"/> | } → 196 |
| Internet-connected home alarm system, smoke detector, security cameras, door locks or other internet-connected security/safety solutions for your home | 2 | <input type="checkbox"/> | |
| Internet-connected home appliances, such as robot vacuum cleaners, refrigerators, ovens and coffee machines | 3 | <input type="checkbox"/> | |
| Virtual assistant in the form of a smart speaker or an app, e.g. Google Home, Alexa (Amazon Echo), Google Assistant, Siri, Cortana, Bixby | 4 | <input type="checkbox"/> | |
| Not applicable. I have not used any of the devices/systems mentioned. | 8 | <input type="checkbox"/> | |

voluntary

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

Please mark all relevant boxes.

- | | | | |
|---|----|--------------------------|-------|
| I did not know that such smart devices/systems existed. | 1 | <input type="checkbox"/> | → 196 |
| There is no need. | 2 | <input type="checkbox"/> | |
| The costs would be too high. | 3 | <input type="checkbox"/> | |
| Lack of compatibility with other devices/systems | 4 | <input type="checkbox"/> | |
| Lack of skills to use those devices or systems | 5 | <input type="checkbox"/> | |
| Concerns about privacy and the protection of the personal information generated about me/my home by those devices/systems | 6 | <input type="checkbox"/> | |
| Security concerns related to IT security (e.g. concerns that the device/system could be hacked) | 10 | <input type="checkbox"/> | |
| Safety concerns related to personal protection and health issues (e.g. concerns that the use of the device/system could lead to accidents, injuries or health problems) | 11 | <input type="checkbox"/> | |
| Other reasons | 12 | <input type="checkbox"/> | |

If “Other reasons”, please specify in detail:

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

Please mark "Yes" or "No".

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

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

Please mark all relevant boxes.

| | |
|--|----------------------------|
| Smart watch, fitness bracelet, smart glasses, other internet connected things like headset (headphones), security tracker, accessories, clothes, shoes | 1 <input type="checkbox"/> |
| Internet-connected devices for monitoring blood pressure, blood sugar, body weight (e.g. smart scales) or other internet-connected devices relating to health/medical care | 2 <input type="checkbox"/> |
| Internet-connected toys, such as robot toys (including educational toys) or smart dolls | 3 <input type="checkbox"/> |
| Car or other vehicle with built-in wireless internet connection | 4 <input type="checkbox"/> |
| Not applicable. I did not use any of the devices mentioned. | 8 <input type="checkbox"/> |

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

Please mark all relevant boxes.

| | |
|---|----------------------------|
| Security or privacy problems (e.g. the device or system was hacked, there were problems with the protection of information about me and my family caused by those devices or systems) | 1 <input type="checkbox"/> |
| Safety or health problems (e.g. the use of the device or system led to an accident, injury or health problem) | 2 <input type="checkbox"/> |
| Difficulties with using the device (e.g. setting up, installing, connecting, pairing the device) | 3 <input type="checkbox"/> |
| Other problems (e.g. connection problems, problems with application support) | 4 <input type="checkbox"/> |
| I did not encounter any of the problems mentioned. | 7 <input type="checkbox"/> |
| Not applicable because I did not use any of these devices or systems. ... | 8 <input type="checkbox"/> |

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

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

Please tick only one answer for each of the devices mentioned.

| The device I replaced/no longer use ... | smart- phone/ mobile | laptop/ tablet | desktop- computer |
|---|-----------------------------|-----------------------------|-----------------------------|
| was sold or given away by me. | 11 <input type="checkbox"/> | 21 <input type="checkbox"/> | 31 <input type="checkbox"/> |
| was disposed of in electronic waste collection/recycling by me or left to the retailer for disposal. | 12 <input type="checkbox"/> | 22 <input type="checkbox"/> | 32 <input type="checkbox"/> |
| was disposed of elsewhere by me. | 13 <input type="checkbox"/> | 23 <input type="checkbox"/> | 33 <input type="checkbox"/> |
| was never bought by me. | 14 <input type="checkbox"/> | 24 <input type="checkbox"/> | 34 <input type="checkbox"/> |
| is still in use by me. | 15 <input type="checkbox"/> | 25 <input type="checkbox"/> | 35 <input type="checkbox"/> |
| is still kept in my household. | 16 <input type="checkbox"/> | 26 <input type="checkbox"/> | 36 <input type="checkbox"/> |
| Other | 17 <input type="checkbox"/> | 27 <input type="checkbox"/> | 37 <input type="checkbox"/> |

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

Please mark all relevant boxes.

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

Internet contacts with authorities and public institutions (e-government)

i The questions in this section refer to the use of websites or apps of authorities and public institutions (e.g. administrative/judiciary bodies at national, regional and local level).

Online contacts include, for example the electronic income tax return, applying for official documents (e.g. identity card, birth certificate) or social benefits, registering/changing of residence, contact with schools/universities and public educational establishments (e.g. public libraries/libraries, public health service institutions, services of public hospitals).

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

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

Please mark "Yes" or "No"

| | Yes | No |
|--|----------------------------|----------------------------|
| accessed information that authorities or public institutions have stored about you (e.g. information on pension, BaföG, health data)? ... | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

| | | |
|---|----------------------------|----------------------------|
| accessed information from public databases or registers (e.g. information about the availability of books in public libraries, information from cadastral or enterprise registers)? | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|---|----------------------------|----------------------------|

| | | |
|---|----------------------------|----------------------------|
| obtained information (e.g. about services, monetary or non-monetary benefits, entitlements, laws, opening times)? | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|---|----------------------------|----------------------------|

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202 Have you downloaded or printed official forms for private purposes in the last 12 months from websites/apps of authorities or public institutions?

| | |
|-----------|----------------------------|
| Yes | 1 <input type="checkbox"/> |
|-----------|----------------------------|

| | |
|----------|----------------------------|
| No | 8 <input type="checkbox"/> |
|----------|----------------------------|

203 Did you make an appointment or a reservation for private purposes in the last 12 months, via a website or app of authorities or public institutions (e.g. reservation of a book in a public library, appointment with an authority or health insurance company)?

| | |
|-----------|----------------------------|
| Yes | 1 <input type="checkbox"/> |
|-----------|----------------------------|

| | |
|----------|----------------------------|
| No | 8 <input type="checkbox"/> |
|----------|----------------------------|

204 Did you receive any official notification or document for private purposes in the last 12 months from authorities or public institutions via your personal account on a website or app (e.g. notification of fines or invoices, tax notices or other official letters, delivery of court summons, court documents)?

i This refers to notifications/documents that you need to access via your personal account online. This does not mean receiving notifications by e-mail or SMS that only inform you that notifications/documents are available in your personal account.

- Yes 1
- No 8

205 Have you submitted your tax declaration for private purposes via a website or app in the past 12 months?

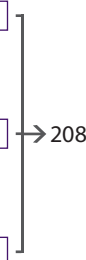
Please mark only one box.

- Yes, I submitted it online myself. 1
- No, I submitted it on paper. 2
- No, someone else submitted it on my behalf (e.g. family member, friend, tax advisor, income tax aid association). 3
- No, for other reasons (e.g. because I was not obliged to submit a tax declaration) 8

206 Which of the following online transactions did you carry out in the last 12 months for private purposes via websites or apps of authorities or public institutions?

Please mark all relevant boxes.

- I requested official documents or certificates online (e.g. marriage/ birth/death certificate, divorce documents, residence permit, police clearance certificate, motor vehicle-related information, certificate of recognition of an educational qualification). 1
- I requested social benefits online or made claims online (e.g. unemployment benefit I/II, parental allowance, child allowance, housing benefit, pension, severance payment). 2
- I made other inquiries online or made claims online or submitted complaints online (e.g. reporting a theft to the police, filing a legal complaint, applying for legal aid, initiating a civil claim procedure). 3
- Does not apply. In the last twelve months, I did not carry out any of the online transactions mentioned. 8



207 What were the reasons for not requesting documents or benefits or making claims from authorities or public institutions via a website or app in the last 12 months?

Please mark all relevant boxes.

I did not have to request any documents/benefits or to make any claims. 1

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

I have concerns about the protection and security of my personal data or I was not willing to pay the fees online (e.g. because of concerns about credit card fraud). 3

Lack of an electronic signature option (e.g. lack of activated electronic identification (eID), De-Mail or any other identification tool that is required to use the online service) 4

Another person submitted the documents or requested the benefits or made the claims on my behalf (e.g. family member, friend, advisor). 5

Other reasons 6

If "Other reasons", please specify in detail.

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

Please mark all relevant boxes.

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

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

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

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

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

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

Other issues 6

If "Other issues", please specify in detail.

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

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Buying via the internet (e-Commerce)

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

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

Please mark only one box.

- | | | | |
|---|---|--------------------------|---------|
| Within the last 3 months | 1 | <input type="checkbox"/> | |
| More than 3 months ago, but within the last 12 months | 2 | <input type="checkbox"/> | } |
| More than 12 months ago | 3 | <input type="checkbox"/> | |
| I have never ordered or bought goods or services for private use via the internet. | 9 | <input type="checkbox"/> | } → 220 |

Did you buy any of the following goods via the internet or an app for private use in the last 3 months?

i This refers only to physical products (goods), including used goods (e.g. clothing).

This does not include online purchases of digital products (e.g. music streaming), of subscriptions (e.g. magazines, television, internet) and of household services, transport and other travel services.

Please mark "Yes" or "No".

| | Yes | No |
|---|----------------------------|----------------------------|
| Clothing (including sport clothing), shoes or accessories (e.g. bags, jewellery) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Sports goods (excluding sport clothing) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Children's toys or childcare items (e.g. diapers, bottles, pushchairs) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Furniture, home accessories (e.g. carpets, curtains) or gardening products (e.g. tools, plants) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Music as CDs, vinyl records or other physical sound recording media | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Films or series as DVDs, Blu-rays or other physical film material | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Printed books, newspapers, magazines | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Computers, tablets, mobile phones or accessories | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Consumer electronics (e.g. TV sets, stereo systems, cameras, smart speakers or sound bars, virtual assistants), electrical household appliances (e.g. washing machines) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Pharmaceuticals or dietary supplements such as vitamin products (not including online renewal of prescriptions) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Home delivery of food/beverages, e.g. from restaurants, fast-food chains, catering services | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Food (including animal food) or beverages from shops/stores/supermarkets or from meal-kits providers | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Cosmetics, beauty or wellness products | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Cleaning products or personal care products (e.g. toothbrushes, handkerchiefs, detergents, cleaning cloths) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Bicycles, motorcycles/mopeds, cars, or other vehicles (including spare parts) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Other goods (physical products), e.g. tobacco products, e-cigarettes, gift cards | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

If "Other goods", please specify in detail.

211 From which countries did you receive these goods?

Please mark all relevant boxes.

Not applicable. I did not buy any goods for private use over the internet or via an app. 8 → 213

From Germany 1

From other European Union countries

i Other European Union countries are Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Sweden, Slovakia, Slovenia and Spain 2

From countries not belonging to the European Union (e.g. Switzerland, USA, United Kingdom, China) 3

I do not know the seller's country. 7

212 Did you receive any of the goods you bought via the internet or an app for private use in the last 3 months from private individuals (e.g. through eBay Classified Ads, Facebook Marketplace)?

Yes 1

No 8

213 Did you buy or subscribe to any of the following digital products via a website or app for private use in the last 3 months?

Please mark "Yes" or "No".

| | | | |
|---|---|--------------------------|----------------------------|
| | | Yes | No |
| Music from streaming services or as downloads | 1 | <input type="checkbox"/> | 8 <input type="checkbox"/> |

| | | | |
|--|---|--------------------------|----------------------------|
| Films/series from streaming services or as downloads | 1 | <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--|---|--------------------------|----------------------------|

| | | | |
|--|---|--------------------------|----------------------------|
| E-books (including audiobooks), e-newspapers/e-magazines | 1 | <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--|---|--------------------------|----------------------------|

| | | | |
|---|---|--------------------------|----------------------------|
| Computer/video games online or as downloads for smartphones, tablets, computers or consoles | 1 | <input type="checkbox"/> | 8 <input type="checkbox"/> |
|---|---|--------------------------|----------------------------|

| | | | |
|--|---|--------------------------|----------------------------|
| Computer or other software as downloads (including upgrades) | 1 | <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--|---|--------------------------|----------------------------|

| | | | |
|--|---|--------------------------|----------------------------|
| Apps related to health/fitness (excluding free apps) | 1 | <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--|---|--------------------------|----------------------------|

| | | | |
|--|---|--------------------------|----------------------------|
| Other apps, such as related to learning languages, travelling, weather (excluding free apps) | 1 | <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--|---|--------------------------|----------------------------|

214 Did you buy, or book online, any of the following products via a website or app for private use in the last 3 months?

