



## 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 76 on page 23).
- Please note the time before you begin filling out the questionnaire. At the end of the questionnaire you will be asked how long it took you to complete it.

### We will guide you through the questionnaire.

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

Example:

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

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

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

Example: Hours per week .....

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

Example: Yes .....   
No .....

- Questions to be answered on a voluntary basis are marked by the 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

**Note** !  
 The reference week is given on the front cover.

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

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

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

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

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

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Male ..... 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female ..... 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender diverse ..... 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not stated in the birth register ..... 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5 When were you born?**

	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 2024?**

	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"/>

**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"/>

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

**Note**   → 10 The arrow and the numeral 10 mean that question 10 should be answered next.

*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"/> → 10	<input type="checkbox"/> → 10	<input type="checkbox"/> → 10	<input type="checkbox"/> → 10	<input type="checkbox"/> → 10

**9 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 social and personal 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"/>

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

Yes .....

No .....  → 14

**11 Have any household members moved out since the last interview?**

Yes, enter how many people moved out .....

No ..... 8

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

Yes, enter how many people died .....

No ..... 8

**13 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**

**14 Do you live in a one-person household?**

Yes .....  → 20

No .....

**15 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"/>

**16 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"/>

**17 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"/> → 19	<input type="checkbox"/> → 19	<input type="checkbox"/> → 19	<input type="checkbox"/> → 19	<input type="checkbox"/> → 19
No ..... 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18 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="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"/>

model questionnaire

**19 What is your relationship to Person 1?**

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

**Information and communication technology in the household**

**20 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

## Childcare

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

- Yes .....
- No .....  → 24

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

*Please mark all relevant boxes.*

	Person 1	Person 2	Person 3	Person 4	Person 5
Day care centre (kindergarten, crèche) ..... 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional child minder ..... 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Au-pair, babysitter ..... 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschool institution (pre-primary education) ..... 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care services for pupils before and/or after school (offered by school or other facility) ..... 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relatives, friends, neighbours ..... 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable as the child is cared for only by his/her parents..... 7	<input type="checkbox"/> → 24	<input type="checkbox"/> → 24	<input type="checkbox"/> → 24	<input type="checkbox"/> → 24	<input type="checkbox"/> → 24

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

*Please mark all relevant boxes.*

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

**24 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"/> → 26	<input type="checkbox"/> → 26	<input type="checkbox"/> → 26	<input type="checkbox"/> → 26	<input type="checkbox"/> → 26

**25 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"/> → 29	<input type="checkbox"/> → 29	<input type="checkbox"/> → 29	<input type="checkbox"/> → 29	<input type="checkbox"/> → 29
No .....	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**26 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"/>

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

**i** See also p. 131: **i** “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"/>



**28 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"/>

**29 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"/> → 31	<input type="checkbox"/> → 31	<input type="checkbox"/> → 31	<input type="checkbox"/> → 31	<input type="checkbox"/> → 31
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"/>

model questionnaire

**30 What language do you mainly speak at home?**

	Person 1	Person 2	Person 3	Person 4	Person 5
Albanian .....	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arabic .....	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bosnian .....	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulgarian .....	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese .....	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Danish .....	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German .....	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English .....	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French .....	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greek .....	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hindi .....	31 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italian .....	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Croatian .....	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kurdish .....	13 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Macedonian .....	14 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dutch .....	15 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pashto .....	16 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persian .....	17 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polish .....	18 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portuguese .....	19 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Romanian .....	20 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Russian .....	21 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serbian .....	22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish .....	23 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turkish .....	24 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ukrainian .....	32 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hungarian .....	25 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urdu .....	33 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese .....	26 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another European language .....	27 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another African language .....	28 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Asian language .....	29 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another language .....	30 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire

**31 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"/> → 33	<input type="checkbox"/> → 33	<input type="checkbox"/> → 33	<input type="checkbox"/> → 33	<input type="checkbox"/> → 33

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

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

**33 Do you have German citizenship?**

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, German citizenship only ..... 1	<input type="checkbox"/> → 38	<input type="checkbox"/> → 38	<input type="checkbox"/> → 38	<input type="checkbox"/> → 38	<input type="checkbox"/> → 38
Yes, German citizenship and citizenship of at least one foreign country ..... 2	<input type="checkbox"/> → 37	<input type="checkbox"/> → 37	<input type="checkbox"/> → 37	<input type="checkbox"/> → 37	<input type="checkbox"/> → 37
No ..... 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

*If you cannot furnish proof of citizenship, please enter "uncertain". 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"/>

**35 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"/> → 49	<input type="checkbox"/> → 49	<input type="checkbox"/> → 49	<input type="checkbox"/> → 49	<input type="checkbox"/> → 49

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

Person 1 .....	<input type="text"/>	} → 49
Person 2 .....	<input type="text"/>	
Person 3 .....	<input type="text"/>	
Person 4 .....	<input type="text"/>	
Person 5 .....	<input type="text"/>	

**37 Of which other country do you have citizenship?**

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


**38 How did you obtain German citizenship?**

**i** See also p. 131: **■** "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
<input type="checkbox"/> → 41	<input type="checkbox"/> → 41	<input type="checkbox"/> → 41	<input type="checkbox"/> → 41	<input type="checkbox"/> → 41
<input type="checkbox"/> → 49	<input type="checkbox"/> → 49	<input type="checkbox"/> → 49	<input type="checkbox"/> → 49	<input type="checkbox"/> → 49
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> → 49	<input type="checkbox"/> → 49	<input type="checkbox"/> → 49	<input type="checkbox"/> → 49	<input type="checkbox"/> → 49

**39 When were you naturalised?**

Year .....

Person 1	Person 2	Person 3	Person 4	Person 5
_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _

**40 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 .....


} → 49

**41 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"/> → 45	<input type="checkbox"/> → 45	<input type="checkbox"/> → 45	<input type="checkbox"/> → 45	<input type="checkbox"/> → 45
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**i** See also p. 131: **1** "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"/>
	↳ 44	↳ 44	↳ 44	↳ 44	↳ 44
Yes, but I do not know the year of arrival. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	<input type="checkbox"/> → 44	<input type="checkbox"/> → 44	<input type="checkbox"/> → 44	<input type="checkbox"/> → 44	<input type="checkbox"/> → 44

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

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

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

**i** See also p. 131: **2** "Citizenship".

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

**45 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"/> → 49	<input type="checkbox"/> → 49	<input type="checkbox"/> → 49	<input type="checkbox"/> → 49	<input type="checkbox"/> → 49
No .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**i** See also p. 131: **1** "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"/>
	↳ 48	↳ 48	↳ 48	↳ 48	↳ 48
Yes, but I do not know the year of arrival. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	<input type="checkbox"/> → 48	<input type="checkbox"/> → 48	<input type="checkbox"/> → 48	<input type="checkbox"/> → 48	<input type="checkbox"/> → 48

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

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

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

**i** See also p. 129: **■** "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"/>

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

**i** See also p. 131: **■** "Today's territory".

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

**50 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"/>

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

**i** See also p. 131: **■** "Today's territory".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	1 <input type="checkbox"/> → 53	<input type="checkbox"/> → 53	<input type="checkbox"/> → 53	<input type="checkbox"/> → 53	<input type="checkbox"/> → 53
No .....	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**52 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

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

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

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

### 54 Were you a pupil, apprentice, student in the 4 weeks before the reference week?

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

### 55 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) .....	<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"/> → 59	<input type="checkbox"/> → 59	<input type="checkbox"/> → 59	<input type="checkbox"/> → 59	<input type="checkbox"/> → 59
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:

**55 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"/>
<b>Vocational schools</b>					
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"/> → 59	<input type="checkbox"/> → 59	<input type="checkbox"/> → 59	<input type="checkbox"/> → 59	<input type="checkbox"/> → 59
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/craftswoman training programme at trade and technical schools ..... 24	<input type="checkbox"/> → 57	<input type="checkbox"/> → 57	<input type="checkbox"/> → 57	<input type="checkbox"/> → 57	<input type="checkbox"/> → 57
Trade and technical school e.g. for technicians, business economists ..... 25	<input type="checkbox"/> → 59	<input type="checkbox"/> → 59	<input type="checkbox"/> → 59	<input type="checkbox"/> → 59	<input type="checkbox"/> → 59
Specialised academy (in Bayern only) ..... 26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Higher education institutions</b>					
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, Schleswig-Holstein and Thüringen) ..... 29	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58	<input type="checkbox"/> → 58
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"/> → 59	<input type="checkbox"/> → 59	<input type="checkbox"/> → 59	<input type="checkbox"/> → 59	<input type="checkbox"/> → 59

**56 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"/> → 59	<input type="checkbox"/> → 59	<input type="checkbox"/> → 59	<input type="checkbox"/> → 59	<input type="checkbox"/> → 59
Upper secondary grades in grammar school ..... 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

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

Person 1 .....	<input type="text"/>	} → 59
Person 2 .....	<input type="text"/>	
Person 3 .....	<input type="text"/>	
Person 4 .....	<input type="text"/>	
Person 5 .....	<input type="text"/>	

**58 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"/>

**59 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"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141	<input type="checkbox"/> → 141

model questionnaire

## Employment situation in the reference week

**60 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"/> → 68	<input type="checkbox"/> → 68	<input type="checkbox"/> → 68	<input type="checkbox"/> → 68	<input type="checkbox"/> → 68
No .....	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**61 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"/> → 68	<input type="checkbox"/> → 68	<input type="checkbox"/> → 68	<input type="checkbox"/> → 68	<input type="checkbox"/> → 68
No .....	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**62 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"/> → 64	<input type="checkbox"/> → 64	<input type="checkbox"/> → 64	<input type="checkbox"/> → 64	<input type="checkbox"/> → 64
No .....	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

- waiter/waitress, service employee or temporary helper in a bar, restaurant or hotel
- household helper or cleaner
- delivery services driver for restaurants, fire 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"/> → 68	<input type="checkbox"/> → 68	<input type="checkbox"/> → 68	<input type="checkbox"/> → 68	<input type="checkbox"/> → 68
No .....	8	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113

**64 Why did you not work in the reference week?**

**i** See also p. 131:  
**3** "Partial retirement" and  
**4** "Caregiver Leave Act/Family Caregiver Leave Act".

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Illness, accident (including spa treatment, rehabilitation) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holidays, special leave .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compensation leave (within the framework of a working time account or an annualised hours contract) .....	<input type="checkbox"/> → 68	<input type="checkbox"/> → 68	<input type="checkbox"/> → 68	<input type="checkbox"/> → 68	<input type="checkbox"/> → 68
Maternity leave .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial retirement .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational and continuing training .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental leave .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Released from work under the Caregiver Leave Act ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-season .....	<input type="checkbox"/> → 67	<input type="checkbox"/> → 67	<input type="checkbox"/> → 67	<input type="checkbox"/> → 67	<input type="checkbox"/> → 67
Strike, lockout .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bad weather .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-time work for technical or economic reasons ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General and continuing education, school attendance .....	<input type="checkbox"/>	<input type="checkbox"/> → 66	<input type="checkbox"/> → 66	<input type="checkbox"/> → 66	<input type="checkbox"/> → 66
Personal or family responsibilities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have already found a job but did not yet work in that job in the reference week. ....	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113	<input type="checkbox"/> → 113

