

**ZA6655 / ZA6656**

**Children of Immigrants Longitudinal Survey  
in Four European Countries - Germany  
(CILS4EU-DE)**

**Wave 5**

**Field Questionnaire  
(English Translation)**

# **Master Questionnaire (English Translation)**

**Comparable with Codebook W5**

## Questions about you

**1** Are you a boy or a girl?

Boy ☐

Girl ☐

**2** When were you born?

Day

Month

Year

**3** How well do you think you can...

Not  
at all

Not  
well

Well

Very  
well

Excellent

... speak <survey country language>?

☐
☐
☐
☐
☐

... write <survey country language>?

☐
☐
☐
☐
☐

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**4** Is there a language other than <survey country language> spoken at your home?

Yes ☐

No ☐



Go to

**8**

**5** Which language is this?

<Language 1>

☐

<Language 2>

☐

<Language 3>

☐

Other language

☐


Please specify:

**6** Think of the language you just ticked. How well do you think you can...

Not  
at all

Not  
well

Well

Very  
well

Excellent

... speak this language?

☐
☐
☐
☐
☐

... write this language?

☐
☐
☐
☐
☐

**7** In this language, how often do you...

	Always	Often	Sometimes	Never
... talk to your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... watch TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... talk to friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... read newspapers (also online)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**8** Are you currently a <survey country> citizen?

Yes, since birth	<input type="checkbox"/>	}	Go to	<b>13</b>
Yes, but not since birth but by naturalization	<input type="checkbox"/>			
No, not yet, but I have applied for <survey country> citizenship	<input type="checkbox"/>	→	Go to	<b>11</b>
No	<input type="checkbox"/>			

**9** Generally speaking, how strongly are you interested in obtaining <survey country> citizenship, that is, to become naturalized?

Very strongly	<input type="checkbox"/>
Fairly strongly	<input type="checkbox"/>
Not very strongly	<input type="checkbox"/>
Not at all strongly	<input type="checkbox"/>

**10** Are you planning to obtain <survey country> citizenship, that is, to become naturalized, during the next 5 years?

Yes, definitely	<input type="checkbox"/>
Yes, probably	<input type="checkbox"/>
No, probably not	<input type="checkbox"/>
No, definitely not	<input type="checkbox"/>

**11** Are the following statements true about you?

	Yes	No	Don't know
A naturalization is effortful and expensive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naturalization is important since in this way you are allowed to vote in <survey country>.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<Survey country> citizenship protects me against possible deportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I become naturalized, I have to renounce my old citizenship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 12 How much do you agree or disagree with each of these statement?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My family would disapprove when I would be a <survey country> citizen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a <survey country> citizen I would feel less strongly belonging to my family's country of origin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<Survey country> citizenship would facilitate my everyday life, e.g., at public authorities or during travels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<Survey country> citizenship would offer me advantages with respect to apprenticeship, studies or job search.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a <survey country> citizen, I would really feel that I belong to <survey country>.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Questions about your leisure time

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

## 13 We have compiled different clubs or groups in this list. Please tick all clubs or groups that you are involved in.

No club or group ☐ → Go to **18**

Voluntary relief organization (e.g., fire department, THW, DRK, Greenpeace or DLRG) ☐

Sports club ☐

Church or denominational (youth) group (e.g., CVJM, BDJ, DITIB or AAGB) ☐

Fan club (e.g., for a sports team or a musician) ☐

Culture club (e.g., music, drama, shooting or heritage club) ☐

Political association (e.g., party, civic association or trade union) ☐

Other club or group ☐ → Please specify:

**14** In which of these clubs or groups do you spend most of your time? Please tick only one club or group.

- I am only involved in one club or group. ☐
- Voluntary relief organization (e.g., fire department, THW, DRK, Greenpeace or DLRG) ☐
- Sports club ☐
- Church or denominational (youth) group (e.g., CVJM, BDKJ, DITIB or AAGB) ☐
- Fan club (e.g., for a sports team or a musician) ☐
- Culture club (e.g., music, drama, shooting or heritage club) ☐
- Political association (e.g., party, civic association or trade union) ☐
- Other club or group ☐ →

Please specify:

**15** Thinking about the club or group you spend most of your time in: What is the name of this club or group? Please name the exact title and do not abbreviate the title.

**16** Do you exercise an official role or did you assume an additional special task in this club or group (e.g., group leader or treasurer)?

- Yes ☐
- No ☐

**17** How many people in this club you spend most of your time in have...

	Almost all or all	A lot	About half	A few	None or very few
... a German background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... an Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18** Have you done the following things in the past 12 months in order to exert political influence or to express your personal opinion?

	Yes	No
Participated in an (online) petition or signature	<input type="checkbox"/>	<input type="checkbox"/>
Participated in a demonstration	<input type="checkbox"/>	<input type="checkbox"/>
Supported a party's campaign	<input type="checkbox"/>	<input type="checkbox"/>

**19** In your spare time, how often do you...

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... inform yourself about political and social issues (on TV, internet or in newspapers)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... discuss political and social issues with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**20** How often do you...