Please mark "Yes" or "No".

| | | | |
|--------------------------------|---|--------------------------|----------------------------|
| | | Yes | No |
| Tickets to sports events | 1 | <input type="checkbox"/> | 8 <input type="checkbox"/> |

| | | | |
|---|---|--------------------------|----------------------------|
| Tickets to cultural or other events (e.g. cinema, theatre, concerts, fairs) | 1 | <input type="checkbox"/> | 8 <input type="checkbox"/> |
|---|---|--------------------------|----------------------------|

| | | | |
|---|---|--------------------------|----------------------------|
| Subscriptions to internet or mobile phone contracts | 1 | <input type="checkbox"/> | 8 <input type="checkbox"/> |
|---|---|--------------------------|----------------------------|

| | | | |
|---|---|--------------------------|----------------------------|
| Subscriptions to electricity, water or heating supply, waste disposal or similar services | 1 | <input type="checkbox"/> | 8 <input type="checkbox"/> |
|---|---|--------------------------|----------------------------|

- 215 Did you buy, or book online, any household services (e.g. cleaning, babysitting, repair work, gardening) via a website or app for private use in the last 3 months?**
- i** This includes household services bought from private individuals, e.g. via online marketplaces such as eBay or Facebook.
- Yes 1
- No 8 → 217
- 216 Did you receive any of these household services from a private individual (e.g. via eBay Classified Ads, Facebook Marketplace or other online marketplaces)?**
- Yes 1
- No 8
- 217 Did you buy any transport service via a website or app for private use in the last 3 months?**
- Please mark all relevant boxes.*
- Yes, from a transport enterprise (e.g. local bus/train ticket, airline ticket, taxi ride) 1
- Yes, from a private individual (e.g. via social networks or intermediary platforms such as blablaar.de, fahrgemeinschaft.de, mitfahren.de) 2
- No, I did not buy online any transport service in the last 3 months. 8
- 218 Did you book accommodation via a website or app for private use in the last 3 months?**
- Please mark all relevant boxes.*
- Yes, from an enterprise (e.g. hotel, travel agency) 1
- Yes, from a private individual (e.g. via social networks or intermediary platforms such as airbnb.de, fewo-direkt.de, wimdu.de, couchsurfing.com, 9flats.com) 2
- No, I did not book online any accommodation in the last 3 months. 8
- 219 Did you buy any other services (excluding financial and insurance services) than those mentioned in the previous questions via a website or app for private use in the last 3 months?**
- Yes 1
- If "Yes", please specify in detail.*
-
- No 8

Participation in the survey

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220 Have you yourself answered the questions?

Yes 1 → 222

No, another household member has answered the questions. 2

No, someone not living in the household has answered the questions. 3 → 222

221 Which household member has answered the questions?

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

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

Number of minutes

Use of the internet – Person 2 (16 to 74 years)

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

- “In the last 3 months”,
- “More than 3 months ago, but within the last 12 months” and
- “More than 12 months ago”.

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

Disclaimer:

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

Note 

Please enter your name in the box at the side.

Person 2:

voluntary

188 When did you last use the internet?

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

Please mark only one box.

- | | | | |
|---|---|--------------------------|---------|
| In the last 3 months | 1 | <input type="checkbox"/> | |
| More than 3 months ago, but within the last 12 months | 2 | <input type="checkbox"/> | → 201 |
| More than 12 months ago | 3 | <input type="checkbox"/> | } → 220 |
| Never | 8 | <input type="checkbox"/> | |

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

Please mark only one box.

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

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

Please mark "Yes" or "No".

Communication

Sending or receiving e-mails 1 Yes 8 No

Making phone calls or video calls (phone calls using a webcam) via the internet (using apps, e.g. Skype, Messenger, Facetime, WhatsApp, Viber, Snapchat, Zoom, MS Teams, Webex; not including phone calls via IP-based phone connections) 1 Yes 8 No

Participating in social networks (e.g. creating a user profile, posting messages or other contributions to Facebook Twitter, Instagram, Snapchat or other social networks) 1 Yes 8 No

Using instant messaging (i.e. exchanging messages e.g. via Skype, Messenger, WhatsApp, Viber, Snapchat) 1 Yes 8 No

Searching information

Reading online news sites, newspapers, magazines 1 Yes 8 No

Searching information on goods or services 1 Yes 8 No

Entertainment

Listening to music (via web radio or online streaming services such as Spotify or via download) 1 Yes 8 No

Watching internet streamed TV (live or time-shifted) from TV broadcasters 1 Yes 8 No

Watching videos from commercial providers (e.g. Netflix, Amazon Prime, Maxdome, Apple TV) 1 Yes 8 No

Watching video content from video sharing services (e.g. YouTube) 1 Yes 8 No

Playing or downloading games 1 Yes 8 No

Listening to or downloading podcasts 1 Yes 8 No

Health

Searching health-related information (e.g. injuries, diseases, nutrition, improving health) 1 Yes 8 No

Making an appointment with a doctor via a website or app (e.g. via the website of a hospital or health care centre) 1 Yes 8 No

Accessing personal health records online (in Germany called „ePA“) 1 Yes 8 No

Using other health services via a website or app instead of having to go to the hospital or visit a doctor (e.g. receiving a prescription or an online consultation) 1 Yes 8 No

Civic and political participation

Expressing opinions on political or social issues on websites (e.g. in blogs) or in social networks (e.g. Facebook, Twitter, Instagram, YouTube) 1 Yes 8 No

Taking part in online consultations or voting on political, social or municipal issues (e.g. urban planning or signing a petition) 1 Yes 8 No

Other online services

Selling of goods or services via a website or app (e.g. eBay, Facebook Marketplace, Shpock or other online marketplace platforms) 1 Yes 8 No

Internet banking (including mobile banking) 1 Yes 8 No

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

Please mark all relevant boxes.

Doing an online course 1

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

Using online learning material other than a complete online course (e.g. audio-visual material, video instructions, webinars, online learning software, electronic textbooks, learning apps) 2

i This does not refer to downloading learning material.

Communicating with educators or learners using audio or video online tools (e.g. Zoom, Skype, Microsoft Teams, Google Classroom, Classtime) 3

Does not apply. 8 → 193

192 What was the purpose of these learning activities?

Please mark all relevant boxes.

Formal education 1

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

Vocational/work-related education (company or individual job-related further education) 2

Private further education (e.g. use of online services to improve language skills) 3

193 Did you carry out any of the following financial activities over the internet (via websites or apps) for private purposes in the last 3 months?

i This does not include financial activities transmitted via e-mail or messaging (e.g. SMS, MMS).

Please mark “Yes” or “No”.

| | | | |
|---|---|--------------------------|----------------------------|
| | | Yes | No |
| Buying or extending existing insurance policies (including policies offered as a package together with other services, e.g. travel insurance offered together with an airline ticket) | 1 | <input type="checkbox"/> | 8 <input type="checkbox"/> |

| | | | |
|---|---|--------------------------|----------------------------|
| Taking loans/credits from banks or other financial services providers | 1 | <input type="checkbox"/> | 8 <input type="checkbox"/> |
|---|---|--------------------------|----------------------------|

| | | | |
|---|---|--------------------------|----------------------------|
| Buying or selling shares, bonds, units in funds or other financial assets | 1 | <input type="checkbox"/> | 8 <input type="checkbox"/> |
|---|---|--------------------------|----------------------------|

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Internet of Things

i The questions in this section concern the use of intelligent “smart” devices or systems for private purposes (“Internet of Things”). These devices/systems are connected to the internet and can also be connected to each other to enable advanced services, e.g. remotely controlling the device, adjusting settings, giving instructions for tasks to be performed and receiving feedback from the device.

194 Which of the following internet-connected devices/systems did you use in the last 3 months?

Please mark all relevant boxes.

- | | | | |
|---|---|--------------------------|---------|
| Internet-connected thermostat, utility meter, lighting, or other internet-connected solutions for the energy management of your home (including plug-ins/software extensions) | 1 | <input type="checkbox"/> | } → 196 |
| Internet-connected home alarm system, smoke detector, security cameras, door locks or other internet-connected security/safety solutions for your home | 2 | <input type="checkbox"/> | |
| Internet-connected home appliances, such as robot vacuum cleaners, refrigerators, ovens and coffee machines | 3 | <input type="checkbox"/> | |
| Virtual assistant in the form of a smart speaker or an app, e.g. Google Home, Alexa (Amazon Echo), Google Assistant, Siri, Cortana, Bixby | 4 | <input type="checkbox"/> | |
| Not applicable. I have not used any of the devices/systems mentioned. | 8 | <input type="checkbox"/> | |

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

Please mark all relevant boxes.

- | | | | |
|---|----|--------------------------|-------|
| I did not know that such smart devices/systems existed. | 1 | <input type="checkbox"/> | → 196 |
| There is no need. | 2 | <input type="checkbox"/> | |
| The costs would be too high. | 3 | <input type="checkbox"/> | |
| Lack of compatibility with other devices/systems | 4 | <input type="checkbox"/> | |
| Lack of skills to use those devices or systems | 5 | <input type="checkbox"/> | |
| Concerns about privacy and the protection of the personal information generated about me/my home by those devices/systems | 6 | <input type="checkbox"/> | |
| Security concerns related to IT security (e.g. concerns that the device/system could be hacked) | 10 | <input type="checkbox"/> | |
| Safety concerns related to personal protection and health issues (e.g. concerns that the use of the device/system could lead to accidents, injuries or health problems) | 11 | <input type="checkbox"/> | |
| Other reasons | 12 | <input type="checkbox"/> | |

If “Other reasons”, please specify in detail:

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

Please mark "Yes" or "No".

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

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

Please mark all relevant boxes.

| | |
|--|----------------------------|
| Smart watch, fitness bracelet, smart glasses, other internet connected things like headset (headphones), security tracker, accessories, clothes, shoes | 1 <input type="checkbox"/> |
| Internet-connected devices for monitoring blood pressure, blood sugar, body weight (e.g. smart scales) or other internet-connected devices relating to health/medical care | 2 <input type="checkbox"/> |
| Internet-connected toys, such as robot toys (including educational toys) or smart dolls | 3 <input type="checkbox"/> |
| Car or other vehicle with built-in wireless internet connection | 4 <input type="checkbox"/> |
| Not applicable. I did not use any of the devices mentioned. | 8 <input type="checkbox"/> |

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

Please mark all relevant boxes.

| | |
|---|----------------------------|
| Security or privacy problems (e.g. the device or system was hacked, there were problems with the protection of information about me and my family caused by those devices or systems) | 1 <input type="checkbox"/> |
| Safety or health problems (e.g. the use of the device or system led to an accident, injury or health problem) | 2 <input type="checkbox"/> |
| Difficulties with using the device (e.g. setting up, installing, connecting, pairing the device) | 3 <input type="checkbox"/> |
| Other problems (e.g. connection problems, problems with application support) | 4 <input type="checkbox"/> |
| I did not encounter any of the problems mentioned. | 7 <input type="checkbox"/> |
| Not applicable because I did not use any of these devices or systems. ... | 8 <input type="checkbox"/> |

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

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

Please tick only one answer for each of the devices mentioned.

| The device I replaced/no longer use ... | smart- phone/ mobile | laptop/ tablet | desktop- computer |
|---|-----------------------------|-----------------------------|-----------------------------|
| was sold or given away by me. | 11 <input type="checkbox"/> | 21 <input type="checkbox"/> | 31 <input type="checkbox"/> |
| was disposed of in electronic waste collection/recycling by me or left to the retailer for disposal. | 12 <input type="checkbox"/> | 22 <input type="checkbox"/> | 32 <input type="checkbox"/> |
| was disposed of elsewhere by me. | 13 <input type="checkbox"/> | 23 <input type="checkbox"/> | 33 <input type="checkbox"/> |
| was never bought by me. | 14 <input type="checkbox"/> | 24 <input type="checkbox"/> | 34 <input type="checkbox"/> |
| is still in use by me. | 15 <input type="checkbox"/> | 25 <input type="checkbox"/> | 35 <input type="checkbox"/> |
| is still kept in my household. | 16 <input type="checkbox"/> | 26 <input type="checkbox"/> | 36 <input type="checkbox"/> |
| Other | 17 <input type="checkbox"/> | 27 <input type="checkbox"/> | 37 <input type="checkbox"/> |

voluntary

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

Please mark all relevant boxes.