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	<input type="checkbox"/> → 68	<input type="checkbox"/> → 68	<input type="checkbox"/> → 68	<input type="checkbox"/> → 68	<input type="checkbox"/> → 68
No .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable because self-employed, freelancer .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**66 Indicate the total period of your absence from work.**

	Person 1	Person 2	Person 3	Person 4	Person 5
3 months or less .....	<input type="checkbox"/> → 68	<input type="checkbox"/> → 68	<input type="checkbox"/> → 68	<input type="checkbox"/> → 68	<input type="checkbox"/> → 68
More than 3 months .....	<input type="checkbox"/> → 114	<input type="checkbox"/> → 114	<input type="checkbox"/> → 114	<input type="checkbox"/> → 114	<input type="checkbox"/> → 114

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	<input type="checkbox"/> → 114	<input type="checkbox"/> → 114	<input type="checkbox"/> → 114	<input type="checkbox"/> → 114	<input type="checkbox"/> → 114

## Job during the reference week

### 68 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. 131: **5** "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"/> → 70	<input type="checkbox"/> → 70	<input type="checkbox"/> → 70	<input type="checkbox"/> → 70	<input type="checkbox"/> → 70
Public official (not including candidates), judge ..... 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary earner, wage earner (not including apprentices) ..... 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/> → 70	<input type="checkbox"/> → 70	<input type="checkbox"/> → 70	<input type="checkbox"/> → 70	<input type="checkbox"/> → 70
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"/>

### 69 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"/>

**70 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. 132: **6** "Marginal employment".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, a 520-euros job, mini-job (average maximum earnings of 520 euros per month) .....	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, short-term employment (a maximum of 3 months or 70 days worked per year) .....	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, a one-euro job (job opportunity for people receiving citizen's benefit, 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"/>

**71 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"/>

**72 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: 20px;" type="text"/>
Person 2 .....	<input style="width: 100%; height: 20px;" type="text"/>
Person 3 .....	<input style="width: 100%; height: 20px;" type="text"/>
Person 4 .....	<input style="width: 100%; height: 20px;" type="text"/>
Person 5 .....	<input style="width: 100%; height: 20px;" type="text"/>

model questionnaire

**73 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 .....

**74 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"/>

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

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

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

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

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

See also p. 132: **7** "Establishment (location)".

Person 1 .....

Person 2 .....

Person 3 .....

Person 4 .....

Person 5 .....

**76 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.

**77 Are you employed in the public service?**

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

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

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

**78 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 .....	<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"/> → 80	<input type="checkbox"/> → 80	<input type="checkbox"/> → 80	<input type="checkbox"/> → 80	<input type="checkbox"/> → 80
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"/>

**79 Please enter the exact number of people working in the establishment.**

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

model questionnaire

## Change of job or occupation

### 80 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"/>

### 81 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"/>

model questionnaire



## Scope and scale of current job

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

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Full-time .....	1 <input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85
Part-time .....	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 83 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"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85
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 .....	<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"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85	<input type="checkbox"/> → 85
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"/>

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

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

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	<input type="checkbox"/> → 87	<input type="checkbox"/> → 87	<input type="checkbox"/> → 87	<input type="checkbox"/> → 87	<input type="checkbox"/> → 87

**86 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"/>
	↳ 91	↳ 91	↳ 91	↳ 91	↳ 91

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

	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"/>

**88 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 .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, open-ended contract .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	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"/>

**90 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. 132: **B** "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"/>

**91 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 .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	<input type="checkbox"/> → 93	<input type="checkbox"/> → 93	<input type="checkbox"/> → 93	<input type="checkbox"/> → 93	<input type="checkbox"/> → 93

**92 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
□.□	□.□	□.□	□.□	□.□

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

Yes .....

No .....

Person 1	Person 2	Person 3	Person 4	Person 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> → 95	<input type="checkbox"/> → 95	<input type="checkbox"/> → 95	<input type="checkbox"/> → 95	<input type="checkbox"/> → 95

**94 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
□.□	□.□	□.□	□.□	□.□

**95 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> → 97	<input type="checkbox"/> → 97	<input type="checkbox"/> → 97	<input type="checkbox"/> → 97	<input type="checkbox"/> → 97

**96 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
□.□	□.□	□.□	□.□	□.□

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

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

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

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

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

Number of hours .....

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

## Second or additional jobs

### 98 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"/> → 108	<input type="checkbox"/> → 108	<input type="checkbox"/> → 108	<input type="checkbox"/> → 108	<input type="checkbox"/> → 108

### 99 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. 132: **6** "Marginal employment".

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes, a 520-euros job, mini-job (average maximum earnings of 520 euros per month) ..... 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, short-term employment (a maximum of 3 months or 70 days worked per year) ..... 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, a one-euro job (job opportunity for people receiving citizen's benefit, 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"/>

### 100 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"/>

### 101 What is your status in your additional job?

**i** See also p. 131: **5** "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, wage earner (not including apprentices) ..... 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**102 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 .....

**103 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 .....

model questionnaire

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

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

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

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

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

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

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

See also p. 132: **7** "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"/>

**106 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
_ _ .  _	_ _ .  _	_ _ .  _	_ _ .  _	_ _ .  _

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

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

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

Number of hours .....

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

model questionnaire

## Desired number of working hours

**108 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"/> → 112	<input type="checkbox"/> → 112	<input type="checkbox"/> → 112	<input type="checkbox"/> → 112	<input type="checkbox"/> → 112
Increase .....	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce .....	3 <input type="checkbox"/> → 111	<input type="checkbox"/> → 111	<input type="checkbox"/> → 111	<input type="checkbox"/> → 111	<input type="checkbox"/> → 111

**109 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 committing 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"/>

**110 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"/>

**111 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"/>

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

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

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

		Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		}]	}]	}]	}]	}]
		→ 140	→ 140	→ 140	→ 140	→ 140
No .....	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

model questionnaire



## Last job or absence from work

### 113 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"/> → 124	<input type="checkbox"/> → 124	<input type="checkbox"/> → 124	<input type="checkbox"/> → 124	<input type="checkbox"/> → 124

### 114 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"/>

### 115 Why did you leave your last paid job or are absent from it?

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

#### Reasons related to the labour market

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

#### Family reasons

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

#### Personal reasons

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

#### Other reasons

Other main reason .....	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**116 When did you leave your last paid job/since when have you been absent from it?**

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

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

**i** See also p. 131: **E** "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"/> → 119	<input type="checkbox"/> → 119	<input type="checkbox"/> → 119	<input type="checkbox"/> → 119	<input type="checkbox"/> → 119
Public official (not including candidates), judge ..... 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary earner, wage earner (not including apprentices) ..... 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/> → 119	<input type="checkbox"/> → 119	<input type="checkbox"/> → 119	<input type="checkbox"/> → 119	<input type="checkbox"/> → 119
Person doing compulsory military/civilian service ..... 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In voluntary military service ..... 12	<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) ..... 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**118 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"/>

**119 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 .....

**120 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 .....

model questionnaire

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

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

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

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

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

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

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

See also p. 132: **7** "Establishment (location)".

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


**123 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"/>

## Search for work

**124 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"/> → 126	<input type="checkbox"/> → 126	<input type="checkbox"/> → 126	<input type="checkbox"/> → 126	<input type="checkbox"/> → 126

**125 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"/> → 136	<input type="checkbox"/> → 136	<input type="checkbox"/> → 136	<input type="checkbox"/> → 136	<input type="checkbox"/> → 136
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"/>

**126 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"/> → 136	<input type="checkbox"/> → 136	<input type="checkbox"/> → 136	<input type="checkbox"/> → 136	<input type="checkbox"/> → 136
Yes, I found a job in the reference week but have not started it yet. ....	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, I did not look for or find a job in the reference week. ....	8 <input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128	<input type="checkbox"/> → 128

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Within the 3 months after the reference week .....	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Later, that is, more than 3 months after the reference week	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	} → 136	} → 136	} → 136	} → 136	} → 136

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Yes .....	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	→ 134	→ 134	→ 134	→ 134	→ 134

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
No suitable job available .....	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am awaiting re-employment (following temporary lay-off) .....	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 responsibilities .....	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other personal responsibilities .....	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School or vocational education, studies .....	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement .....	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"/>
	} → 131	} → 131	} → 131	} → 131	} → 131

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

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

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

**131 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"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140
No .....	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**132 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"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140
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"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140
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"/>

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
There is no adequate care available in the vicinity. ....	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no adequate care available at the relevant times of the day. ....	2 <input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140
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"/>

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
School or vocational education, studies .....	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own illness, consequences of an accident .....	2 <input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140
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"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140
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"/>

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

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

	Person 1	Person 2	Person 3	Person 4	Person 5
There is no adequate care available in the vicinity. ....	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no adequate care available at the relevant times of the day. ....	2 <input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140
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"/>

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

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



**137 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"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140
No .....	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**138 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"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140
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"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140	<input type="checkbox"/> → 140
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"/>

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

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

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

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

**i** See also p. 131:  
**3** "Partial retirement" and  
**4** "Caregiver Leave Act/Family Caregiver Leave Act".

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

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

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

Self-employed person, freelancer

without employees ..... 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with employees ..... 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Unpaid family worker in a family business ..... 8

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

Pupil, student ..... 10

Retired or in early retirement ..... 11

Unemployed ..... 12

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

Permanently unfit for work ..... 14

Other ..... 15

model questionnaire

**141 Which are your main sources of livelihood?**

**i** See also p. 132:  
 "Main sources of livelihood".

	Person 1	Person 2	Person 3	Person 4	Person 5
Main sources of livelihood: Code from List 141 .....	_ _	_ _	_ _	_ _	_ _

List 141	
Own employment .....	1
Unemployment benefit I .....	2
Citizen's benefit .....	3
Public assistance, e.g. basic security in old age and in cases of reduced earning capacity, assistance for nursing care, continuous subsistence payments	4
Pension based on my own entitlements .....	5
Surviving dependant's pension .....	15
Own property, savings, interest, renting, leasing, life interest retained for older people, life assurance, specific pensions fund (Versorgungswerk) .....	6
Parental allowance .....	7
Income of the parents .....	8
Income of the partner, spouse or other relatives .....	14
Maintenance payments or other regular payments received from other private households .....	9
Training assistance (BAföG), scholarship/grant .....	10
Benefits for asylum seekers .....	11
Benefits from own long-term care insurance (long-term care allowance) .....	12
Other financial support, e.g. early retirement payments, foster child allowance, sickness pay, loan in accordance with the Caregiver Leave Act or the Family Caregiver Leave Act, Covid-19 emergency aid .....	13

model questionnaire

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

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

This includes:

- earnings from main and second job(s), extra payments (e. g. Christmas bonus, severance pay, bonus payments)
- pensions
- unemployment benefit I, citizen's benefit
- basic security in old age and in cases of reduced earning capacity, assistance for nursing care, continuous subsistence payments and other public assistance benefits
- heating and housing benefits, housing allowance, children's allowance, long-term care allowance, parental allowance, training assistance (BAföG), child bonus, Covid-19 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. 132: **10** "Net income".