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

Internet contacts with authorities and public institutions (e-government)

i The questions in this section refer to the use of websites or apps of authorities and public institutions (e.g. administrative/judiciary bodies at national, regional and local level).

Online contacts include, for example the electronic income tax return, applying for official documents (e.g. identity card, birth certificate) or social benefits, registering/changing of residence, contact with schools/universities and public educational establishments (e.g. public libraries/libraries, public health service institutions, services of public hospitals).

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

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

Please mark "Yes" or "No"

| | Yes | No |
|---|----------------------------|----------------------------|
| accessed information that authorities or public institutions have stored about you (e.g. information on pension, BaföG, health data)? ... | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| accessed information from public databases or registers (e.g. information about the availability of books in public libraries, information from cadastral or enterprise registers)? | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| obtained information (e.g. about services, monetary or non-monetary benefits, entitlements, laws, opening times)? | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

voluntary

202 Have you downloaded or printed official forms for private purposes in the last 12 months from websites/apps of authorities or public institutions?

| | |
|-----------|----------------------------|
| Yes | 1 <input type="checkbox"/> |
| No | 8 <input type="checkbox"/> |

203 Did you make an appointment or a reservation for private purposes in the last 12 months, via a website or app of authorities or public institutions (e.g. reservation of a book in a public library, appointment with an authority or health insurance company)?

| | |
|-----------|----------------------------|
| Yes | 1 <input type="checkbox"/> |
| No | 8 <input type="checkbox"/> |

204 Did you receive any official notification or document for private purposes in the last 12 months from authorities or public institutions via your personal account on a website or app (e.g. notification of fines or invoices, tax notices or other official letters, delivery of court summons, court documents)?

i This refers to notifications/documents that you need to access via your personal account online. This does not mean receiving notifications by e-mail or SMS that only inform you that notifications/documents are available in your personal account.

- Yes 1
- No 8

205 Have you submitted your tax declaration for private purposes via a website or app in the past 12 months?

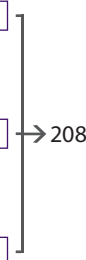
Please mark only one box.

- Yes, I submitted it online myself. 1
- No, I submitted it on paper. 2
- No, someone else submitted it on my behalf (e.g. family member, friend, tax advisor, income tax aid association). 3
- No, for other reasons (e.g. because I was not obliged to submit a tax declaration) 8

206 Which of the following online transactions did you carry out in the last 12 months for private purposes via websites or apps of authorities or public institutions?

Please mark all relevant boxes.

- I requested official documents or certificates online (e.g. marriage/ birth/death certificate, divorce documents, residence permit, police clearance certificate, motor vehicle-related information, certificate of recognition of an educational qualification). 1
- I requested social benefits online or made claims online (e.g. unemployment benefit I/II, parental allowance, child allowance, housing benefit, pension, severance payment). 2
- I made other inquiries online or made claims online or submitted complaints online (e.g. reporting a theft to the police, filing a legal complaint, applying for legal aid, initiating a civil claim procedure). 3
- Does not apply. In the last twelve months, I did not carry out any of the online transactions mentioned. 8



207 What were the reasons for not requesting documents or benefits or making claims from authorities or public institutions via a website or app in the last 12 months?

Please mark all relevant boxes.

I did not have to request any documents/benefits or to make any claims. 1

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

I have concerns about the protection and security of my personal data or I was not willing to pay the fees online (e.g. because of concerns about credit card fraud). 3

Lack of an electronic signature option (e.g. lack of activated electronic identification (eID), De-Mail or any other identification tool that is required to use the online service) 4

Another person submitted the documents or requested the benefits or made the claims on my behalf (e.g. family member, friend, advisor). 5

Other reasons 6

If "Other reasons", please specify in detail.

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

Please mark all relevant boxes.

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

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

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

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

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

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

Other issues 6

If "Other issues", please specify in detail.

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

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Buying via the internet (e-Commerce)

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

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

Please mark only one box.

- Within the last 3 months 1
 - More than 3 months ago, but within the last 12 months 2
 - More than 12 months ago 3
 - I have never ordered or bought goods or services for private use via the internet. 9
- } → 220

Did you buy any of the following goods via the internet or an app for private use in the last 3 months?

i This refers only to physical products (goods), including used goods (e.g. clothing).

This does not include online purchases of digital products (e.g. music streaming), of subscriptions (e.g. magazines, television, internet) and of household services, transport and other travel services.

Please mark "Yes" or "No".

| | Yes | No |
|---|----------------------------|----------------------------|
| Clothing (including sport clothing), shoes or accessories (e.g. bags, jewellery) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Sports goods (excluding sport clothing) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Children's toys or childcare items (e.g. diapers, bottles, pushchairs) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Furniture, home accessories (e.g. carpets, curtains) or gardening products (e.g. tools, plants) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Music as CDs, vinyl records or other physical sound recording media | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Films or series as DVDs, Blu-rays or other physical film material | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Printed books, newspapers, magazines | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Computers, tablets, mobile phones or accessories | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Consumer electronics (e.g. TV sets, stereo systems, cameras, smart speakers or sound bars, virtual assistants), electrical household appliances (e.g. washing machines) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Pharmaceuticals or dietary supplements such as vitamin products (not including online renewal of prescriptions) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Home delivery of food/beverages, e.g. from restaurants, fast-food chains, catering services | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Food (including animal food) or beverages from shops/stores/supermarkets or from meal-kits providers | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Cosmetics, beauty or wellness products | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Cleaning products or personal care products (e.g. toothbrushes, handkerchiefs, detergents, cleaning cloths) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Bicycles, motorcycles/mopeds, cars, or other vehicles (including spare parts) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Other goods (physical products), e.g. tobacco products, e-cigarettes, gift cards | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

If "Other goods", please specify in detail.

211 From which countries did you receive these goods?

Please mark all relevant boxes.

- Not applicable. I did not buy any goods for private use over the internet or via an app. 8 → 213
- From Germany 1
- From other European Union countries 2
- i** Other European Union countries are Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Sweden, Slovakia, Slovenia and Spain 2
- From countries not belonging to the European Union (e.g. Switzerland, USA, United Kingdom, China) 3
- I do not know the seller's country. 7

212 Did you receive any of the goods you bought via the internet or an app for private use in the last 3 months from private individuals (e.g. through eBay Classified Ads, Facebook Marketplace)?

- Yes 1
- No 8

213 Did you buy or subscribe to any of the following digital products via a website or app for private use in the last 3 months?

Please mark "Yes" or "No".

- | | Yes | No |
|---|----------------------------|----------------------------|
| Music from streaming services or as downloads 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Films/series from streaming services or as downloads 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| E-books (including audiobooks), e-newspapers/e-magazines 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Computer/video games online or as downloads for smartphones, tablets, computers or consoles 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Computer or other software as downloads (including upgrades) 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Apps related to health/fitness (excluding free apps) 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Other apps, such as related to learning languages, travelling, weather (excluding free apps) 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |

214 Did you buy, or book online, any of the following products via a website or app for private use in the last 3 months?

Please mark "Yes" or "No".

- | | Yes | No |
|--|----------------------------|----------------------------|
| Tickets to sports events 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Tickets to cultural or other events (e.g. cinema, theatre, concerts, fairs) 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Subscriptions to internet or mobile phone contracts 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Subscriptions to electricity, water or heating supply, waste disposal or similar services 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |

- 215 Did you buy, or book online, any household services (e.g. cleaning, babysitting, repair work, gardening) via a website or app for private use in the last 3 months?**
- i** This includes household services bought from private individuals, e.g. via online marketplaces such as eBay or Facebook.
- Yes 1
- No 8 → 217
- 216 Did you receive any of these household services from a private individual (e.g. via eBay Classified Ads, Facebook Marketplace or other online marketplaces)?**
- Yes 1
- No 8
- 217 Did you buy any transport service via a website or app for private use in the last 3 months?**
- Please mark all relevant boxes.*
- Yes, from a transport enterprise (e.g. local bus/train ticket, airline ticket, taxi ride) 1
- Yes, from a private individual (e.g. via social networks or intermediary platforms such as blablaar.de, fahrgemeinschaft.de, mitfahren.de) 2
- No, I did not buy online any transport service in the last 3 months. 8
- 218 Did you book accommodation via a website or app for private use in the last 3 months?**
- Please mark all relevant boxes.*
- Yes, from an enterprise (e.g. hotel, travel agency) 1
- Yes, from a private individual (e.g. via social networks or intermediary platforms such as airbnb.de, fewo-direkt.de, wimdu.de, couchsurfing.com, 9flats.com) 2
- No, I did not book online any accommodation in the last 3 months. 8
- 219 Did you buy any other services (excluding financial and insurance services) than those mentioned in the previous questions via a website or app for private use in the last 3 months?**
- Yes 1
- If "Yes", please specify in detail.*
-
- No 8

Participation in the survey

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220 Have you yourself answered the questions?

Yes 1 → 222

No, another household member has answered the questions. 2

No, someone not living in the household has answered the questions. 3 → 222

221 Which household member has answered the questions?

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

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

Number of minutes

Use of the internet – Person 3 (16 to 74 years)

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

- “In the last 3 months”,
- “More than 3 months ago, but within the last 12 months” and
- “More than 12 months ago”.

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

Disclaimer:

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

Note 

Please enter your name in the box at the side.

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188 When did you last use the internet?

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

Please mark only one box.

- In the last 3 months 1
- More than 3 months ago, but within the last 12 months 2 → 201
- More than 12 months ago 3 } → 220
- Never 8

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

Please mark only one box.

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

Person 3:

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

Please mark "Yes" or "No".

Communication

Sending or receiving e-mails 1 Yes 8 No

Making phone calls or video calls (phone calls using a webcam) via the internet (using apps, e.g. Skype, Messenger, Facetime, WhatsApp, Viber, Snapchat, Zoom, MS Teams, Webex; not including phone calls via IP-based phone connections) 1 Yes 8 No

Participating in social networks (e.g. creating a user profile, posting messages or other contributions to Facebook Twitter, Instagram, Snapchat or other social networks) 1 Yes 8 No

Using instant messaging (i.e. exchanging messages e.g. via Skype, Messenger, WhatsApp, Viber, Snapchat) 1 Yes 8 No

Searching information

Reading online news sites, newspapers, magazines 1 Yes 8 No

Searching information on goods or services 1 Yes 8 No

Entertainment

Listening to music (via web radio or online streaming services such as Spotify or via download) 1 Yes 8 No

Watching internet streamed TV (live or time-shifted) from TV broadcasters 1 Yes 8 No

Watching videos from commercial providers (e.g. Netflix, Amazon Prime, Maxdome, Apple TV) 1 Yes 8 No

Watching video content from video sharing services (e.g. YouTube) 1 Yes 8 No

Playing or downloading games 1 Yes 8 No

Listening to or downloading podcasts 1 Yes 8 No

Health

Searching health-related information (e.g. injuries, diseases, nutrition, improving health) 1 Yes 8 No

Making an appointment with a doctor via a website or app (e.g. via the website of a hospital or health care centre) 1 Yes 8 No

Accessing personal health records online (in Germany called „ePA“) 1 Yes 8 No

Using other health services via a website or app instead of having to go to the hospital or visit a doctor (e.g. receiving a prescription or an online consultation) 1 Yes 8 No

Civic and political participation

Expressing opinions on political or social issues on websites (e.g. in blogs) or in social networks (e.g. Facebook, Twitter, Instagram, YouTube) 1 Yes 8 No

Taking part in online consultations or voting on political, social or municipal issues (e.g. urban planning or signing a petition) 1 Yes 8 No

Other online services

Selling of goods or services via a website or app (e.g. eBay, Facebook Marketplace, Shpock or other online marketplace platforms) 1 Yes 8 No

Internet banking (including mobile banking) 1 Yes 8 No

voluntary

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

Please mark all relevant boxes.

Doing an online course 1

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

Using online learning material other than a complete online course (e.g. audio-visual material, video instructions, webinars, online learning software, electronic textbooks, learning apps) 2

i This does not refer to downloading learning material.

Communicating with educators or learners using audio or video online tools (e.g. Zoom, Skype, Microsoft Teams, Google Classroom, Classtime) 3

Does not apply. 8 → 193

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192 What was the purpose of these learning activities?

Please mark all relevant boxes.

Formal education 1

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

Vocational/work-related education (company or individual job-related further education) 2

Private further education (e.g. use of online services to improve language skills) 3

193 Did you carry out any of the following financial activities over the internet (via websites or apps) for private purposes in the last 3 months?

i This does not include financial activities transmitted via e-mail or messaging (e.g. SMS, MMS).

Please mark “Yes” or “No”.

| | | | |
|---|---|--------------------------|----------------------------|
| | | Yes | No |
| Buying or extending existing insurance policies (including policies offered as a package together with other services, e.g. travel insurance offered together with an airline ticket) | 1 | <input type="checkbox"/> | 8 <input type="checkbox"/> |

| | | | |
|---|---|--------------------------|----------------------------|
| Taking loans/credits from banks or other financial services providers | 1 | <input type="checkbox"/> | 8 <input type="checkbox"/> |
|---|---|--------------------------|----------------------------|

| | | | |
|---|---|--------------------------|----------------------------|
| Buying or selling shares, bonds, units in funds or other financial assets | 1 | <input type="checkbox"/> | 8 <input type="checkbox"/> |
|---|---|--------------------------|----------------------------|

Internet of Things

i The questions in this section concern the use of intelligent “smart” devices or systems for private purposes (“Internet of Things”). These devices/systems are connected to the internet and can also be connected to each other to enable advanced services, e.g. remotely controlling the device, adjusting settings, giving instructions for tasks to be performed and receiving feedback from the device.

194 Which of the following internet-connected devices/systems did you use in the last 3 months?

Please mark all relevant boxes.

- | | | | |
|---|---|--------------------------|---------|
| Internet-connected thermostat, utility meter, lighting, or other internet-connected solutions for the energy management of your home (including plug-ins/software extensions) | 1 | <input type="checkbox"/> | } → 196 |
| Internet-connected home alarm system, smoke detector, security cameras, door locks or other internet-connected security/safety solutions for your home | 2 | <input type="checkbox"/> | |
| Internet-connected home appliances, such as robot vacuum cleaners, refrigerators, ovens and coffee machines | 3 | <input type="checkbox"/> | |
| Virtual assistant in the form of a smart speaker or an app, e.g. Google Home, Alexa (Amazon Echo), Google Assistant, Siri, Cortana, Bixby | 4 | <input type="checkbox"/> | |
| Not applicable. I have not used any of the devices/systems mentioned. | 8 | <input type="checkbox"/> | |

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

Please mark all relevant boxes.

- | | | | |
|---|----|--------------------------|-------|
| I did not know that such smart devices/systems existed. | 1 | <input type="checkbox"/> | → 196 |
| There is no need. | 2 | <input type="checkbox"/> | |
| The costs would be too high. | 3 | <input type="checkbox"/> | |
| Lack of compatibility with other devices/systems | 4 | <input type="checkbox"/> | |
| Lack of skills to use those devices or systems | 5 | <input type="checkbox"/> | |
| Concerns about privacy and the protection of the personal information generated about me/my home by those devices/systems | 6 | <input type="checkbox"/> | |
| Security concerns related to IT security (e.g. concerns that the device/system could be hacked) | 10 | <input type="checkbox"/> | |
| Safety concerns related to personal protection and health issues (e.g. concerns that the use of the device/system could lead to accidents, injuries or health problems) | 11 | <input type="checkbox"/> | |
| Other reasons | 12 | <input type="checkbox"/> | |

If “Other reasons”, please specify in detail:

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

Please mark "Yes" or "No".

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

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

Please mark all relevant boxes.

| | |
|--|----------------------------|
| Smart watch, fitness bracelet, smart glasses, other internet connected things like headset (headphones), security tracker, accessories, clothes, shoes | 1 <input type="checkbox"/> |
| Internet-connected devices for monitoring blood pressure, blood sugar, body weight (e.g. smart scales) or other internet-connected devices relating to health/medical care | 2 <input type="checkbox"/> |
| Internet-connected toys, such as robot toys (including educational toys) or smart dolls | 3 <input type="checkbox"/> |
| Car or other vehicle with built-in wireless internet connection | 4 <input type="checkbox"/> |
| Not applicable. I did not use any of the devices mentioned. | 8 <input type="checkbox"/> |

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

Please mark all relevant boxes.

| | |
|---|----------------------------|
| Security or privacy problems (e.g. the device or system was hacked, there were problems with the protection of information about me and my family caused by those devices or systems) | 1 <input type="checkbox"/> |
| Safety or health problems (e.g. the use of the device or system led to an accident, injury or health problem) | 2 <input type="checkbox"/> |
| Difficulties with using the device (e.g. setting up, installing, connecting, pairing the device) | 3 <input type="checkbox"/> |
| Other problems (e.g. connection problems, problems with application support) | 4 <input type="checkbox"/> |
| I did not encounter any of the problems mentioned. | 7 <input type="checkbox"/> |
| Not applicable because I did not use any of these devices or systems. ... | 8 <input type="checkbox"/> |

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

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

Please tick only one answer for each of the devices mentioned.

| The device I replaced/no longer use ... | smart- phone/ mobile | laptop/ tablet | desktop- computer |
|---|-----------------------------|-----------------------------|-----------------------------|
| was sold or given away by me. | 11 <input type="checkbox"/> | 21 <input type="checkbox"/> | 31 <input type="checkbox"/> |
| was disposed of in electronic waste collection/recycling by me or left to the retailer for disposal. | 12 <input type="checkbox"/> | 22 <input type="checkbox"/> | 32 <input type="checkbox"/> |
| was disposed of elsewhere by me. | 13 <input type="checkbox"/> | 23 <input type="checkbox"/> | 33 <input type="checkbox"/> |
| was never bought by me. | 14 <input type="checkbox"/> | 24 <input type="checkbox"/> | 34 <input type="checkbox"/> |
| is still in use by me. | 15 <input type="checkbox"/> | 25 <input type="checkbox"/> | 35 <input type="checkbox"/> |
| is still kept in my household. | 16 <input type="checkbox"/> | 26 <input type="checkbox"/> | 36 <input type="checkbox"/> |
| Other | 17 <input type="checkbox"/> | 27 <input type="checkbox"/> | 37 <input type="checkbox"/> |

voluntary

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

Please mark all relevant boxes.

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

Internet contacts with authorities and public institutions (e-government)

i The questions in this section refer to the use of websites or apps of authorities and public institutions (e.g. administrative/judiciary bodies at national, regional and local level).

Online contacts include, for example the electronic income tax return, applying for official documents (e.g. identity card, birth certificate) or social benefits, registering/changing of residence, contact with schools/universities and public educational establishments (e.g. public libraries/libraries, public health service institutions, services of public hospitals).

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

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

Please mark "Yes" or "No"

| | Yes | No |
|---|----------------------------|----------------------------|
| accessed information that authorities or public institutions have stored about you (e.g. information on pension, BaföG, health data)? ... | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| accessed information from public databases or registers (e.g. information about the availability of books in public libraries, information from cadastral or enterprise registers)? | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| obtained information (e.g. about services, monetary or non-monetary benefits, entitlements, laws, opening times)? | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

voluntary

202 Have you downloaded or printed official forms for private purposes in the last 12 months from websites/apps of authorities or public institutions?

| | |
|-----------|----------------------------|
| Yes | 1 <input type="checkbox"/> |
| No | 8 <input type="checkbox"/> |

203 Did you make an appointment or a reservation for private purposes in the last 12 months, via a website or app of authorities or public institutions (e.g. reservation of a book in a public library, appointment with an authority or health insurance company)?

| | |
|-----------|----------------------------|
| Yes | 1 <input type="checkbox"/> |
| No | 8 <input type="checkbox"/> |

204 Did you receive any official notification or document for private purposes in the last 12 months from authorities or public institutions via your personal account on a website or app (e.g. notification of fines or invoices, tax notices or other official letters, delivery of court summons, court documents)?

i This refers to notifications/documents that you need to access via your personal account online. This does not mean receiving notifications by e-mail or SMS that only inform you that notifications/documents are available in your personal account.

- Yes 1
- No 8

205 Have you submitted your tax declaration for private purposes via a website or app in the past 12 months?

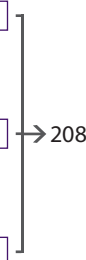
Please mark only one box.

- Yes, I submitted it online myself. 1
- No, I submitted it on paper. 2
- No, someone else submitted it on my behalf (e.g. family member, friend, tax advisor, income tax aid association). 3
- No, for other reasons (e.g. because I was not obliged to submit a tax declaration) 8

206 Which of the following online transactions did you carry out in the last 12 months for private purposes via websites or apps of authorities or public institutions?

Please mark all relevant boxes.

- I requested official documents or certificates online (e.g. marriage/ birth/death certificate, divorce documents, residence permit, police clearance certificate, motor vehicle-related information, certificate of recognition of an educational qualification). 1
- I requested social benefits online or made claims online (e.g. unemployment benefit I/II, parental allowance, child allowance, housing benefit, pension, severance payment). 2
- I made other inquiries online or made claims online or submitted complaints online (e.g. reporting a theft to the police, filing a legal complaint, applying for legal aid, initiating a civil claim procedure). 3
- Does not apply. In the last twelve months, I did not carry out any of the online transactions mentioned. 8



207 What were the reasons for not requesting documents or benefits or making claims from authorities or public institutions via a website or app in the last 12 months?

Please mark all relevant boxes.

I did not have to request any documents/benefits or to make any claims. 1

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

I have concerns about the protection and security of my personal data or I was not willing to pay the fees online (e.g. because of concerns about credit card fraud). 3

Lack of an electronic signature option (e.g. lack of activated electronic identification (eID), De-Mail or any other identification tool that is required to use the online service) 4

Another person submitted the documents or requested the benefits or made the claims on my behalf (e.g. family member, friend, advisor). 5

Other reasons 6

If "Other reasons", please specify in detail.

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

Please mark all relevant boxes.

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

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

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

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

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

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

Other issues 6

If "Other issues", please specify in detail.

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

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Buying via the internet (e-Commerce)

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

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

Please mark only one box.

- voluntary
- | | | | |
|---|---|--------------------------|---------|
| Within the last 3 months | 1 | <input type="checkbox"/> | |
| More than 3 months ago, but within the last 12 months | 2 | <input type="checkbox"/> | } |
| More than 12 months ago | 3 | <input type="checkbox"/> | |
| I have never ordered or bought goods or services for private use via the internet. | 9 | <input type="checkbox"/> | } → 220 |

Did you buy any of the following goods via the internet or an app for private use in the last 3 months?

i This refers only to physical products (goods), including used goods (e.g. clothing).

This does not include online purchases of digital products (e.g. music streaming), of subscriptions (e.g. magazines, television, internet) and of household services, transport and other travel services.

Please mark "Yes" or "No".

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| | Yes | No |
|---|----------------------------|----------------------------|
| Clothing (including sport clothing), shoes or accessories (e.g. bags, jewellery) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Sports goods (excluding sport clothing) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Children's toys or childcare items (e.g. diapers, bottles, pushchairs) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Furniture, home accessories (e.g. carpets, curtains) or gardening products (e.g. tools, plants) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Music as CDs, vinyl records or other physical sound recording media | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Films or series as DVDs, Blu-rays or other physical film material | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Printed books, newspapers, magazines | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Computers, tablets, mobile phones or accessories | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Consumer electronics (e.g. TV sets, stereo systems, cameras, smart speakers or sound bars, virtual assistants), electrical household appliances (e.g. washing machines) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Pharmaceuticals or dietary supplements such as vitamin products (not including online renewal of prescriptions) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Home delivery of food/beverages, e.g. from restaurants, fast-food chains, catering services | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Food (including animal food) or beverages from shops/stores/supermarkets or from meal-kits providers | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Cosmetics, beauty or wellness products | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Cleaning products or personal care products (e.g. toothbrushes, handkerchiefs, detergents, cleaning cloths) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Bicycles, motorcycles/mopeds, cars, or other vehicles (including spare parts) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Other goods (physical products), e.g. tobacco products, e-cigarettes, gift cards | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

If "Other goods", please specify in detail.