Personal net income:

Code from List 142 .....

I had no income. .... <sup>90</sup>

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 142			
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

**143 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 142 that corresponds to the amount of your monthly net household income.*

Code from List 142 .....

**144 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**

**145 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"/> → 149	<input type="checkbox"/> → 149	<input type="checkbox"/> → 149	<input type="checkbox"/> → 149	<input type="checkbox"/> → 149

**146 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"/>

**147 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"/> → 149	<input type="checkbox"/> → 149	<input type="checkbox"/> → 149	<input type="checkbox"/> → 149	<input type="checkbox"/> → 149
Abroad .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**148 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"/>

**149 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"/> → 151	<input type="checkbox"/> → 151	<input type="checkbox"/> → 151	<input type="checkbox"/> → 151	<input type="checkbox"/> → 151
No/Not yet .....	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Person 1	Person 2	Person 3	Person 4	Person 5
Year .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Not applicable as I have no general school certificate (yet). .....	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157

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

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

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

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

model questionnaire

**153 Which is your highest qualification?**

Please convert qualifications gained abroad to German equivalents.

**Vocational qualification attained**

	Person 1	Person 2	Person 3	Person 4	Person 5
On-the-job training .....	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internship .....	2 <input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157	<input type="checkbox"/> → 157
Pre-vocational training year .....	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apprenticeship, vocational training in the dual system .....	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate qualifying for an occupation obtained from a full-time vocational school or from a secondary school offering general as well as vocational education to pupils aged 16 to 19 .....	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparatory training for the intermediate service in public administration .....	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training centre/school for health-care service occupations and social occupations					
one year (e.g. geriatric care assistant) .....	7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
two years (e.g. masseur/masseuse, pharmaceutical laboratory assistant) .....	8 <input type="checkbox"/> → 156	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156	<input type="checkbox"/> → 156
three years (e.g. physiotherapy, medical laboratory assistant, geriatric care) .....	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursery teacher/educator .....	10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master craftsman/craftswoman .....	11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technician's qualification or equivalent trade and technical school certificate .....	12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialised and engineering schools of the GDR .....	13 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialised academy (in Bayern only) .....	14 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Higher education institutions**

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

Vocational academy .....	15 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College of public administration .....	16 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University of applied sciences (also college of engineering), cooperative state university (in Baden-Württemberg, Schleswig-Holstein and Thüringen) .....	17 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University (also college of art and music, college of education, college of theology) .....	18 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctoral degree .....	19 <input type="checkbox"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155	<input type="checkbox"/> → 155

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

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

**155 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"/>

**156 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"/>

model questionnaire



## Continuing education and training

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

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

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

It also includes further training, which is currently ongoing.

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

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

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

## Pension insurance

**158 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"/> → 160	<input type="checkbox"/> → 160	<input type="checkbox"/> → 160	<input type="checkbox"/> → 160	<input type="checkbox"/> → 160
No .....	8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**i** See also p. 132:

**ii** "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

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

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

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

	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"/>

### 161 Is this dwelling your main residence?

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

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

### 162 Are you 16 to 74 years old?

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

## Your health

### 163 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 .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited but not severely .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not limited .....	<input type="checkbox"/> → 165	<input type="checkbox"/> → p. 67, 165	<input type="checkbox"/> → p. 83, 165	<input type="checkbox"/> → p. 99, 165	<input type="checkbox"/> → p. 115, 165

### 164 How long have you been affected by these limitations?

	Person 1	Person 2	Person 3	Person 4	Person 5
Less than 6 months .....	<input type="checkbox"/>	<input type="checkbox"/> ] → S. 67, 165	<input type="checkbox"/> ] → S. 83, 165	<input type="checkbox"/> ] → S. 99, 165	<input type="checkbox"/> ] → S. 115, 165
6 months or more .....	<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 on the use of information and communication technologies, 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:

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

*Please mark only one box.*

- |   |   |                          |         |
|---|---|--------------------------|---------|
| In the last 3 months .....                                  | 1 | <input type="checkbox"/> |         |
| More than 3 months ago, but within the last 12 months ..... | 2 | <input type="checkbox"/> | → 181   |
| More than 12 months ago .....                               | 3 | <input type="checkbox"/> | } → 194 |
| Never .....   | 8 | <input type="checkbox"/> |         |

**166 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"/> |

voluntary

model questionnaire

**167 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, Signal, Threema, Viber, Snapchat, Zoom, MS Teams, Webex) ..... 1  Yes 8  No

Participating in social media (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, Telegram) ..... 1  Yes 8  No

**Searching information**

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

**i** For example reading online [www.dw.de](http://www.dw.de), [www.faz.net](http://www.faz.net), [www.fr-online.de](http://www.fr-online.de), [www.heute.de](http://www.heute.de), [www.spiegel.de](http://www.spiegel.de), [www.sueddeutsche.de](http://www.sueddeutsche.de), [www.tagesschau.de](http://www.tagesschau.de), [www.taz.de](http://www.taz.de), [www.welt.de](http://www.welt.de), [www.zeit.de](http://www.zeit.de)

Searching information on goods or services ..... 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

**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, also in media libraries) from TV broadcasters ..... 1  Yes 8  No

Watching videos from commercial providers (e.g. Amazon Prime Video, Apple TV+, DAZN, Disney+, Eurosport Player, HBO Max, Joyn/Joyn PLUS+, MagentaSport, Netflix, Paramount+, RTL+/RTL+ Premium, Sky WOW) ..... 1  Yes 8  No

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

Playing or downloading games (incl. downloads of updates/upgrades/DLC) ..... 1  Yes 8  No

Listening to or downloading podcasts ..... 1  Yes 8  No

voluntary

model questionnaire

still:

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

Please mark "Yes" or "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, a health care centre or a physical therapy practice) ..... 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

**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

**i** Other common names are online banking and home banking.

voluntary

**168 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  Yes 8  No

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

Using online learning material other than a complete online course (e.g. audio-visual material, video instructions (including YouTube videos), webinars, online learning software, electronic textbooks, learning apps or platforms) ..... 1  Yes 8  No

**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) ..... 1  Yes 8  No

**169 What was the purpose of these learning activities?**

Please mark all relevant boxes.

Not applicable. I have not done any of these learning activities over the internet in the last 3 months. .... 8

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

**170 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 (e.g. ETF) or other financial assets such as cryptocurrencies, tokens, NFTs .....	1	<input type="checkbox"/>	8	<input type="checkbox"/>
---	---	--------------------------	---	--------------------------

**i** ETF: Exchange Traded Fund; NFT: non fungible token.

model questionnaire

## Internet of Things

**i** The questions in this section concern the use of smart devices or systems. These are systems/devices that are connected to the Internet and are also referred to as “smart home”, “smart device/system” or “intelligent device/system”.  
 “Use of smart devices or systems” means that the system/device is connected to the internet.

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

Please mark all relevant boxes.

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

**i** Including plug-ins/software extensions.

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

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

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

Not applicable. I did not use any of the devices/systems mentioned. 8

1

2  → 173

3

4

8

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

Please mark all relevant boxes.

I did not know that such smart devices/systems existed. .... 1  → 173

There is no need. .... 2

The costs would be too high. .... 3

Lack of compatibility with other devices/systems. .... 4

Lack of skills to use those devices or systems. .... 5

Concerns about privacy and the protection of the personal information generated about me/my home by those devices/systems. .... 6

Security concerns related to IT security (e.g. concerns that the device/system could be hacked). .... 10

Safety concerns related to personal protection and health issues (e.g. concerns that the use of the device/system could lead to accidents, injuries or health problems). .... 11

Other reasons ..... 12

If “Other reasons”, please specify in detail:

voluntary

model questionnaire

**173 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
Smart TV (internet-connected TV) .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>
Internet-connected game console .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>
Internet-connected home audio system or smart speakers .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>

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

Please mark "Yes" or "No".

		Yes	No
Smart watch, fitness bracelet, smart glasses, other internet-connected devices such as wireless headsets ("true-wireless", i.e. not connected via Bluetooth), smart security tracker, smart accessories, smart clothes/shoes .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>
Internet-connected devices for monitoring blood pressure, blood sugar, body weight (e.g. smart scales), care robots or other internet-connected devices relating to health/medical care .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>
Internet-connected toys for children or adults, such as robot toys (including educational toys) or smart dolls .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>
Car or other vehicle with <b>built-in</b> wireless internet connection .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>

**175 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 in the last 3 months. ....	8	<input type="checkbox"/>



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

**176 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.  
This does not include devices made available to you by your employer.

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

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

voluntary

**177 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"/>
Brand, design or size of the device .....	10 <input type="checkbox"/>
Hard drive characteristics (storage, speed), processor speed of the device .....	2 <input type="checkbox"/>
Ecodesign of the device (e.g. durable, upgradeable and repairable design that requires fewer materials, environmentally friendly materials for packaging) .....	3 <input type="checkbox"/>
Possibility to extend the life span of the device by purchasing/ concluding an additional warranty contract .....	4 <input type="checkbox"/>
Energy efficiency of the device .....	5 <input type="checkbox"/>
Possibility of a take-back offer from the seller/manufacturer, i.e. the seller/manufacturer takes back the old device free of charge and/or offers the customer a discount for the purchase of another/new device. ....	6 <input type="checkbox"/>
I did not consider important any of the purchase criteria mentioned. ....	7 <input type="checkbox"/>
Not applicable. I never bought any of the devices mentioned. ....	8 <input type="checkbox"/>

## Problems encountered with deleting an account on the internet

**i** The questions in this section refer to **free** apps or online services where you have registered and created a user account.

**178 Have you ever opened an account or registered with a free app or service on the internet?**

**i** This includes setting up a social media account (e.g. on Twitter, Facebook, Instagram) or registering in a free app (e.g. in an app for buying tickets, music streaming or online games).

This does not include accounts in free trials for services that are otherwise chargeable or accounts where you use other paid components (“freemium models”) in addition to the free basic product.