211 From which countries did you receive these goods?

Please mark all relevant boxes.

Not applicable. I did not buy any goods for private use over the internet or via an app. 8 → 213

From Germany 1

From other European Union countries

i Other European Union countries are Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Sweden, Slovakia, Slovenia and Spain 2

From countries not belonging to the European Union (e.g. Switzerland, USA, United Kingdom, China) 3

I do not know the seller's country. 7

212 Did you receive any of the goods you bought via the internet or an app for private use in the last 3 months from private individuals (e.g. through eBay Classified Ads, Facebook Marketplace)?

Yes 1

No 8

213 Did you buy or subscribe to any of the following digital products via a website or app for private use in the last 3 months?

Please mark "Yes" or "No".

Music from streaming services or as downloads 1 Yes 8 No

Films/series from streaming services or as downloads 1 8

E-books (including audiobooks), e-newspapers/e-magazines 1 8

Computer/video games online or as downloads for smartphones, tablets, computers or consoles 1 8

Computer or other software as downloads (including upgrades) 1 8

Apps related to health/fitness (excluding free apps) 1 8

Other apps, such as related to learning languages, travelling, weather (excluding free apps) 1 8

214 Did you buy, or book online, any of the following products via a website or app for private use in the last 3 months?

Please mark "Yes" or "No".

Tickets to sports events 1 Yes 8 No

Tickets to cultural or other events (e.g. cinema, theatre, concerts, fairs) 1 8

Subscriptions to internet or mobile phone contracts 1 8

Subscriptions to electricity, water or heating supply, waste disposal or similar services 1 8

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- 215 Did you buy, or book online, any household services (e.g. cleaning, babysitting, repair work, gardening) via a website or app for private use in the last 3 months?**
- i** This includes household services bought from private individuals, e.g. via online marketplaces such as eBay or Facebook.
- Yes 1
- No 8 → 217
- 216 Did you receive any of these household services from a private individual (e.g. via eBay Classified Ads, Facebook Marketplace or other online marketplaces)?**
- Yes 1
- No 8
- 217 Did you buy any transport service via a website or app for private use in the last 3 months?**
- Please mark all relevant boxes.*
- Yes, from a transport enterprise (e.g. local bus/train ticket, airline ticket, taxi ride) 1
- Yes, from a private individual (e.g. via social networks or intermediary platforms such as blablaar.de, fahrgemeinschaft.de, mitfahren.de) 2
- No, I did not buy online any transport service in the last 3 months. 8
- 218 Did you book accommodation via a website or app for private use in the last 3 months?**
- Please mark all relevant boxes.*
- Yes, from an enterprise (e.g. hotel, travel agency) 1
- Yes, from a private individual (e.g. via social networks or intermediary platforms such as airbnb.de, fewo-direkt.de, wimdu.de, couchsurfing.com, 9flats.com) 2
- No, I did not book online any accommodation in the last 3 months. 8
- 219 Did you buy any other services (excluding financial and insurance services) than those mentioned in the previous questions via a website or app for private use in the last 3 months?**
- Yes 1
- If "Yes", please specify in detail.*
-
- No 8

Participation in the survey

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220 Have you yourself answered the questions?

Yes 1 → 222

No, another household member has answered the questions. 2

No, someone not living in the household has answered the questions. 3 → 222

221 Which household member has answered the questions?

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

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

Number of minutes

Use of the internet – Person 4 (16 to 74 years)

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

- “In the last 3 months”,
- “More than 3 months ago, but within the last 12 months” and
- “More than 12 months ago”.

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

Disclaimer:

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

Note 

Please enter your name in the box at the side.

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188 When did you last use the internet?

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

Please mark only one box.

- In the last 3 months 1
- More than 3 months ago, but within the last 12 months 2 → 201
- More than 12 months ago 3 } → 220
- Never 8

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

Please mark only one box.

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

Person 4:

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

Please mark "Yes" or "No".

Communication

Sending or receiving e-mails 1 Yes 8 No

Making phone calls or video calls (phone calls using a webcam) via the internet (using apps, e.g. Skype, Messenger, Facetime, WhatsApp, Viber, Snapchat, Zoom, MS Teams, Webex; not including phone calls via IP-based phone connections) 1 Yes 8 No

Participating in social networks (e.g. creating a user profile, posting messages or other contributions to Facebook Twitter, Instagram, Snapchat or other social networks) 1 Yes 8 No

Using instant messaging (i.e. exchanging messages e.g. via Skype, Messenger, WhatsApp, Viber, Snapchat) 1 Yes 8 No

Searching information

Reading online news sites, newspapers, magazines 1 Yes 8 No

Searching information on goods or services 1 Yes 8 No

Entertainment

Listening to music (via web radio or online streaming services such as Spotify or via download) 1 Yes 8 No

Watching internet streamed TV (live or time-shifted) from TV broadcasters 1 Yes 8 No

Watching videos from commercial providers (e.g. Netflix, Amazon Prime, Maxdome, Apple TV) 1 Yes 8 No

Watching video content from video sharing services (e.g. YouTube) 1 Yes 8 No

Playing or downloading games 1 Yes 8 No

Listening to or downloading podcasts 1 Yes 8 No

Health

Searching health-related information (e.g. injuries, diseases, nutrition, improving health) 1 Yes 8 No

Making an appointment with a doctor via a website or app (e.g. via the website of a hospital or health care centre) 1 Yes 8 No

Accessing personal health records online (in Germany called „ePA“) 1 Yes 8 No

Using other health services via a website or app instead of having to go to the hospital or visit a doctor (e.g. receiving a prescription or an online consultation) 1 Yes 8 No

Civic and political participation

Expressing opinions on political or social issues on websites (e.g. in blogs) or in social networks (e.g. Facebook, Twitter, Instagram, YouTube) 1 Yes 8 No

Taking part in online consultations or voting on political, social or municipal issues (e.g. urban planning or signing a petition) 1 Yes 8 No

Other online services

Selling of goods or services via a website or app (e.g. eBay, Facebook Marketplace, Shpock or other online marketplace platforms) 1 Yes 8 No

Internet banking (including mobile banking) 1 Yes 8 No

voluntary

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

Please mark all relevant boxes.

Doing an online course 1

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

Using online learning material other than a complete online course (e.g. audio-visual material, video instructions, webinars, online learning software, electronic textbooks, learning apps) 2

i This does not refer to downloading learning material.

Communicating with educators or learners using audio or video online tools (e.g. Zoom, Skype, Microsoft Teams, Google Classroom, Classtime) 3

Does not apply. 8 → 193

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192 What was the purpose of these learning activities?

Please mark all relevant boxes.

Formal education 1

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

Vocational/work-related education (company or individual job-related further education) 2

Private further education (e.g. use of online services to improve language skills) 3

193 Did you carry out any of the following financial activities over the internet (via websites or apps) for private purposes in the last 3 months?

i This does not include financial activities transmitted via e-mail or messaging (e.g. SMS, MMS).

Please mark “Yes” or “No”.

| | | | | |
|---|---|------------------------------|---|-----------------------------|
| Buying or extending existing insurance policies (including policies offered as a package together with other services, e.g. travel insurance offered together with an airline ticket) | 1 | Yes <input type="checkbox"/> | 8 | No <input type="checkbox"/> |
|---|---|------------------------------|---|-----------------------------|

| | | | | |
|---|---|--------------------------|---|--------------------------|
| Taking loans/credits from banks or other financial services providers | 1 | <input type="checkbox"/> | 8 | <input type="checkbox"/> |
|---|---|--------------------------|---|--------------------------|

| | | | | |
|---|---|--------------------------|---|--------------------------|
| Buying or selling shares, bonds, units in funds or other financial assets | 1 | <input type="checkbox"/> | 8 | <input type="checkbox"/> |
|---|---|--------------------------|---|--------------------------|

Internet of Things

i The questions in this section concern the use of intelligent “smart” devices or systems for private purposes (“Internet of Things”). These devices/systems are connected to the internet and can also be connected to each other to enable advanced services, e.g. remotely controlling the device, adjusting settings, giving instructions for tasks to be performed and receiving feedback from the device.

194 Which of the following internet-connected devices/systems did you use in the last 3 months?

Please mark all relevant boxes.

- | | | | |
|---|---|--------------------------|---------|
| Internet-connected thermostat, utility meter, lighting, or other internet-connected solutions for the energy management of your home (including plug-ins/software extensions) | 1 | <input type="checkbox"/> | } → 196 |
| Internet-connected home alarm system, smoke detector, security cameras, door locks or other internet-connected security/safety solutions for your home | 2 | <input type="checkbox"/> | |
| Internet-connected home appliances, such as robot vacuum cleaners, refrigerators, ovens and coffee machines | 3 | <input type="checkbox"/> | |
| Virtual assistant in the form of a smart speaker or an app, e.g. Google Home, Alexa (Amazon Echo), Google Assistant, Siri, Cortana, Bixby | 4 | <input type="checkbox"/> | |
| Not applicable. I have not used any of the devices/systems mentioned. | 8 | <input type="checkbox"/> | |

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

Please mark all relevant boxes.

- | | | | |
|---|----|--------------------------|-------|
| I did not know that such smart devices/systems existed. | 1 | <input type="checkbox"/> | → 196 |
| There is no need. | 2 | <input type="checkbox"/> | |
| The costs would be too high. | 3 | <input type="checkbox"/> | |
| Lack of compatibility with other devices/systems | 4 | <input type="checkbox"/> | |
| Lack of skills to use those devices or systems | 5 | <input type="checkbox"/> | |
| Concerns about privacy and the protection of the personal information generated about me/my home by those devices/systems | 6 | <input type="checkbox"/> | |
| Security concerns related to IT security (e.g. concerns that the device/system could be hacked) | 10 | <input type="checkbox"/> | |
| Safety concerns related to personal protection and health issues (e.g. concerns that the use of the device/system could lead to accidents, injuries or health problems) | 11 | <input type="checkbox"/> | |
| Other reasons | 12 | <input type="checkbox"/> | |

If “Other reasons”, please specify in detail:

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

Please mark "Yes" or "No".

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

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

Please mark all relevant boxes.

| | |
|--|----------------------------|
| Smart watch, fitness bracelet, smart glasses, other internet connected things like headset (headphones), security tracker, accessories, clothes, shoes | 1 <input type="checkbox"/> |
| Internet-connected devices for monitoring blood pressure, blood sugar, body weight (e.g. smart scales) or other internet-connected devices relating to health/medical care | 2 <input type="checkbox"/> |
| Internet-connected toys, such as robot toys (including educational toys) or smart dolls | 3 <input type="checkbox"/> |
| Car or other vehicle with built-in wireless internet connection | 4 <input type="checkbox"/> |
| Not applicable. I did not use any of the devices mentioned. | 8 <input type="checkbox"/> |

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

Please mark all relevant boxes.

| | |
|---|----------------------------|
| Security or privacy problems (e.g. the device or system was hacked, there were problems with the protection of information about me and my family caused by those devices or systems) | 1 <input type="checkbox"/> |
| Safety or health problems (e.g. the use of the device or system led to an accident, injury or health problem) | 2 <input type="checkbox"/> |
| Difficulties with using the device (e.g. setting up, installing, connecting, pairing the device) | 3 <input type="checkbox"/> |
| Other problems (e.g. connection problems, problems with application support) | 4 <input type="checkbox"/> |
| I did not encounter any of the problems mentioned. | 7 <input type="checkbox"/> |
| Not applicable because I did not use any of these devices or systems. ... | 8 <input type="checkbox"/> |

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

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

Please tick only one answer for each of the devices mentioned.

| The device I replaced/no longer use ... | smart- phone/ mobile | laptop/ tablet | desktop- computer |
|---|-----------------------------|-----------------------------|-----------------------------|
| was sold or given away by me. | 11 <input type="checkbox"/> | 21 <input type="checkbox"/> | 31 <input type="checkbox"/> |
| was disposed of in electronic waste collection/recycling by me or left to the retailer for disposal. | 12 <input type="checkbox"/> | 22 <input type="checkbox"/> | 32 <input type="checkbox"/> |
| was disposed of elsewhere by me. | 13 <input type="checkbox"/> | 23 <input type="checkbox"/> | 33 <input type="checkbox"/> |
| was never bought by me. | 14 <input type="checkbox"/> | 24 <input type="checkbox"/> | 34 <input type="checkbox"/> |
| is still in use by me. | 15 <input type="checkbox"/> | 25 <input type="checkbox"/> | 35 <input type="checkbox"/> |
| is still kept in my household. | 16 <input type="checkbox"/> | 26 <input type="checkbox"/> | 36 <input type="checkbox"/> |
| Other | 17 <input type="checkbox"/> | 27 <input type="checkbox"/> | 37 <input type="checkbox"/> |

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

Please mark all relevant boxes.