Yes ..... 1

No ..... 8  → 181

**179 Have you deleted or tried to delete your account of a free app or service in the last 3 months?**

**i** Please also mark “Yes” if the account could not be deleted.

Yes ..... 1

No ..... 8  → 181

**180 Have you encountered problems when trying to delete your account of a free app or service in the last 3 months?**

**i** For example:

- difficulty to find a way to delete the account,
- spending a disproportionate amount of time to delete the account,
- technical problems,
- unacceptable conditions for deletion/withdrawal,
- inability to succeed with deleting the account.

Yes ..... 1

No ..... 8

voluntary

model questionnaire

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

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

Examples of online contacts and transactions with authorities/public institutions include:

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

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

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

Please mark "Yes" or "No".

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

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

Please mark "Yes" or "No".

#### ... downloading or printing official forms from websites/apps of authorities or public institutions

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

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

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

voluntary

**184 Did you receive/access any official communication or documents sent by authorities or public institutions via your account on a website or app (e. g. notifications of fines or invoices, tax assessment notifications or other official letters, delivery of court summons, court documents) for private purposes in the last 12 months?**

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

Yes ..... 1

No ..... 8

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

Yes ..... 1

No ..... 8

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

*Please mark all relevant boxes.*

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

I requested online social benefits or claimed entitlements (e. g. citizen's benefit, unemployment benefit, parental allowance, children's allowance, housing allowance, pension, severance pay). ..... 2  → 188

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

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

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

*Please mark all relevant boxes.*

voluntary

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

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

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

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

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

There was no such online service available. .... 10

Other reasons ..... 6

*If "Other reasons", please specify in detail:*

model questionnaire

**188 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.*

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

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

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

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

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

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

Other issues ..... 6

*If "Other issues", please 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

voluntary

**Buying via the internet (e-Commerce)**

**189 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

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

→ 194

voluntary

**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/movie streaming), of subscriptions (e.g. magazines, television, internet, mobile phone contracts) 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 or films/series (as CDs, vinyl records or other physical sound recording media, or as DVDs, Blu-rays or other physical film material) ....	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, sound bars, virtual assistants), electrical household appliances (e.g. washing machines, refrigerators) .....	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 (e.g. HelloFresh) .....	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:

model questionnaire

**191 In the last 3 months, did you do any of the following via a website or app for private use ...**

Please mark "Yes" or "No".

	Yes	No
making a subscription to an internet or mobile phone contract? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
making a subscription to electricity, water or heat supply, waste disposal or similar services? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
buying a transport service from a transport enterprise (e.g. local bus/train ticket, airline ticket, taxi ride) .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
booking accommodation from an enterprise (e.g. hotel, travel agency)? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
<p><b>i</b> Accommodation with private persons is excluded (e.g. via platforms like AirBnb). Accommodation with private persons is also excluded when booking was done via commercial providers (e.g. via Booking.com).</p>		
buying tickets to cultural or other events (e.g. cinema, theatre, concerts, fairs, sports events)? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
buying e-books or audiobooks as downloads (including paid updates)? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
buying computer or other software as downloads (including paid upgrades)? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
buying computer/video games online or as downloads (including paid upgrades/DLC) or virtual in-game items? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>

**192 Have you had a subscription to any of the following streaming services or apps in the last 3 months, which you paid for?**

**i** This includes both ongoing subscriptions and new subscriptions that were bought in the last 3 months.  
This includes also shared payment (e.g. in case of joint use in the household).

Please mark "Yes" or "No" for each type of subscription listed.

	Yes	No
Music streaming service (e.g. Amazon Music Unlimited, Apple Music, Deezer, Tidal HIFI, Napster, Youtube Music, SoundCloud, Spotify Premium) .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Films/series or sports streaming service (e.g. Amazon Prime Video, Apple TV+, DAZN, Disney+, Discovery+, HBO Max, Joyn/Joyn PLUS+, Netflix, Paramount+, RTL+/RTL+ Premium, Sky WOW) .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Streaming service for online news sites, online newspapers (e-paper) or online magazines .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Gaming streaming service (e.g. Amazon Luna, GeForce Now, Playstation Plus, Xbox Cloud Gaming/Xbox Game Pass Ultimate, Sony Cloud-Streaming) .....	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"/>



<b>voluntary</b>	<b>193</b>	<b>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?</b>	
		Yes .....	1 <input type="checkbox"/>
		<i>If "Yes", please specify in detail:</i>	
		<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
		No .....	8 <input type="checkbox"/>

**Participation in the survey**

<b>voluntary</b>	<b>194</b>	<b>Have you answered the questions yourself?</b>	
		Yes .....	1 <input type="checkbox"/> → 196
		No, another household member has answered the questions. ....	2 <input type="checkbox"/>
		No, someone not living in the household has answered the questions. ....	3 <input type="checkbox"/> → 196
	<b>195</b>	<b>Which household member has answered the questions?</b>	
		Please enter the number (see flap) of the person who has answered the questions. ....	<input type="text"/>
	<b>196</b>	<b>How many minutes did it take you to complete the questionnaire?</b>	
		Number of minutes .....	<input type="text"/>

model questionnaire

model questionnaire

## 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 on the use of information and communication technologies, 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:

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

Please mark only one box.

- |   |   |                          |         |
|---|---|--------------------------|---------|
| In the last 3 months .....                                  | 1 | <input type="checkbox"/> |         |
| More than 3 months ago, but within the last 12 months ..... | 2 | <input type="checkbox"/> | → 181   |
| More than 12 months ago .....                               | 3 | <input type="checkbox"/> | } → 194 |
| Never .....   | 8 | <input type="checkbox"/> |         |

#### 166 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"/> |

voluntary

model questionnaire

**167 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, Signal, Threema, Viber, Snapchat, Zoom, MS Teams, Webex) ..... 1  Yes 8  No

Participating in social media (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, Telegram) ..... 1  Yes 8  No

**Searching information**

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

**i** For example reading online [www.dw.de](http://www.dw.de), [www.faz.net](http://www.faz.net), [www.fr-online.de](http://www.fr-online.de), [www.heute.de](http://www.heute.de), [www.spiegel.de](http://www.spiegel.de), [www.sueddeutsche.de](http://www.sueddeutsche.de), [www.tagesschau.de](http://www.tagesschau.de), [www.taz.de](http://www.taz.de), [www.welt.de](http://www.welt.de), [www.zeit.de](http://www.zeit.de)

Searching information on goods or services ..... 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

**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, also in media libraries) from TV broadcasters ..... 1  Yes 8  No

Watching videos from commercial providers (e.g. Amazon Prime Video, Apple TV+, DAZN, Disney+, Eurosport Player, HBO Max, Joyn/Joyn PLUS+, MagentaSport, Netflix, Paramount+, RTL+/RTL+ Premium, Sky WOW) ..... 1  Yes 8  No

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

Playing or downloading games (incl. downloads of updates/upgrades/DLC) ..... 1  Yes 8  No

Listening to or downloading podcasts ..... 1  Yes 8  No

voluntary

model questionnaire

still:

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

Please mark "Yes" or "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, a health care centre or a physical therapy practice) ..... 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

**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

**i** Other common names are online banking and home banking.

**168 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  Yes 8  No

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

Using online learning material other than a complete online course (e.g. audio-visual material, video instructions (including YouTube videos), webinars, online learning software, electronic textbooks, learning apps or platforms) ..... 1  Yes 8  No

**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) ..... 1  Yes 8  No

voluntary

model questionnaire

**169 What was the purpose of these learning activities?**

Please mark all relevant boxes.

Not applicable. I have not done any of these learning activities over the internet in the last 3 months. .... 8

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

**170 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 (e.g. ETF) or other financial assets such as cryptocurrencies, tokens, NFTs .....	1	<input type="checkbox"/>	8	<input type="checkbox"/>
---	---	--------------------------	---	--------------------------

**i** ETF: Exchange Traded Fund; NFT: non fungible token.

model questionnaire

## Internet of Things

**i** The questions in this section concern the use of smart devices or systems. These are systems/devices that are connected to the Internet and are also referred to as “smart home”, “smart device/system” or “intelligent device/system”.  
 “Use of smart devices or systems” means that the system/device is connected to the internet.

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

*Please mark all relevant boxes.*

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

**i** Including plug-ins/software extensions.

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

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

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

Not applicable. I did not use any of the devices/systems mentioned. 8

1

2  → 173

3

4

8

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

*Please mark all relevant boxes.*

I did not know that such smart devices/systems existed. .... 1  → 173

There is no need. .... 2

The costs would be too high. .... 3

Lack of compatibility with other devices/systems. .... 4

Lack of skills to use those devices or systems. .... 5

Concerns about privacy and the protection of the personal information generated about me/my home by those devices/systems. .... 6

Security concerns related to IT security (e.g. concerns that the device/system could be hacked). .... 10

Safety concerns related to personal protection and health issues (e.g. concerns that the use of the device/system could lead to accidents, injuries or health problems). .... 11

Other reasons ..... 12

*If “Other reasons”, please specify in detail:*

voluntary

model questionnaire

**173 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
Smart TV (internet-connected TV) .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>
Internet-connected game console .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>
Internet-connected home audio system or smart speakers .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>

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

Please mark "Yes" or "No".

		Yes	No
Smart watch, fitness bracelet, smart glasses, other internet-connected devices such as wireless headsets ("true-wireless", i.e. not connected via Bluetooth), smart security tracker, smart accessories, smart clothes/shoes .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>
Internet-connected devices for monitoring blood pressure, blood sugar, body weight (e.g. smart scales), care robots or other internet-connected devices relating to health/medical care .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>
Internet-connected toys for children or adults, such as robot toys (including educational toys) or smart dolls .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>
Car or other vehicle with <b>built-in</b> wireless internet connection .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>

**175 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 in the last 3 months. ....	8	<input type="checkbox"/>



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

**176 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.  
This does not include devices made available to you by your employer.

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

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

voluntary

**177 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"/>
Brand, design or size of the device .....	10 <input type="checkbox"/>
Hard drive characteristics (storage, speed), processor speed of the device .....	2 <input type="checkbox"/>
Ecodesign of the device (e.g. durable, upgradeable and repairable design that requires fewer materials, environmentally friendly materials for packaging) .....	3 <input type="checkbox"/>
Possibility to extend the life span of the device by purchasing/ concluding an additional warranty contract .....	4 <input type="checkbox"/>
Energy efficiency of the device .....	5 <input type="checkbox"/>
Possibility of a take-back offer from the seller/manufacturer, i.e. the seller/manufacturer takes back the old device free of charge and/or offers the customer a discount for the purchase of another/new device. ....	6 <input type="checkbox"/>
I did not consider important any of the purchase criteria mentioned. ....	7 <input type="checkbox"/>
Not applicable. I never bought any of the devices mentioned. ....	8 <input type="checkbox"/>

## Problems encountered with deleting an account on the internet

**i** The questions in this section refer to **free** apps or online services where you have registered and created a user account.