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

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Internet contacts with authorities and public institutions (e-government)

i The questions in this section refer to the use of websites or apps of authorities and public institutions (e.g. administrative/judiciary bodies at national, regional and local level).

Online contacts include, for example the electronic income tax return, applying for official documents (e.g. identity card, birth certificate) or social benefits, registering/changing of residence, contact with schools/universities and public educational establishments (e.g. public libraries/libraries, public health service institutions, services of public hospitals).

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

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

Please mark "Yes" or "No"

| | Yes | No |
|--|----------------------------|----------------------------|
| accessed information that authorities or public institutions have stored about you (e.g. information on pension, BaföG, health data)? ... | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

| | | |
|---|----------------------------|----------------------------|
| accessed information from public databases or registers (e.g. information about the availability of books in public libraries, information from cadastral or enterprise registers)? | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|---|----------------------------|----------------------------|

| | | |
|---|----------------------------|----------------------------|
| obtained information (e.g. about services, monetary or non-monetary benefits, entitlements, laws, opening times)? | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|---|----------------------------|----------------------------|

voluntary

202 Have you downloaded or printed official forms for private purposes in the last 12 months from websites/apps of authorities or public institutions?

| | |
|-----------|----------------------------|
| Yes | 1 <input type="checkbox"/> |
|-----------|----------------------------|

| | |
|----------|----------------------------|
| No | 8 <input type="checkbox"/> |
|----------|----------------------------|

203 Did you make an appointment or a reservation for private purposes in the last 12 months, via a website or app of authorities or public institutions (e.g. reservation of a book in a public library, appointment with an authority or health insurance company)?

| | |
|-----------|----------------------------|
| Yes | 1 <input type="checkbox"/> |
|-----------|----------------------------|

| | |
|----------|----------------------------|
| No | 8 <input type="checkbox"/> |
|----------|----------------------------|

204 Did you receive any official notification or document for private purposes in the last 12 months from authorities or public institutions via your personal account on a website or app (e.g. notification of fines or invoices, tax notices or other official letters, delivery of court summons, court documents)?

i This refers to notifications/documents that you need to access via your personal account online. This does not mean receiving notifications by e-mail or SMS that only inform you that notifications/documents are available in your personal account.

- Yes 1
- No 8

205 Have you submitted your tax declaration for private purposes via a website or app in the past 12 months?

Please mark only one box.

- Yes, I submitted it online myself. 1
- No, I submitted it on paper. 2
- No, someone else submitted it on my behalf (e.g. family member, friend, tax advisor, income tax aid association). 3
- No, for other reasons (e.g. because I was not obliged to submit a tax declaration) 8

206 Which of the following online transactions did you carry out in the last 12 months for private purposes via websites or apps of authorities or public institutions?

Please mark all relevant boxes.

- I requested official documents or certificates online (e.g. marriage/ birth/death certificate, divorce documents, residence permit, police clearance certificate, motor vehicle-related information, certificate of recognition of an educational qualification). 1
- I requested social benefits online or made claims online (e.g. unemployment benefit I/II, parental allowance, child allowance, housing benefit, pension, severance payment). 2
- I made other inquiries online or made claims online or submitted complaints online (e.g. reporting a theft to the police, filing a legal complaint, applying for legal aid, initiating a civil claim procedure). 3
- Does not apply. In the last twelve months, I did not carry out any of the online transactions mentioned. 8



207 What were the reasons for not requesting documents or benefits or making claims from authorities or public institutions via a website or app in the last 12 months?

Please mark all relevant boxes.

I did not have to request any documents/benefits or to make any claims. 1

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

I have concerns about the protection and security of my personal data or I was not willing to pay the fees online (e.g. because of concerns about credit card fraud). 3

Lack of an electronic signature option (e.g. lack of activated electronic identification (eID), De-Mail or any other identification tool that is required to use the online service) 4

Another person submitted the documents or requested the benefits or made the claims on my behalf (e.g. family member, friend, advisor). 5

Other reasons 6

If "Other reasons", please specify in detail.

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

Please mark all relevant boxes.

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

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

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

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

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

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

Other issues 6

If "Other issues", please specify in detail.

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

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Buying via the internet (e-Commerce)

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

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

Please mark only one box.

- voluntary
- | | | | |
|---|---|--------------------------|---------|
| Within the last 3 months | 1 | <input type="checkbox"/> | |
| More than 3 months ago, but within the last 12 months | 2 | <input type="checkbox"/> | } |
| More than 12 months ago | 3 | <input type="checkbox"/> | |
| I have never ordered or bought goods or services for private use via the internet. | 9 | <input type="checkbox"/> | } → 220 |

Did you buy any of the following goods via the internet or an app for private use in the last 3 months?

i This refers only to physical products (goods), including used goods (e.g. clothing).

This does not include online purchases of digital products (e.g. music streaming), of subscriptions (e.g. magazines, television, internet) and of household services, transport and other travel services.

Please mark "Yes" or "No".

| | Yes | No |
|---|----------------------------|----------------------------|
| Clothing (including sport clothing), shoes or accessories (e.g. bags, jewellery) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Sports goods (excluding sport clothing) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Children's toys or childcare items (e.g. diapers, bottles, pushchairs) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Furniture, home accessories (e.g. carpets, curtains) or gardening products (e.g. tools, plants) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Music as CDs, vinyl records or other physical sound recording media | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Films or series as DVDs, Blu-rays or other physical film material | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Printed books, newspapers, magazines | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Computers, tablets, mobile phones or accessories | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Consumer electronics (e.g. TV sets, stereo systems, cameras, smart speakers or sound bars, virtual assistants), electrical household appliances (e.g. washing machines) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Pharmaceuticals or dietary supplements such as vitamin products (not including online renewal of prescriptions) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Home delivery of food/beverages, e.g. from restaurants, fast-food chains, catering services | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Food (including animal food) or beverages from shops/stores/supermarkets or from meal-kits providers | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Cosmetics, beauty or wellness products | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Cleaning products or personal care products (e.g. toothbrushes, handkerchiefs, detergents, cleaning cloths) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Bicycles, motorcycles/mopeds, cars, or other vehicles (including spare parts) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Other goods (physical products), e.g. tobacco products, e-cigarettes, gift cards | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

If "Other goods", please specify in detail.

211 From which countries did you receive these goods?

Please mark all relevant boxes.

Not applicable. I did not buy any goods for private use over the internet or via an app. 8 → 213

From Germany 1

From other European Union countries

i Other European Union countries are Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Sweden, Slovakia, Slovenia and Spain 2

From countries not belonging to the European Union (e.g. Switzerland, USA, United Kingdom, China) 3

I do not know the seller's country. 7

212 Did you receive any of the goods you bought via the internet or an app for private use in the last 3 months from private individuals (e.g. through eBay Classified Ads, Facebook Marketplace)?

Yes 1

No 8

213 Did you buy or subscribe to any of the following digital products via a website or app for private use in the last 3 months?

Please mark "Yes" or "No".

| | | |
|--|----------------------------|----------------------------|
| | Yes | No |
| Music from streaming services or as downloads 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |

| | | |
|---|----------------------------|----------------------------|
| Films/series from streaming services or as downloads 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|---|----------------------------|----------------------------|

| | | |
|---|----------------------------|----------------------------|
| E-books (including audiobooks), e-newspapers/e-magazines 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|---|----------------------------|----------------------------|

| | | |
|--|----------------------------|----------------------------|
| Computer/video games online or as downloads for smartphones, tablets, computers or consoles 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--|----------------------------|----------------------------|

| | | |
|---|----------------------------|----------------------------|
| Computer or other software as downloads (including upgrades) 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|---|----------------------------|----------------------------|

| | | |
|---|----------------------------|----------------------------|
| Apps related to health/fitness (excluding free apps) 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|---|----------------------------|----------------------------|

| | | |
|---|----------------------------|----------------------------|
| Other apps, such as related to learning languages, travelling, weather (excluding free apps) 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|---|----------------------------|----------------------------|

214 Did you buy, or book online, any of the following products via a website or app for private use in the last 3 months?

Please mark "Yes" or "No".

| | | |
|---|----------------------------|----------------------------|
| | Yes | No |
| Tickets to sports events 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |

| | | |
|--|----------------------------|----------------------------|
| Tickets to cultural or other events (e.g. cinema, theatre, concerts, fairs) 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--|----------------------------|----------------------------|

| | | |
|--|----------------------------|----------------------------|
| Subscriptions to internet or mobile phone contracts 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--|----------------------------|----------------------------|

| | | |
|--|----------------------------|----------------------------|
| Subscriptions to electricity, water or heating supply, waste disposal or similar services 1 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--|----------------------------|----------------------------|

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- 215 Did you buy, or book online, any household services (e.g. cleaning, babysitting, repair work, gardening) via a website or app for private use in the last 3 months?**
- i** This includes household services bought from private individuals, e.g. via online marketplaces such as eBay or Facebook.
- Yes 1
- No 8 → 217
- 216 Did you receive any of these household services from a private individual (e.g. via eBay Classified Ads, Facebook Marketplace or other online marketplaces)?**
- Yes 1
- No 8
- 217 Did you buy any transport service via a website or app for private use in the last 3 months?**
- Please mark all relevant boxes.*
- Yes, from a transport enterprise (e.g. local bus/train ticket, airline ticket, taxi ride) 1
- Yes, from a private individual (e.g. via social networks or intermediary platforms such as blablaar.de, fahrgemeinschaft.de, mitfahren.de) 2
- No, I did not buy online any transport service in the last 3 months. 8
- 218 Did you book accommodation via a website or app for private use in the last 3 months?**
- Please mark all relevant boxes.*
- Yes, from an enterprise (e.g. hotel, travel agency) 1
- Yes, from a private individual (e.g. via social networks or intermediary platforms such as airbnb.de, fewo-direkt.de, wimdu.de, couchsurfing.com, 9flats.com) 2
- No, I did not book online any accommodation in the last 3 months. 8
- 219 Did you buy any other services (excluding financial and insurance services) than those mentioned in the previous questions via a website or app for private use in the last 3 months?**
- Yes 1
- If "Yes", please specify in detail.*
-
- No 8

Participation in the survey

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220 Have you yourself answered the questions?

Yes 1 → 222

No, another household member has answered the questions. 2

No, someone not living in the household has answered the questions. 3 → 222

221 Which household member has answered the questions?

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

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

Number of minutes

Use of the internet – Person 5 (16 to 74 years)

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

- “In the last 3 months”,
- “More than 3 months ago, but within the last 12 months” and
- “More than 12 months ago”.

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

Disclaimer:

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

Note 

Please enter your name in the box at the side.

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188 When did you last use the internet?

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

Please mark only one box.

- | | | | |
|---|---|--------------------------|---------|
| In the last 3 months | 1 | <input type="checkbox"/> | |
| More than 3 months ago, but within the last 12 months | 2 | <input type="checkbox"/> | → 201 |
| More than 12 months ago | 3 | <input type="checkbox"/> | } → 220 |
| Never | 8 | <input type="checkbox"/> | |

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

Please mark only one box.

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

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

Please mark "Yes" or "No".