**178 Have you ever opened an account or registered with a free app or service on the internet?**

**i** This includes setting up a social media account (e.g. on Twitter, Facebook, Instagram) or registering in a free app (e.g. in an app for buying tickets, music streaming or online games).

This does not include accounts in free trials for services that are otherwise chargeable or accounts where you use other paid components (“freemium models”) in addition to the free basic product.

Yes ..... 1

No ..... 8  → 181

**179 Have you deleted or tried to delete your account of a free app or service in the last 3 months?**

**i** Please also mark “Yes” if the account could not be deleted.

Yes ..... 1

No ..... 8  → 181

**180 Have you encountered problems when trying to delete your account of a free app or service in the last 3 months?**

**i** For example:

- difficulty to find a way to delete the account,
- spending a disproportionate amount of time to delete the account,
- technical problems,
- unacceptable conditions for deletion/withdrawal,
- inability to succeed with deleting the account.

Yes ..... 1

No ..... 8

voluntary

model questionnaire

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

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

Examples of online contacts and transactions with authorities/public institutions include:

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

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

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

Please mark "Yes" or "No".

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

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

Please mark "Yes" or "No".

#### ... downloading or printing official forms from websites/apps of authorities or public institutions

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

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

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

voluntary

model questionnaire

**184 Did you receive/access any official communication or documents sent by authorities or public institutions via your account on a website or app (e. g. notifications of fines or invoices, tax assessment notifications or other official letters, delivery of court summons, court documents) for private purposes in the last 12 months?**

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

Yes ..... 1

No ..... 8

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

Yes ..... 1

No ..... 8

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

*Please mark all relevant boxes.*

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

I requested online social benefits or claimed entitlements (e. g. citizen's benefit, unemployment benefit, parental allowance, children's allowance, housing allowance, pension, severance pay). ..... 2  → 188

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

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

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

*Please mark all relevant boxes.*

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

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

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

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

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

There was no such online service available. .... 10

Other reasons ..... 6

*If "Other reasons", please specify in detail:*

model questionnaire

**188 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.*

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

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

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

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

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

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

Other issues ..... 6

*If "Other issues", please 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

voluntary

**Buying via the internet (e-Commerce)**

**189 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

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

→ 194

voluntary

**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/movie streaming), of subscriptions (e.g. magazines, television, internet, mobile phone contracts) 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 or films/series (as CDs, vinyl records or other physical sound recording media, or as DVDs, Blu-rays or other physical film material) ....	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, sound bars, virtual assistants), electrical household appliances (e.g. washing machines, refrigerators) .....	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 (e.g. HelloFresh) .....	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:

**191 In the last 3 months, did you do any of the following via a website or app for private use ...**

Please mark "Yes" or "No".

	Yes	No
making a subscription to an internet or mobile phone contract? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
making a subscription to electricity, water or heat supply, waste disposal or similar services? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
buying a transport service from a transport enterprise (e.g. local bus/train ticket, airline ticket, taxi ride) .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
booking accommodation from an enterprise (e.g. hotel, travel agency)? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
<p><b>i</b> Accommodation with private persons is excluded (e.g. via platforms like AirBnb). Accommodation with private persons is also excluded when booking was done via commercial providers (e.g. via Booking.com).</p>		
buying tickets to cultural or other events (e.g. cinema, theatre, concerts, fairs, sports events)? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
buying e-books or audiobooks as downloads (including paid updates)? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
buying computer or other software as downloads (including paid upgrades)? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
buying computer/video games online or as downloads (including paid upgrades/DLC) or virtual in-game items? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>

**192 Have you had a subscription to any of the following streaming services or apps in the last 3 months, which you paid for?**

**i** This includes both ongoing subscriptions and new subscriptions that were bought in the last 3 months.  
This includes also shared payment (e.g. in case of joint use in the household).

Please mark "Yes" or "No" for each type of subscription listed.

	Yes	No
Music streaming service (e.g. Amazon Music Unlimited, Apple Music, Deezer, Tidal HiFi, Napster, Youtube Music, SoundCloud, Spotify Premium) .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Films/series or sports streaming service (e.g. Amazon Prime Video, Apple TV+, DAZN, Disney+, Discovery+, HBO Max, Joyn/Joyn PLUS+, Netflix, Paramount+, RTL+/RTL+ Premium, Sky WOW) .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Streaming service for online news sites, online newspapers (e-paper) or online magazines .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Gaming streaming service (e.g. Amazon Luna, GeForce Now, Playstation Plus, Xbox Cloud Gaming/Xbox Game Pass Ultimate, Sony Cloud-Streaming) .....	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"/>



<b>voluntary</b>	<b>193</b>	<b>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?</b>	
		Yes .....	1 <input type="checkbox"/>
		<i>If "Yes", please specify in detail:</i>	
		<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
		No .....	8 <input type="checkbox"/>

**Participation in the survey**

<b>voluntary</b>	<b>194</b>	<b>Have you answered the questions yourself?</b>	
		Yes .....	1 <input type="checkbox"/> → 196
		No, another household member has answered the questions. ....	2 <input type="checkbox"/>
		No, someone not living in the household has answered the questions. ....	3 <input type="checkbox"/> → 196
	<b>195</b>	<b>Which household member has answered the questions?</b>	
		Please enter the number (see flap) of the person who has answered the questions. ....	<input type="text"/>
	<b>196</b>	<b>How many minutes did it take you to complete the questionnaire?</b>	
		Number of minutes .....	<input type="text"/>

model questionnaire

model questionnaire

**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 on the use of information and communication technologies, 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.

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

*Please mark only one box.*

- |   |   |                          |         |
|---|---|--------------------------|---------|
| In the last 3 months .....                                  | 1 | <input type="checkbox"/> |         |
| More than 3 months ago, but within the last 12 months ..... | 2 | <input type="checkbox"/> | → 181   |
| More than 12 months ago .....                               | 3 | <input type="checkbox"/> | } → 194 |
| Never .....   | 8 | <input type="checkbox"/> |         |

**166 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"/> |

voluntary

model questionnaire

Person 3:

**167 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, Signal, Threema, Viber, Snapchat, Zoom, MS Teams, Webex) ..... 1  Yes 8  No

Participating in social media (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, Telegram) ..... 1  Yes 8  No

**Searching information**

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

**i** For example reading online [www.dw.de](http://www.dw.de), [www.faz.net](http://www.faz.net), [www.fr-online.de](http://www.fr-online.de), [www.heute.de](http://www.heute.de), [www.spiegel.de](http://www.spiegel.de), [www.sueddeutsche.de](http://www.sueddeutsche.de), [www.tagesschau.de](http://www.tagesschau.de), [www.taz.de](http://www.taz.de), [www.welt.de](http://www.welt.de), [www.zeit.de](http://www.zeit.de)

Searching information on goods or services ..... 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

**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, also in media libraries) from TV broadcasters ..... 1  Yes 8  No

Watching videos from commercial providers (e.g. Amazon Prime Video, Apple TV+, DAZN, Disney+, Eurosport Player, HBO Max, Joyn/Joyn PLUS+, MagentaSport, Netflix, Paramount+, RTL+/RTL+ Premium, Sky WOW) ..... 1  Yes 8  No

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

Playing or downloading games (incl. downloads of updates/upgrades/DLC) ..... 1  Yes 8  No

Listening to or downloading podcasts ..... 1  Yes 8  No

voluntary

model questionnaire

still:

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

Please mark "Yes" or "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, a health care centre or a physical therapy practice) ..... 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

**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

**i** Other common names are online banking and home banking.

**168 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  Yes 8  No

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

Using online learning material other than a complete online course (e.g. audio-visual material, video instructions (including YouTube videos), webinars, online learning software, electronic textbooks, learning apps or platforms) ..... 1  Yes 8  No

**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) ..... 1  Yes 8  No

voluntary

model questionnaire

**169 What was the purpose of these learning activities?**

Please mark all relevant boxes.

Not applicable. I have not done any of these learning activities over the internet in the last 3 months. .... 8

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

**170 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 (e.g. ETF) or other financial assets such as cryptocurrencies, tokens, NFTs .....	1	<input type="checkbox"/>	8	<input type="checkbox"/>
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**i** ETF: Exchange Traded Fund; NFT: non fungible token.

model questionnaire

## Internet of Things

**i** The questions in this section concern the use of smart devices or systems. These are systems/devices that are connected to the Internet and are also referred to as “smart home”, “smart device/system” or “intelligent device/system”.  
 “Use of smart devices or systems” means that the system/device is connected to the internet.

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

*Please mark all relevant boxes.*

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

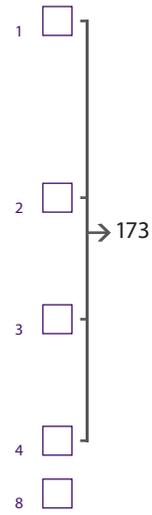
**i** Including plug-ins/software extensions.

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

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

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

Not applicable. I did not use any of the devices/systems mentioned. 8



→ 173

voluntary

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

*Please mark all relevant boxes.*

I did not know that such smart devices/systems existed. .... 1

There is no need. .... 2

The costs would be too high. .... 3

Lack of compatibility with other devices/systems. .... 4

Lack of skills to use those devices or systems. .... 5

Concerns about privacy and the protection of the personal information generated about me/my home by those devices/systems. .... 6

Security concerns related to IT security (e.g. concerns that the device/system could be hacked). .... 10

Safety concerns related to personal protection and health issues (e.g. concerns that the use of the device/system could lead to accidents, injuries or health problems). .... 11

Other reasons ..... 12

*If “Other reasons”, please specify in detail:*

→ 173

**173 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
Smart TV (internet-connected TV) .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Internet-connected game console .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Internet-connected home audio system or smart speakers .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>

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

Please mark "Yes" or "No".

	Yes	No
Smart watch, fitness bracelet, smart glasses, other internet-connected devices such as wireless headsets ("true-wireless", i.e. not connected via Bluetooth), smart security tracker, smart accessories, smart clothes/shoes .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Internet-connected devices for monitoring blood pressure, blood sugar, body weight (e.g. smart scales), care robots or other internet-connected devices relating to health/medical care .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Internet-connected toys for children or adults, such as robot toys (including educational toys) or smart dolls .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Car or other vehicle with <b>built-in</b> wireless internet connection .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>

**175 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 in the last 3 months. ....	8 <input type="checkbox"/>



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

**176 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.  
This does not include devices made available to you by your employer.

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

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

voluntary

**177 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"/>
Brand, design or size of the device .....	10 <input type="checkbox"/>
Hard drive characteristics (storage, speed), processor speed of the device .....	2 <input type="checkbox"/>
Ecodesign of the device (e.g. durable, upgradeable and repairable design that requires fewer materials, environmentally friendly materials for packaging) .....	3 <input type="checkbox"/>
Possibility to extend the life span of the device by purchasing/ concluding an additional warranty contract .....	4 <input type="checkbox"/>
Energy efficiency of the device .....	5 <input type="checkbox"/>
Possibility of a take-back offer from the seller/manufacturer, i.e. the seller/manufacturer takes back the old device free of charge and/or offers the customer a discount for the purchase of another/new device. ....	6 <input type="checkbox"/>
I did not consider important any of the purchase criteria mentioned. ....	7 <input type="checkbox"/>
Not applicable. I never bought any of the devices mentioned. ....	8 <input type="checkbox"/>

## Problems encountered with deleting an account on the internet

**i** The questions in this section refer to **free** apps or online services where you have registered and created a user account.

### 178 Have you ever opened an account or registered with a **free** app or service on the internet?

**i** This includes setting up a social media account (e.g. on Twitter, Facebook, Instagram) or registering in a free app (e.g. in an app for buying tickets, music streaming or online games).

This does not include accounts in free trials for services that are otherwise chargeable or accounts where you use other paid components ("freemium models") in addition to the free basic product.

Yes ..... 1

No ..... 8  → 181

### 179 Have you deleted or tried to delete your account of a **free** app or service in the last 3 months?

**i** Please also mark "Yes" if the account could not be deleted.

Yes ..... 1

No ..... 8  → 181

### 180 Have you encountered problems when trying to delete your account of a **free** app or service in the last 3 months?

**i** For example:

- difficulty to find a way to delete the account,
- spending a disproportionate amount of time to delete the account,
- technical problems,
- unacceptable conditions for deletion/withdrawal,
- inability to succeed with deleting the account.

Yes ..... 1

No ..... 8

voluntary

model questionnaire

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

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

Examples of online contacts and transactions with authorities/public institutions include:

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

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

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

Please mark "Yes" or "No".

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

voluntary

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

Please mark "Yes" or "No".

**... downloading or printing official forms from websites/apps of authorities or public institutions**

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

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

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

**184 Did you receive/access any official communication or documents sent by authorities or public institutions via your account on a website or app (e. g. notifications of fines or invoices, tax assessment notifications or other official letters, delivery of court summons, court documents) for private purposes in the last 12 months?**

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

Yes ..... 1

No ..... 8

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

Yes ..... 1

No ..... 8

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

*Please mark all relevant boxes.*

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

I requested online social benefits or claimed entitlements (e. g. citizen's benefit, unemployment benefit, parental allowance, children's allowance, housing allowance, pension, severance pay). ..... 2  → 188

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

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

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

*Please mark all relevant boxes.*

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

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

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

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

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

There was no such online service available. .... 10

Other reasons ..... 6

*If "Other reasons", please specify in detail:*

model questionnaire

**188 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.*

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

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

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

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

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

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

Other issues ..... 6

*If "Other issues", please 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

voluntary

**Buying via the internet (e-Commerce)**

**189 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

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

→ 194

voluntary

**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/movie streaming), of subscriptions (e.g. magazines, television, internet, mobile phone contracts) 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 or films/series (as CDs, vinyl records or other physical sound recording media, or as DVDs, Blu-rays or other physical film material) ....	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, sound bars, virtual assistants), electrical household appliances (e.g. washing machines, refrigerators) .....	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 (e.g. HelloFresh) .....	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:

**191 In the last 3 months, did you do any of the following via a website or app for private use ...**

Please mark "Yes" or "No".

	Yes	No
making a subscription to an internet or mobile phone contract? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
making a subscription to electricity, water or heat supply, waste disposal or similar services? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
buying a transport service from a transport enterprise (e.g. local bus/train ticket, airline ticket, taxi ride) .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
booking accommodation from an enterprise (e.g. hotel, travel agency)? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
<p><b>i</b> Accommodation with private persons is excluded (e.g. via platforms like AirBnb). Accommodation with private persons is also excluded when booking was done via commercial providers (e.g. via Booking.com).</p>		
buying tickets to cultural or other events (e.g. cinema, theatre, concerts, fairs, sports events)? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
buying e-books or audiobooks as downloads (including paid updates)? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
buying computer or other software as downloads (including paid upgrades)? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
buying computer/video games online or as downloads (including paid upgrades/DLC) or virtual in-game items? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>

**192 Have you had a subscription to any of the following streaming services or apps in the last 3 months, which you paid for?**

**i** This includes both ongoing subscriptions and new subscriptions that were bought in the last 3 months.  
This includes also shared payment (e.g. in case of joint use in the household).

Please mark "Yes" or "No" for each type of subscription listed.

	Yes	No
Music streaming service (e.g. Amazon Music Unlimited, Apple Music, Deezer, Tidal HIFI, Napster, Youtube Music, SoundCloud, Spotify Premium) .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Films/series or sports streaming service (e.g. Amazon Prime Video, Apple TV+, DAZN, Disney+, Discovery+, HBO Max, Joyn/Joyn PLUS+, Netflix, Paramount+, RTL+/RTL+ Premium, Sky WOW) .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Streaming service for online news sites, online newspapers (e-paper) or online magazines .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Gaming streaming service (e.g. Amazon Luna, GeForce Now, Playstation Plus, Xbox Cloud Gaming/Xbox Game Pass Ultimate, Sony Cloud-Streaming) .....	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"/>



<b>voluntary</b>	<b>193</b>	<b>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?</b>	
		Yes .....	1 <input type="checkbox"/>
		<i>If "Yes", please specify in detail:</i>	
		<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
		No .....	8 <input type="checkbox"/>

**Participation in the survey**

<b>voluntary</b>	<b>194</b>	<b>Have you answered the questions yourself?</b>	
		Yes .....	1 <input type="checkbox"/> → 196
		No, another household member has answered the questions. ....	2 <input type="checkbox"/>
		No, someone not living in the household has answered the questions. ....	3 <input type="checkbox"/> → 196
	<b>195</b>	<b>Which household member has answered the questions?</b>	
		Please enter the number (see flap) of the person who has answered the questions. ....	<input style="width: 50px; border: 1px solid black;" type="text"/>
	<b>196</b>	<b>How many minutes did it take you to complete the questionnaire?</b>	
		Number of minutes .....	<input style="width: 50px; border: 1px solid black;" type="text"/>

model questionnaire

model questionnaire

**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 on the use of information and communication technologies, 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.

voluntary

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

*Please mark only one box.*

- |   |   |                          |         |
|---|---|--------------------------|---------|
| In the last 3 months .....                                  | 1 | <input type="checkbox"/> |         |
| More than 3 months ago, but within the last 12 months ..... | 2 | <input type="checkbox"/> | → 181   |
| More than 12 months ago .....                               | 3 | <input type="checkbox"/> | } → 194 |
| Never .....   | 8 | <input type="checkbox"/> |         |

**166 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"/> |

model questionnaire

Person 4:

**167 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, Signal, Threema, Viber, Snapchat, Zoom, MS Teams, Webex) ..... 1  Yes 8  No

Participating in social media (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, Telegram) ..... 1  Yes 8  No

**Searching information**

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

**i** For example reading online [www.dw.de](http://www.dw.de), [www.faz.net](http://www.faz.net), [www.fr-online.de](http://www.fr-online.de), [www.heute.de](http://www.heute.de), [www.spiegel.de](http://www.spiegel.de), [www.sueddeutsche.de](http://www.sueddeutsche.de), [www.tagesschau.de](http://www.tagesschau.de), [www.taz.de](http://www.taz.de), [www.welt.de](http://www.welt.de), [www.zeit.de](http://www.zeit.de)

Searching information on goods or services ..... 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

**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, also in media libraries) from TV broadcasters ..... 1  Yes 8  No

Watching videos from commercial providers (e.g. Amazon Prime Video, Apple TV+, DAZN, Disney+, Eurosport Player, HBO Max, Joyn/Joyn PLUS+, MagentaSport, Netflix, Paramount+, RTL+/RTL+ Premium, Sky WOW) ..... 1  Yes 8  No

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

Playing or downloading games (incl. downloads of updates/upgrades/DLC) ..... 1  Yes 8  No

Listening to or downloading podcasts ..... 1  Yes 8  No

voluntary

model questionnaire

still:

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

Please mark "Yes" or "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, a health care centre or a physical therapy practice) ..... 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

**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

**i** Other common names are online banking and home banking.

**168 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  Yes 8  No

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

Using online learning material other than a complete online course (e.g. audio-visual material, video instructions (including YouTube videos), webinars, online learning software, electronic textbooks, learning apps or platforms) ..... 1  Yes 8  No

**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) ..... 1  Yes 8  No

voluntary

model questionnaire

**169 What was the purpose of these learning activities?**

Please mark all relevant boxes.

Not applicable. I have not done any of these learning activities over the internet in the last 3 months. .... 8

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

**170 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 (e.g. ETF) or other financial assets such as cryptocurrencies, tokens, NFTs .....	1	<input type="checkbox"/>	8	<input type="checkbox"/>
---	---	--------------------------	---	--------------------------

**i** ETF: Exchange Traded Fund; NFT: non fungible token.

model questionnaire

## Internet of Things

**i** The questions in this section concern the use of smart devices or systems. These are systems/devices that are connected to the Internet and are also referred to as “smart home”, “smart device/system” or “intelligent device/system”.  
 “Use of smart devices or systems” means that the system/device is connected to the internet.

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

*Please mark all relevant boxes.*

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

**i** Including plug-ins/software extensions.

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

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

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

Not applicable. I did not use any of the devices/systems mentioned. 8

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voluntary

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

*Please mark all relevant boxes.*

I did not know that such smart devices/systems existed. .... 1  → 173

There is no need. .... 2

The costs would be too high. .... 3

Lack of compatibility with other devices/systems. .... 4

Lack of skills to use those devices or systems. .... 5

Concerns about privacy and the protection of the personal information generated about me/my home by those devices/systems. .... 6

Security concerns related to IT security (e.g. concerns that the device/system could be hacked). .... 10

Safety concerns related to personal protection and health issues (e.g. concerns that the use of the device/system could lead to accidents, injuries or health problems). .... 11

Other reasons ..... 12

*If “Other reasons”, please specify in detail:*

**173 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
Smart TV (internet-connected TV) .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>
Internet-connected game console .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>
Internet-connected home audio system or smart speakers .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>

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

Please mark "Yes" or "No".