Communication

Sending or receiving e-mails 1 Yes 8 No

Making phone calls or video calls (phone calls using a webcam) via the internet (using apps, e.g. Skype, Messenger, Facetime, WhatsApp, Viber, Snapchat, Zoom, MS Teams, Webex; not including phone calls via IP-based phone connections) 1 Yes 8 No

Participating in social networks (e.g. creating a user profile, posting messages or other contributions to Facebook Twitter, Instagram, Snapchat or other social networks) 1 Yes 8 No

Using instant messaging (i.e. exchanging messages e.g. via Skype, Messenger, WhatsApp, Viber, Snapchat) 1 Yes 8 No

Searching information

Reading online news sites, newspapers, magazines 1 Yes 8 No

Searching information on goods or services 1 Yes 8 No

Entertainment

Listening to music (via web radio or online streaming services such as Spotify or via download) 1 Yes 8 No

Watching internet streamed TV (live or time-shifted) from TV broadcasters 1 Yes 8 No

Watching videos from commercial providers (e.g. Netflix, Amazon Prime, Maxdome, Apple TV) 1 Yes 8 No

Watching video content from video sharing services (e.g. YouTube) 1 Yes 8 No

Playing or downloading games 1 Yes 8 No

Listening to or downloading podcasts 1 Yes 8 No

Health

Searching health-related information (e.g. injuries, diseases, nutrition, improving health) 1 Yes 8 No

Making an appointment with a doctor via a website or app (e.g. via the website of a hospital or health care centre) 1 Yes 8 No

Accessing personal health records online (in Germany called „ePA“) 1 Yes 8 No

Using other health services via a website or app instead of having to go to the hospital or visit a doctor (e.g. receiving a prescription or an online consultation) 1 Yes 8 No

Civic and political participation

Expressing opinions on political or social issues on websites (e.g. in blogs) or in social networks (e.g. Facebook, Twitter, Instagram, YouTube) 1 Yes 8 No

Taking part in online consultations or voting on political, social or municipal issues (e.g. urban planning or signing a petition) 1 Yes 8 No

Other online services

Selling of goods or services via a website or app (e.g. eBay, Facebook Marketplace, Shpock or other online marketplace platforms) 1 Yes 8 No

Internet banking (including mobile banking) 1 Yes 8 No

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

Please mark all relevant boxes.

Doing an online course 1

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

Using online learning material other than a complete online course (e.g. audio-visual material, video instructions, webinars, online learning software, electronic textbooks, learning apps) 2

i This does not refer to downloading learning material.

Communicating with educators or learners using audio or video online tools (e.g. Zoom, Skype, Microsoft Teams, Google Classroom, Classtime) 3

Does not apply. 8 → 193

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192 What was the purpose of these learning activities?

Please mark all relevant boxes.

Formal education 1

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

Vocational/work-related education (company or individual job-related further education) 2

Private further education (e.g. use of online services to improve language skills) 3

193 Did you carry out any of the following financial activities over the internet (via websites or apps) for private purposes in the last 3 months?

i This does not include financial activities transmitted via e-mail or messaging (e.g. SMS, MMS).

Please mark “Yes” or “No”.

| | | | | |
|---|---|------------------------------|---|-----------------------------|
| Buying or extending existing insurance policies (including policies offered as a package together with other services, e.g. travel insurance offered together with an airline ticket) | 1 | Yes <input type="checkbox"/> | 8 | No <input type="checkbox"/> |
|---|---|------------------------------|---|-----------------------------|

| | | | | |
|---|---|--------------------------|---|--------------------------|
| Taking loans/credits from banks or other financial services providers | 1 | <input type="checkbox"/> | 8 | <input type="checkbox"/> |
|---|---|--------------------------|---|--------------------------|

| | | | | |
|---|---|--------------------------|---|--------------------------|
| Buying or selling shares, bonds, units in funds or other financial assets | 1 | <input type="checkbox"/> | 8 | <input type="checkbox"/> |
|---|---|--------------------------|---|--------------------------|

Internet of Things

i The questions in this section concern the use of intelligent “smart” devices or systems for private purposes (“Internet of Things”). These devices/systems are connected to the internet and can also be connected to each other to enable advanced services, e.g. remotely controlling the device, adjusting settings, giving instructions for tasks to be performed and receiving feedback from the device.

194 Which of the following internet-connected devices/systems did you use in the last 3 months?

Please mark all relevant boxes.

- | | | | |
|---|---|--------------------------|---------|
| Internet-connected thermostat, utility meter, lighting, or other internet-connected solutions for the energy management of your home (including plug-ins/software extensions) | 1 | <input type="checkbox"/> | } → 196 |
| Internet-connected home alarm system, smoke detector, security cameras, door locks or other internet-connected security/safety solutions for your home | 2 | <input type="checkbox"/> | |
| Internet-connected home appliances, such as robot vacuum cleaners, refrigerators, ovens and coffee machines | 3 | <input type="checkbox"/> | |
| Virtual assistant in the form of a smart speaker or an app, e.g. Google Home, Alexa (Amazon Echo), Google Assistant, Siri, Cortana, Bixby | 4 | <input type="checkbox"/> | |
| Not applicable. I have not used any of the devices/systems mentioned. | 8 | <input type="checkbox"/> | |

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

Please mark all relevant boxes.

- | | | | |
|---|----|--------------------------|-------|
| I did not know that such smart devices/systems existed. | 1 | <input type="checkbox"/> | → 196 |
| There is no need. | 2 | <input type="checkbox"/> | |
| The costs would be too high. | 3 | <input type="checkbox"/> | |
| Lack of compatibility with other devices/systems | 4 | <input type="checkbox"/> | |
| Lack of skills to use those devices or systems | 5 | <input type="checkbox"/> | |
| Concerns about privacy and the protection of the personal information generated about me/my home by those devices/systems | 6 | <input type="checkbox"/> | |
| Security concerns related to IT security (e.g. concerns that the device/system could be hacked) | 10 | <input type="checkbox"/> | |
| Safety concerns related to personal protection and health issues (e.g. concerns that the use of the device/system could lead to accidents, injuries or health problems) | 11 | <input type="checkbox"/> | |
| Other reasons | 12 | <input type="checkbox"/> | |

If “Other reasons”, please specify in detail:

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

Please mark "Yes" or "No".

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

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

Please mark all relevant boxes.

| | |
|--|----------------------------|
| Smart watch, fitness bracelet, smart glasses, other internet connected things like headset (headphones), security tracker, accessories, clothes, shoes | 1 <input type="checkbox"/> |
| Internet-connected devices for monitoring blood pressure, blood sugar, body weight (e.g. smart scales) or other internet-connected devices relating to health/medical care | 2 <input type="checkbox"/> |
| Internet-connected toys, such as robot toys (including educational toys) or smart dolls | 3 <input type="checkbox"/> |
| Car or other vehicle with built-in wireless internet connection | 4 <input type="checkbox"/> |
| Not applicable. I did not use any of the devices mentioned. | 8 <input type="checkbox"/> |

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

Please mark all relevant boxes.

| | |
|---|----------------------------|
| Security or privacy problems (e.g. the device or system was hacked, there were problems with the protection of information about me and my family caused by those devices or systems) | 1 <input type="checkbox"/> |
| Safety or health problems (e.g. the use of the device or system led to an accident, injury or health problem) | 2 <input type="checkbox"/> |
| Difficulties with using the device (e.g. setting up, installing, connecting, pairing the device) | 3 <input type="checkbox"/> |
| Other problems (e.g. connection problems, problems with application support) | 4 <input type="checkbox"/> |
| I did not encounter any of the problems mentioned. | 7 <input type="checkbox"/> |
| Not applicable because I did not use any of these devices or systems. ... | 8 <input type="checkbox"/> |

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

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

Please tick only one answer for each of the devices mentioned.

| The device I replaced/no longer use ... | smart- phone/ mobile | laptop/ tablet | desktop- computer |
|---|-----------------------------|-----------------------------|-----------------------------|
| was sold or given away by me. | 11 <input type="checkbox"/> | 21 <input type="checkbox"/> | 31 <input type="checkbox"/> |
| was disposed of in electronic waste collection/recycling by me or left to the retailer for disposal. | 12 <input type="checkbox"/> | 22 <input type="checkbox"/> | 32 <input type="checkbox"/> |
| was disposed of elsewhere by me. | 13 <input type="checkbox"/> | 23 <input type="checkbox"/> | 33 <input type="checkbox"/> |
| was never bought by me. | 14 <input type="checkbox"/> | 24 <input type="checkbox"/> | 34 <input type="checkbox"/> |
| is still in use by me. | 15 <input type="checkbox"/> | 25 <input type="checkbox"/> | 35 <input type="checkbox"/> |
| is still kept in my household. | 16 <input type="checkbox"/> | 26 <input type="checkbox"/> | 36 <input type="checkbox"/> |
| Other | 17 <input type="checkbox"/> | 27 <input type="checkbox"/> | 37 <input type="checkbox"/> |

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

Please mark all relevant boxes.

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

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Internet contacts with authorities and public institutions (e-government)

i The questions in this section refer to the use of websites or apps of authorities and public institutions (e.g. administrative/judiciary bodies at national, regional and local level).

Online contacts include, for example the electronic income tax return, applying for official documents (e.g. identity card, birth certificate) or social benefits, registering/changing of residence, contact with schools/universities and public educational establishments (e.g. public libraries/libraries, public health service institutions, services of public hospitals).

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

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

Please mark "Yes" or "No"

| | Yes | No |
|---|----------------------------|----------------------------|
| accessed information that authorities or public institutions have stored about you (e.g. information on pension, BaföG, health data)? ... | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| accessed information from public databases or registers (e.g. information about the availability of books in public libraries, information from cadastral or enterprise registers)? | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| obtained information (e.g. about services, monetary or non-monetary benefits, entitlements, laws, opening times)? | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

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202 Have you downloaded or printed official forms for private purposes in the last 12 months from websites/apps of authorities or public institutions?

| | |
|-----------|----------------------------|
| Yes | 1 <input type="checkbox"/> |
| No | 8 <input type="checkbox"/> |

203 Did you make an appointment or a reservation for private purposes in the last 12 months, via a website or app of authorities or public institutions (e.g. reservation of a book in a public library, appointment with an authority or health insurance company)?

| | |
|-----------|----------------------------|
| Yes | 1 <input type="checkbox"/> |
| No | 8 <input type="checkbox"/> |

204 Did you receive any official notification or document for private purposes in the last 12 months from authorities or public institutions via your personal account on a website or app (e.g. notification of fines or invoices, tax notices or other official letters, delivery of court summons, court documents)?

i This refers to notifications/documents that you need to access via your personal account online. This does not mean receiving notifications by e-mail or SMS that only inform you that notifications/documents are available in your personal account.

- Yes 1
- No 8

205 Have you submitted your tax declaration for private purposes via a website or app in the past 12 months?

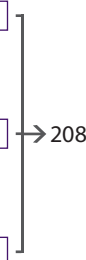
Please mark only one box.

- Yes, I submitted it online myself. 1
- No, I submitted it on paper. 2
- No, someone else submitted it on my behalf (e.g. family member, friend, tax advisor, income tax aid association). 3
- No, for other reasons (e.g. because I was not obliged to submit a tax declaration) 8

206 Which of the following online transactions did you carry out in the last 12 months for private purposes via websites or apps of authorities or public institutions?

Please mark all relevant boxes.

- I requested official documents or certificates online (e.g. marriage/ birth/death certificate, divorce documents, residence permit, police clearance certificate, motor vehicle-related information, certificate of recognition of an educational qualification). 1
- I requested social benefits online or made claims online (e.g. unemployment benefit I/II, parental allowance, child allowance, housing benefit, pension, severance payment). 2
- I made other inquiries online or made claims online or submitted complaints online (e.g. reporting a theft to the police, filing a legal complaint, applying for legal aid, initiating a civil claim procedure). 3
- Does not apply. In the last twelve months, I did not carry out any of the online transactions mentioned. 8



207 What were the reasons for not requesting documents or benefits or making claims from authorities or public institutions via a website or app in the last 12 months?

Please mark all relevant boxes.

I did not have to request any documents/benefits or to make any claims. 1

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

I have concerns about the protection and security of my personal data or I was not willing to pay the fees online (e.g. because of concerns about credit card fraud). 3

Lack of an electronic signature option (e.g. lack of activated electronic identification (eID), De-Mail or any other identification tool that is required to use the online service) 4

Another person submitted the documents or requested the benefits or made the claims on my behalf (e.g. family member, friend, advisor). 5

Other reasons 6

If "Other reasons", please specify in detail.

voluntary

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

Please mark all relevant boxes.