		Yes	No
Smart watch, fitness bracelet, smart glasses, other internet-connected devices such as wireless headsets ("true-wireless", i.e. not connected via Bluetooth), smart security tracker, smart accessories, smart clothes/shoes .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>
Internet-connected devices for monitoring blood pressure, blood sugar, body weight (e.g. smart scales), care robots or other internet-connected devices relating to health/medical care .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>
Internet-connected toys for children or adults, such as robot toys (including educational toys) or smart dolls .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>
Car or other vehicle with <b>built-in</b> wireless internet connection .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>

**175 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 in the last 3 months. ....	8	<input type="checkbox"/>



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

**176 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.  
This does not include devices made available to you by your employer.

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

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

voluntary

**177 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"/>
Brand, design or size of the device .....	10 <input type="checkbox"/>
Hard drive characteristics (storage, speed), processor speed of the device .....	2 <input type="checkbox"/>
Ecodesign of the device (e.g. durable, upgradeable and repairable design that requires fewer materials, environmentally friendly materials for packaging) .....	3 <input type="checkbox"/>
Possibility to extend the life span of the device by purchasing/ concluding an additional warranty contract .....	4 <input type="checkbox"/>
Energy efficiency of the device .....	5 <input type="checkbox"/>
Possibility of a take-back offer from the seller/manufacturer, i.e. the seller/manufacturer takes back the old device free of charge and/or offers the customer a discount for the purchase of another/new device. ....	6 <input type="checkbox"/>
I did not consider important any of the purchase criteria mentioned. ....	7 <input type="checkbox"/>
Not applicable. I never bought any of the devices mentioned. ....	8 <input type="checkbox"/>

## Problems encountered with deleting an account on the internet

**i** The questions in this section refer to **free** apps or online services where you have registered and created a user account.

### 178 Have you ever opened an account or registered with a **free** app or service on the internet?

**i** This includes setting up a social media account (e.g. on Twitter, Facebook, Instagram) or registering in a free app (e.g. in an app for buying tickets, music streaming or online games).

This does not include accounts in free trials for services that are otherwise chargeable or accounts where you use other paid components ("freemium models") in addition to the free basic product.

Yes ..... 1

No ..... 8  → 181

### 179 Have you deleted or tried to delete your account of a **free** app or service in the last 3 months?

**i** Please also mark "Yes" if the account could not be deleted.

Yes ..... 1

No ..... 8  → 181

### 180 Have you encountered problems when trying to delete your account of a **free** app or service in the last 3 months?

**i** For example:

- difficulty to find a way to delete the account,
- spending a disproportionate amount of time to delete the account,
- technical problems,
- unacceptable conditions for deletion/withdrawal,
- inability to succeed with deleting the account.

Yes ..... 1

No ..... 8

voluntary

model questionnaire

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

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

Examples of online contacts and transactions with authorities/public institutions include:

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

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

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

Please mark "Yes" or "No".

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

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

Please mark "Yes" or "No".

#### ... downloading or printing official forms from websites/apps of authorities or public institutions

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

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

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

voluntary

model questionnaire

**184 Did you receive/access any official communication or documents sent by authorities or public institutions via your account on a website or app (e. g. notifications of fines or invoices, tax assessment notifications or other official letters, delivery of court summons, court documents) for private purposes in the last 12 months?**

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

Yes ..... 1

No ..... 8

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

Yes ..... 1

No ..... 8

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

*Please mark all relevant boxes.*

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

I requested online social benefits or claimed entitlements (e. g. citizen's benefit, unemployment benefit, parental allowance, children's allowance, housing allowance, pension, severance pay). ..... 2  → 188

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

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

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

*Please mark all relevant boxes.*

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

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

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

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

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

There was no such online service available. .... 10

Other reasons ..... 6

*If "Other reasons", please specify in detail:*

model questionnaire

**188 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.*

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

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

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

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

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

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

Other issues ..... 6

*If "Other issues", please 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

voluntary

**Buying via the internet (e-Commerce)**

**189 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

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

→ 194

voluntary

**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/movie streaming), of subscriptions (e.g. magazines, television, internet, mobile phone contracts) 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 or films/series (as CDs, vinyl records or other physical sound recording media, or as DVDs, Blu-rays or other physical film material) ....	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, sound bars, virtual assistants), electrical household appliances (e.g. washing machines, refrigerators) .....	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 (e.g. HelloFresh) .....	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:

**191 In the last 3 months, did you do any of the following via a website or app for private use ...**

Please mark "Yes" or "No".

	Yes	No
making a subscription to an internet or mobile phone contract? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
making a subscription to electricity, water or heat supply, waste disposal or similar services? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
buying a transport service from a transport enterprise (e.g. local bus/train ticket, airline ticket, taxi ride) .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
booking accommodation from an enterprise (e.g. hotel, travel agency)? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
<p><b>i</b> Accommodation with private persons is excluded (e.g. via platforms like AirBnb). Accommodation with private persons is also excluded when booking was done via commercial providers (e.g. via Booking.com).</p>		
buying tickets to cultural or other events (e.g. cinema, theatre, concerts, fairs, sports events)? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
buying e-books or audiobooks as downloads (including paid updates)? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
buying computer or other software as downloads (including paid upgrades)? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
buying computer/video games online or as downloads (including paid upgrades/DLC) or virtual in-game items? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>

**192 Have you had a subscription to any of the following streaming services or apps in the last 3 months, which you paid for?**

**i** This includes both ongoing subscriptions and new subscriptions that were bought in the last 3 months.  
This includes also shared payment (e.g. in case of joint use in the household).

Please mark "Yes" or "No" for each type of subscription listed.

	Yes	No
Music streaming service (e.g. Amazon Music Unlimited, Apple Music, Deezer, Tidal HI-FI, Napster, Youtube Music, SoundCloud, Spotify Premium) .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Films/series or sports streaming service (e.g. Amazon Prime Video, Apple TV+, DAZN, Disney+, Discovery+, HBO Max, Joyn/Joyn PLUS+, Netflix, Paramount+, RTL+/RTL+ Premium, Sky WOW) .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Streaming service for online news sites, online newspapers (e-paper) or online magazines .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Gaming streaming service (e.g. Amazon Luna, GeForce Now, Playstation Plus, Xbox Cloud Gaming/Xbox Game Pass Ultimate, Sony Cloud-Streaming) .....	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"/>



<b>voluntary</b>	<b>193</b>	<b>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?</b>	
		Yes .....	1 <input type="checkbox"/>
		<i>If "Yes", please specify in detail:</i>	
		<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
		No .....	8 <input type="checkbox"/>

**Participation in the survey**

<b>voluntary</b>	<b>194</b>	<b>Have you answered the questions yourself?</b>	
		Yes .....	1 <input type="checkbox"/> → 196
		No, another household member has answered the questions. ....	2 <input type="checkbox"/>
		No, someone not living in the household has answered the questions. ....	3 <input type="checkbox"/> → 196
	<b>195</b>	<b>Which household member has answered the questions?</b>	
		Please enter the number (see flap) of the person who has answered the questions. ....	<input style="width: 50px; border: 1px solid black;" type="text"/>
	<b>196</b>	<b>How many minutes did it take you to complete the questionnaire?</b>	
		Number of minutes .....	<input style="width: 50px; border: 1px solid black;" type="text"/>

model questionnaire

model questionnaire

**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 on the use of information and communication technologies, 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.

voluntary

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

*Please mark only one box.*

- |   |   |                          |         |
|---|---|--------------------------|---------|
| In the last 3 months .....                                  | 1 | <input type="checkbox"/> |         |
| More than 3 months ago, but within the last 12 months ..... | 2 | <input type="checkbox"/> | → 181   |
| More than 12 months ago .....                               | 3 | <input type="checkbox"/> | } → 194 |
| Never .....   | 8 | <input type="checkbox"/> |         |

**166 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"/> |

model questionnaire

Person 5:

**167 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, Signal, Threema, Viber, Snapchat, Zoom, MS Teams, Webex) ..... 1  Yes 8  No

Participating in social media (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, Telegram) ..... 1  Yes 8  No

**Searching information**

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

**i** For example reading online [www.dw.de](http://www.dw.de), [www.faz.net](http://www.faz.net), [www.fr-online.de](http://www.fr-online.de), [www.heute.de](http://www.heute.de), [www.spiegel.de](http://www.spiegel.de), [www.sueddeutsche.de](http://www.sueddeutsche.de), [www.tagesschau.de](http://www.tagesschau.de), [www.taz.de](http://www.taz.de), [www.welt.de](http://www.welt.de), [www.zeit.de](http://www.zeit.de)

Searching information on goods or services ..... 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

**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, also in media libraries) from TV broadcasters ..... 1  Yes 8  No

Watching videos from commercial providers (e.g. Amazon Prime Video, Apple TV+, DAZN, Disney+, Eurosport Player, HBO Max, Joyn/Joyn PLUS+, MagentaSport, Netflix, Paramount+, RTL+/RTL+ Premium, Sky WOW) ..... 1  Yes 8  No

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

Playing or downloading games (incl. downloads of updates/upgrades/DLC) ..... 1  Yes 8  No

Listening to or downloading podcasts ..... 1  Yes 8  No

voluntary

model questionnaire

still:

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

Please mark "Yes" or "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, a health care centre or a physical therapy practice) ..... 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

**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

**i** Other common names are online banking and home banking.

**168 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  Yes 8  No

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

Using online learning material other than a complete online course (e.g. audio-visual material, video instructions (including YouTube videos), webinars, online learning software, electronic textbooks, learning apps or platforms) ..... 1  Yes 8  No

**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) ..... 1  Yes 8  No

voluntary

model questionnaire

**169 What was the purpose of these learning activities?**

Please mark all relevant boxes.

Not applicable. I have not done any of these learning activities over the internet in the last 3 months. .... 8

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

**170 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 (e.g. ETF) or other financial assets such as cryptocurrencies, tokens, NFTs .....	1	<input type="checkbox"/>	8	<input type="checkbox"/>
---	---	--------------------------	---	--------------------------

**i** ETF: Exchange Traded Fund; NFT: non fungible token.

model questionnaire

## Internet of Things

**i** The questions in this section concern the use of smart devices or systems. These are systems/devices that are connected to the Internet and are also referred to as “smart home”, “smart device/system” or “intelligent device/system”.  
 “Use of smart devices or systems” means that the system/device is connected to the internet.

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

*Please mark all relevant boxes.*

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

**i** Including plug-ins/software extensions.

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

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

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

Not applicable. I did not use any of the devices/systems mentioned. 8

1

2  → 173

3

4

8

voluntary

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

*Please mark all relevant boxes.*

I did not know that such smart devices/systems existed. .... 1  → 173

There is no need. .... 2

The costs would be too high. .... 3

Lack of compatibility with other devices/systems. .... 4

Lack of skills to use those devices or systems. .... 5

Concerns about privacy and the protection of the personal information generated about me/my home by those devices/systems. .... 6

Security concerns related to IT security (e.g. concerns that the device/system could be hacked). .... 10

Safety concerns related to personal protection and health issues (e.g. concerns that the use of the device/system could lead to accidents, injuries or health problems). .... 11

Other reasons ..... 12

*If “Other reasons”, please specify in detail:*

**173 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
Smart TV (internet-connected TV) .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>
Internet-connected game console .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>
Internet-connected home audio system or smart speakers .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>

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

Please mark "Yes" or "No".

		Yes	No
Smart watch, fitness bracelet, smart glasses, other internet-connected devices such as wireless headsets ("true-wireless", i.e. not connected via Bluetooth), smart security tracker, smart accessories, smart clothes/shoes .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>
Internet-connected devices for monitoring blood pressure, blood sugar, body weight (e.g. smart scales), care robots or other internet-connected devices relating to health/medical care .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>
Internet-connected toys for children or adults, such as robot toys (including educational toys) or smart dolls .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>
Car or other vehicle with <b>built-in</b> wireless internet connection .....	1	<input type="checkbox"/>	8 <input type="checkbox"/>

**175 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 in the last 3 months. ....	8	<input type="checkbox"/>



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

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

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

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

voluntary

**177 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"/>
Brand, design or size of the device .....	10 <input type="checkbox"/>
Hard drive characteristics (storage, speed), processor speed of the device .....	2 <input type="checkbox"/>
Ecodesign of the device (e.g. durable, upgradeable and repairable design that requires fewer materials, environmentally friendly materials for packaging) .....	3 <input type="checkbox"/>
Possibility to extend the life span of the device by purchasing/ concluding an additional warranty contract .....	4 <input type="checkbox"/>
Energy efficiency of the device .....	5 <input type="checkbox"/>
Possibility of a take-back offer from the seller/manufacturer, i.e. the seller/manufacturer takes back the old device free of charge and/or offers the customer a discount for the purchase of another/new device. ....	6 <input type="checkbox"/>
I did not consider important any of the purchase criteria mentioned. ....	7 <input type="checkbox"/>
Not applicable. I never bought any of the devices mentioned. ....	8 <input type="checkbox"/>

## Problems encountered with deleting an account on the internet

**i** The questions in this section refer to **free** apps or online services where you have registered and created a user account.

### 178 Have you ever opened an account or registered with a **free** app or service on the internet?

**i** This includes setting up a social media account (e.g. on Twitter, Facebook, Instagram) or registering in a free app (e.g. in an app for buying tickets, music streaming or online games).

This does not include accounts in free trials for services that are otherwise chargeable or accounts where you use other paid components ("freemium models") in addition to the free basic product.

Yes ..... 1

No ..... 8  → 181

### 179 Have you deleted or tried to delete your account of a **free** app or service in the last 3 months?

**i** Please also mark "Yes" if the account could not be deleted.

Yes ..... 1

No ..... 8  → 181

### 180 Have you encountered problems when trying to delete your account of a **free** app or service in the last 3 months?

**i** For example:

- difficulty to find a way to delete the account,
- spending a disproportionate amount of time to delete the account,
- technical problems,
- unacceptable conditions for deletion/withdrawal,
- inability to succeed with deleting the account.

Yes ..... 1

No ..... 8

voluntary

model questionnaire

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

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

Examples of online contacts and transactions with authorities/public institutions include:

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

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

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

Please mark "Yes" or "No".

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

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

Please mark "Yes" or "No".

#### ... downloading or printing official forms from websites/apps of authorities or public institutions

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

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

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

voluntary

**184 Did you receive/access any official communication or documents sent by authorities or public institutions via your account on a website or app (e. g. notifications of fines or invoices, tax assessment notifications or other official letters, delivery of court summons, court documents) for private purposes in the last 12 months?**

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

Yes ..... 1

No ..... 8

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

Yes ..... 1

No ..... 8

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

*Please mark all relevant boxes.*

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

I requested online social benefits or claimed entitlements (e. g. citizen's benefit, unemployment benefit, parental allowance, children's allowance, housing allowance, pension, severance pay). ..... 2  → 188

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

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

187

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

*Please mark all relevant boxes.*

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

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

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

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

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

There was no such online service available. .... 10

Other reasons ..... 6

*If "Other reasons", please specify in detail:*

voluntary

model questionnaire

**188 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.*

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

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

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

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

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

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

Other issues ..... 6

*If "Other issues", please 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

voluntary

**Buying via the internet (e-Commerce)**

**189 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

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

} → 194

voluntary

**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/movie streaming), of subscriptions (e.g. magazines, television, internet, mobile phone contracts) 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 or films/series (as CDs, vinyl records or other physical sound recording media, or as DVDs, Blu-rays or other physical film material) ....	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, sound bars, virtual assistants), electrical household appliances (e.g. washing machines, refrigerators) .....	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 (e.g. HelloFresh) .....	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:

**191 In the last 3 months, did you do any of the following via a website or app for private use ...**

Please mark "Yes" or "No".

	Yes	No
making a subscription to an internet or mobile phone contract? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
making a subscription to electricity, water or heat supply, waste disposal or similar services? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
buying a transport service from a transport enterprise (e.g. local bus/train ticket, airline ticket, taxi ride? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
booking accommodation from an enterprise (e.g. hotel, travel agency)? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
<p><b>i</b> Accommodation with private persons is excluded (e.g. via platforms like AirBnb). Accommodation with private persons is also excluded when booking was done via commercial providers (e.g. via Booking.com).</p>		
buying tickets to cultural or other events (e.g. cinema, theatre, concerts, fairs, sports events)? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
buying e-books or audiobooks as downloads (including paid updates)? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
buying computer or other software as downloads (including paid upgrades)? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
buying computer/video games online or as downloads (including paid upgrades/DLC) or virtual in-game items? .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>

**192 Have you had a subscription to any of the following streaming services or apps in the last 3 months, which you paid for?**

**i** This includes both ongoing subscriptions and new subscriptions that were bought in the last 3 months.  
This includes also shared payment (e.g. in case of joint use in the household).

Please mark "Yes" or "No" for each type of subscription listed.

	Yes	No
Music streaming service (e.g. Amazon Music Unlimited, Apple Music, Deezer, Tidal HIFI, Napster, Youtube Music, SoundCloud, Spotify Premium) .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Films/series or sports streaming service (e.g. Amazon Prime Video, Apple TV+, DAZN, Disney+, Discovery+, HBO Max, Joyn/Joyn PLUS+, Netflix, Paramount+, RTL+/RTL+ Premium, Sky WOW) .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Streaming service for online news sites, online newspapers (e-paper) or online magazines .....	1 <input type="checkbox"/>	8 <input type="checkbox"/>
Gaming streaming service (e.g. Amazon Luna, GeForce Now, Playstation Plus, Xbox Cloud Gaming/Xbox Game Pass Ultimate, Sony Cloud-Streaming) .....	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"/>



<b>voluntary</b>	<b>193</b>	<b>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?</b>	
		Yes .....	1 <input type="checkbox"/>
		<i>If "Yes", please specify in detail:</i>	
		<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
		No .....	8 <input type="checkbox"/>

**Participation in the survey**

<b>voluntary</b>	<b>194</b>	<b>Have you answered the questions yourself?</b>	
		Yes .....	1 <input type="checkbox"/> → 196
		No, another household member has answered the questions. ....	2 <input type="checkbox"/>
		No, someone not living in the household has answered the questions. ....	3 <input type="checkbox"/> → 196
	<b>195</b>	<b>Which household member has answered the questions?</b>	
		Please enter the number (see flap) of the person who has answered the questions. ....	<input style="width: 40px; border: 1px solid black;" type="text"/>
	<b>196</b>	<b>How many minutes did it take you to complete the questionnaire?</b>	
		Number of minutes .....	<input style="width: 60px; border: 1px solid black;" type="text"/>

model questionnaire

model questionnaire

### 1 Today's territory

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

### 2 Citizenship

#### German by birth

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

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

#### Ethnic German repatriates with and without naturalisation

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

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

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

### 3 Partial retirement

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

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

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

### 4 Caregiver Leave Act/Family Caregiver Leave Act

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

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

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

### 5 Categorisation of job

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

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

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

### 6 Marginal employment

In the case of marginal employment, that is, a 520-euro job (also referred to as mini-job; with a pay of up to 520 euros per month on a yearly average basis), the employer pays flat-rate contributions to pension and health insurance and a lump-sum tax rate.

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

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

### 7 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.

### 8 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.

### 9 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.

### 10 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.

### 11 Statutory pension insurance

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

You also have statutory pension insurance if you

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

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

Contributions are paid for unemployed persons who receive unemployment benefit I. They are therefore regarded as liable to compulsory statutory pension insurance. With effect from 1 January 2011, contributions are no longer paid for unemployed persons receiving citizen's benefit, 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)<sup>1</sup> and with the General Data Protection Regulation (EU) 2016/679 (GDPR)<sup>2</sup>

## Purpose, type and scope of the survey

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

The purpose of the microcensus is to provide statistical data, with a detailed subject-related breakdown, on the population structure, the economic and social situation of the population, of families and households, on the labour market, the occupational structure and education of the labour force, and on the housing circumstances. It also serves to meet European obligations. Every year, up to one percent of the population may be surveyed. In every sampling district, the survey is conducted not more than four times within five consecutive calendar years. Data for the additional survey component concerning 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, (EU) No 2023/1484, Delegated Regulations (EU) No 2020/256 and (EU) No 2020/2175 in conjunction with the Federal Statistics Act (BStatG) and Article 6 (1) letter e of the General Data Protection Regulation. Data are collected in accordance with Section 6 (1) nos. 1 to 4, no. 5 letters a and b, nos. 6 to 10 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 who is unable to provide the information himself/herself nominates a trusted person to provide the required information on his/her behalf, the adult household members or the custodian will no longer be obliged to provide the relevant information.

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

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

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

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

- contrary to Section 15 (1), 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 evaluations of data on the type and extent of the provision of information (e.g. device used or time spent) is Section 6 (1), first sentence, no. 2 of the Federal Statistics Act.

## Controller

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

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

## Confidentiality

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

Individual data may in particular be transmitted to:

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

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

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 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/>

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

Pursuant to Article 7 (1) of Regulation (EU) No 557/2013 concerning access to confidential data for scientific purposes, Eurostat may - within its own access facilities or within other access facilities accredited by Eurostat - grant access to individual data not including name and address for scientific purposes.

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

Persons receiving individual data are also obliged to maintain confidentiality.

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

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

- Pursuant to Section 14 (5), 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 may be employed to reduce the burden on the respondents. The survey may also be conducted in writing, however. The interviewers have to provide proof of their authorisation. Their reliability and discretion must be ensured and they have specially been obligated to maintain confidentiality. They must not use information gained in the course of their activity in other processes or for other purposes. This obligation continues to apply after their activity has ended.

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

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

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

Respondents whose personal data are processed have the right to request

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

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

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

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

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

model questionnaire