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

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

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

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

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

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

Other issues 6

If "Other issues", please specify in detail.

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

Buying via the internet (e-Commerce)

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

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

Please mark only one box.

- voluntary
- | | | | |
|---|---|--------------------------|---------|
| Within the last 3 months | 1 | <input type="checkbox"/> | |
| More than 3 months ago, but within the last 12 months | 2 | <input type="checkbox"/> | } |
| More than 12 months ago | 3 | <input type="checkbox"/> | |
| I have never ordered or bought goods or services for private use via the internet. | 9 | <input type="checkbox"/> | } → 220 |

Did you buy any of the following goods via the internet or an app for private use in the last 3 months?

i This refers only to physical products (goods), including used goods (e.g. clothing).

This does not include online purchases of digital products (e.g. music streaming), of subscriptions (e.g. magazines, television, internet) and of household services, transport and other travel services.

Please mark "Yes" or "No".

| | Yes | No |
|---|----------------------------|----------------------------|
| Clothing (including sport clothing), shoes or accessories (e.g. bags, jewellery) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Sports goods (excluding sport clothing) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Children's toys or childcare items (e.g. diapers, bottles, pushchairs) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Furniture, home accessories (e.g. carpets, curtains) or gardening products (e.g. tools, plants) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Music as CDs, vinyl records or other physical sound recording media | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Films or series as DVDs, Blu-rays or other physical film material | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Printed books, newspapers, magazines | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Computers, tablets, mobile phones or accessories | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Consumer electronics (e.g. TV sets, stereo systems, cameras, smart speakers or sound bars, virtual assistants), electrical household appliances (e.g. washing machines) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Pharmaceuticals or dietary supplements such as vitamin products (not including online renewal of prescriptions) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Home delivery of food/beverages, e.g. from restaurants, fast-food chains, catering services | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Food (including animal food) or beverages from shops/stores/supermarkets or from meal-kits providers | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Cosmetics, beauty or wellness products | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Cleaning products or personal care products (e.g. toothbrushes, handkerchiefs, detergents, cleaning cloths) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Bicycles, motorcycles/mopeds, cars, or other vehicles (including spare parts) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Other goods (physical products), e.g. tobacco products, e-cigarettes, gift cards | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

If "Other goods", please specify in detail.

211 From which countries did you receive these goods?

Please mark all relevant boxes.

Not applicable. I did not buy any goods for private use over the internet or via an app. 8 → 213

From Germany 1

From other European Union countries

i Other European Union countries are Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Sweden, Slovakia, Slovenia and Spain 2

From countries not belonging to the European Union (e.g. Switzerland, USA, United Kingdom, China) 3

I do not know the seller's country. 7

212 Did you receive any of the goods you bought via the internet or an app for private use in the last 3 months from private individuals (e.g. through eBay Classified Ads, Facebook Marketplace)?

Yes 1

No 8

213 Did you buy or subscribe to any of the following digital products via a website or app for private use in the last 3 months?

Please mark "Yes" or "No".

| | | |
|---|----------------------------|----------------------------|
| | Yes | No |
| Music from streaming services or as downloads | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

| | | |
|--|----------------------------|----------------------------|
| Films/series from streaming services or as downloads | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--|----------------------------|----------------------------|

| | | |
|--|----------------------------|----------------------------|
| E-books (including audiobooks), e-newspapers/e-magazines | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--|----------------------------|----------------------------|

| | | |
|---|----------------------------|----------------------------|
| Computer/video games online or as downloads for smartphones, tablets, computers or consoles | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|---|----------------------------|----------------------------|

| | | |
|--|----------------------------|----------------------------|
| Computer or other software as downloads (including upgrades) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--|----------------------------|----------------------------|

| | | |
|--|----------------------------|----------------------------|
| Apps related to health/fitness (excluding free apps) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--|----------------------------|----------------------------|

| | | |
|--|----------------------------|----------------------------|
| Other apps, such as related to learning languages, travelling, weather (excluding free apps) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|--|----------------------------|----------------------------|

214 Did you buy, or book online, any of the following products via a website or app for private use in the last 3 months?

Please mark "Yes" or "No".

| | | |
|--------------------------------|----------------------------|----------------------------|
| | Yes | No |
| Tickets to sports events | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |

| | | |
|---|----------------------------|----------------------------|
| Tickets to cultural or other events (e.g. cinema, theatre, concerts, fairs) | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|---|----------------------------|----------------------------|

| | | |
|---|----------------------------|----------------------------|
| Subscriptions to internet or mobile phone contracts | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|---|----------------------------|----------------------------|

| | | |
|---|----------------------------|----------------------------|
| Subscriptions to electricity, water or heating supply, waste disposal or similar services | 1 <input type="checkbox"/> | 8 <input type="checkbox"/> |
|---|----------------------------|----------------------------|

voluntary

215 Did you buy, or book online, any household services (e.g. cleaning, babysitting, repair work, gardening) via a website or app for private use in the last 3 months?

i This includes household services bought from private individuals, e.g. via online marketplaces such as eBay or Facebook.

Yes 1

No 8 → 217

216 Did you receive any of these household services from a private individual (e.g. via eBay Classified Ads, Facebook Marketplace or other online marketplaces)?

Yes 1

No 8

217 Did you buy any transport service via a website or app for private use in the last 3 months?

Please mark all relevant boxes.

Yes, from a transport enterprise (e.g. local bus/train ticket, airline ticket, taxi ride) 1

Yes, from a private individual (e.g. via social networks or intermediary platforms such as blablaar.de, fahrgemeinschaft.de, mitfahren.de) 2

No, I did not buy online any transport service in the last 3 months. 8

218 Did you book accommodation via a website or app for private use in the last 3 months?

Please mark all relevant boxes.

Yes, from an enterprise (e.g. hotel, travel agency) 1

Yes, from a private individual (e.g. via social networks or intermediary platforms such as airbnb.de, fewo-direkt.de, wimdu.de, couchsurfing.com, 9flats.com) 2

No, I did not book online any accommodation in the last 3 months. 8

219 Did you buy any other services (excluding financial and insurance services) than those mentioned in the previous questions via a website or app for private use in the last 3 months?

Yes 1

If "Yes", please specify in detail.

No 8

Participation in the survey

voluntary

220 Have you yourself answered the questions?

Yes 1 → 222

No, another household member has answered the questions. 2

No, someone not living in the household has answered the questions. 3 → 222

221 Which household member has answered the questions?

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

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

Number of minutes

1 Type of residential building

Single-family house:

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

– Detached

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

– Semi-detached

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

– Terraced

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

Multi-family house:

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

– Detached

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

– Terraced

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

2 Dwelling

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

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

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

3 Living floor space

The total living floor space of the dwelling is the cumulative floor space of all rooms in the dwelling. Rooms outside the self-contained dwelling (e.g. mansards) and cellar and attic rooms converted for residential use also form part of the dwelling. The living floor space of a rented dwelling is usually stated in the tenancy agreement. If you calculate the living floor space yourself please include the individual areas as follows:

- the full living floor space of rooms with a clear height of at least 2 metres;
- half the living floor space of rooms or of floor areas under a sloping ceiling in rooms with a clear height of at least 1 metre but less than 2 metres;
- a quarter of the floor space of balconies, loggias, roof gardens.

4 Heating of bedrooms, dining and living rooms

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

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

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

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

5 Main tenant with subtenant

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

6 Payment of rent for Hartz IV recipients

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

7 Today's territory

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

Explanatory notes on the questionnaire

8 Citizenship

German by birth

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

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

Ethnic German repatriates with and without naturalisation

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

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

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

9 Partial retirement

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

10 Caregiver Leave Act/Family Caregiver Leave Act

Employees have the right to be temporarily released from work to look after close relatives at home. They may choose between two different release options: Under the Caregiver Leave Act, employees may be released from work on a full-time or part-time basis for a maximum of six months to look after a close relative in need of care.

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

11 Categorisation of job

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

Public officials include officials employed by the Protestant Church and the Roman Catholic Church. "Insurance officers" and "bank officers" should classify themselves as salary earners.

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

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

12 Marginal employment

In the case of marginal employment, that is, a 450-euro job (also referred to as mini-job; with a pay of up to 450 euros per month on a yearly average basis), the employer pays flat-rate contributions to pension and health insurance and a lump-sum tax rate.

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

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

13 Establishment (location)

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

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

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

14 Stand-by duty

The whole period of stand-by duty is to be included in the weekly working hours. Stand-by duty means that an employee has to be on stand-by at a place specified by the employer to perform work if necessary.

This is to be distinguished from on-call duty. On-call duty means that the employee is free to decide where to stay. The employee is required to start work within reasonable time if the need arises. In this case, only the actual hours worked and the travelling time count as working time.

15 Main sources of livelihood

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

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

16 Net income

Please also include:

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

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

17 Statutory pension insurance

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

You also have statutory pension insurance if you

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

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

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

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

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

Purpose, type and scope of the survey

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

The purpose of the microcensus is to provide statistical data, with a detailed subject-related breakdown, on the population structure, the economic and social situation of the population, of families and households, on the labour market, the occupational structure and education of the labour force, and on the housing circumstances. It also serves to meet European obligations. Every year, up to one percent of the population may be surveyed. In every sampling district, the survey is conducted not more than four times within five consecutive calendar years. Data for the additional survey component concerning information and communication technologies will be collected from a maximum of 3.5 percent of the microcensus respondents.

Legal basis, obligation to provide information

The legal basis is provided by the Microcensus Act (MZG), Regulation (EU) No 2019/1700, Implementing Regulations (EU) No 2019/2180, (EU) No 2019/2181 and (EU) No 2021/1223, Delegated Regulations (EU) No 2020/256 and (EU) No 2020/2175³ and Implementing Decision (EU) No 2020/2050 in conjunction with the Federal Statistics Act (BStatG). Data are collected in accordance with Section 6 (1) nos. 1 to 4, no. 5 letters a and b, nos. 6 to 10, Section 6 (2) and Section 9 of the Microcensus Act. The obligation to provide information is laid down in Section 13 of the Microcensus Act in conjunction with Section 15 of the Federal Statistics Act.

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

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

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

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

mentioned above.

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

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

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

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

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

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

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

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

Controller

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

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

Confidentiality

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

Individual data may in particular be transmitted to:

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

1 The up-to-date wording of the relevant national legal provisions can be found at <https://www.gesetze-im-internet.de/> (search terms "Bundesstatistikgesetz" (BStatG) or "Mikrozensusgesetz" (MZG)).

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

3 The additionally relevant Commission Delegated Regulation (EU) supplementing Regulation (EU) 2019/1700 of the European Parliament and of the Council by specifying the number and titles of the variables for the use of information and communication technologies statistics domain for reference year 2022 had not been published yet in the Official Journal of the European Union at the time of print.

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

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

Article 11 of Regulation (EU) No 2019/1700 provides for transmission of collected individual data to the Commission (Eurostat). Pursuant to Article 15 of Regulation (EU) No 2019/1700, Eurostat may - within its own access facilities or within other access facilities accredited by Eurostat and in accordance with the conditions stipulated in Article 7 of Regulation (EU) No 557/2013 - provide access to individual data not including name and address for scientific purposes and pass on sets of individual data from the data sets regarding the domains specified in Article 3 of Regulation (EU) No 2019/1700 provided that those sets of individual data have been modified so as to reduce the risk of identifying the statistical unit to an appropriate level

Persons receiving individual data are also obliged to maintain confidentiality

Auxiliary variables, reference numbers, separation and deletion

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

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

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

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

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

Rights and duties of the interviewers, ways of providing information

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

The interviewers should help the respondents to answer the questions. The answers to the questions in the questionnaires may be provided orally to the interviewers or by electronic means or in writing

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

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

Respondents whose personal data are processed have the right to request

- access and information as per Article 15 of the General Data Protection Regulation,
 - rectification as per Article 16 of the General Data Protection Regulation,
 - erasure as per Article 17 of the General Data Protection Regulation, and
 - restriction of processing as per Article 18 of the General Data Protection Regulation
- with regard to their respective personal data, or they may object to the processing of their personal data as per Article 21 of the General Data Protection Regulation.

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

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

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