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... have a hot meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... do sports or go to the gym?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... eat breakfast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... use drugs (e.g., hash, paddos, ecstasy pills)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**21** Outside your main day-to-day activity like being in school, studying, working a full-time job or doing an apprenticeship, do you have a side job (e.g., work as a waiter or waitress, restocking shelves or tutoring)?

Yes ☐

No ☐ → Go to **24**

**22** How many hours do you work in this side job during a normal week (including weekends)?

Number of hours:

**23** About how much money do you earn from work each month?

Amount in Euros:

## Questions about your family and friends

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

- 24** The following questions are about your biological mother. If she is no longer alive or if you are not in touch with her, please answer the questions as best as you can.

Was your biological mother born abroad?

No ☐ → Go to **27**  
Yes ☐

- 25** Have you visited this country during the last 12 months?

Yes, twice or more ☐  
Yes, once ☐  
No ☐

- 26** How much are you interested in this country's politics?

Very much ☐  
A lot ☐  
Quite a lot ☐  
A little ☐  
Very little or not at all ☐

- 27** Does your mother currently have a job?

Yes ☐  
No ☐  
Don't know ☐

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

- 28** The following questions are about your biological father. If he is no longer alive or if you are not in touch with him, please answer the questions as best as you can.

Was your biological father born abroad?

No ☐ → Go to **31**  
Yes, in the same country as my mother ☐ → Go to **31**  
Yes, but in a different country than my mother ☐

- 29** Have you visited this country during the last 12 months?

Yes, twice or more ☐  
Yes, once ☐  
No ☐



**30** How much are you interested in this country's politics?

- Very much ☐
- A lot ☐
- Quite a lot ☐
- A little ☐
- Very little or not at all ☐

**31** Does your father currently have a job?

- Yes ☐
- No ☐
- Don't know ☐

**32** Do you get money from your parents?

- Yes, each week ☐ →    Euro
- Yes, each month ☐ →    Euro
- Yes, occasionally ☐
- No ☐

**33** Thinking now about all of your friends. How many of them have...

	Almost all or all	A lot	About half	A few	None or very few
... a German background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... an Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**34** Thinking of your main day-to-day activity like being in school, studying, working a full-time job or doing an apprenticeship. How many people at your school, studies or your work place have...

	Almost all or all	A lot	About half	A few	None or very few
... a German background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... an Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Your feelings and attitudes

**35** How strongly do you feel <survey country member>?

- Very strongly ☐
- Fairly strongly ☐
- Not very strongly ☐
- Not at all strongly ☐

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**36** Some people feel that they belong to other groups, too. Which, if any, of the following groups do you feel you belong to? Please tick only one box.

- No other group ☐ → **Go to** **39**
- <Group 1> ☐
- <Group 2> ☐
- <Group 3> ☐
- Other group ☐ → Please specify:

**37** How strongly do you feel that you belong to this group?

- Very strongly ☐
- Fairly strongly ☐
- Not very strongly ☐
- Not at all strongly ☐

**38** How important is it for you personally to maintain the customs and traditions of this group?

- Very important ☐
- Fairly important ☐
- Not very important ☐
- Not at all important ☐

**39** How much do you agree or disagree with each of these statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The <survey country> people should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should adapt to <survey country> society.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The <survey country> people should be open to the customs and traditions of immigrants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**40** What is your religion?

- No religion ☐
- Buddhism ☐
- Christianity: Catholic ☐
- Christianity: Protestant ☐
- Hinduism ☐
- Islam ☐
- Judaism ☐
- Sikhism ☐
- Other religion ☐



Please specify:

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**41** How important is religion to you?

- Very important ☐
- Fairly important ☐
- Not very important ☐
- Not at all important ☐

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**42** How often do you visit a religious meeting place (e.g., a church, a mosque, a synagogue or a temple)?

- Never ☐
- Occasionally (but less than once a month) ☐
- At least once a month ☐
- At least once a week ☐
- Every day ☐

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**43** How often do you pray?

- Never ☐
- Occasionally (but less than once a month) ☐
- At least once a month ☐
- At least once a week ☐
- One to four times a day ☐
- Five times a day or more ☐
-

- 44** Please rate how you feel about the following groups on a scale that runs from 0 to 100. The higher the number, the more positive you feel, and the lower the number, the more negative you feel towards this group.  
(Please tick a box for every group.)

	Negative				Neutral						Positive	I don't know this group.
	0	10	20	30	40	50	60	70	80	90	100	
Germans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Russians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 45** Do you think the following are “always OK”, “often OK”, “sometimes OK” or “never OK”?

	Always OK	Often OK	Some-times OK	Never OK	Don't know
Living together as a couple without being married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homosexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 46** On a scale from 1 to 10 where 1 is very unsatisfied and 10 is very satisfied, how satisfied are you with your life in general?

	Very unsatisfied				Very satisfied					
	1	2	3	4	5	6	7	8	9	10
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 47** In the last six months, how often have you had...

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... a headache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a stomachache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... difficulties falling asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 48** When you are 30 years old, do you think you will...

	Probably yes	Probably no	Don't know
... have a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... be living in <survey country>?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have a university degree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have a lot of money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Your opinions

**49** How strongly do you trust the following institutions or persons?

	Very	Fairly	Not very	Not at all
Political parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Politicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspapers, Radio and TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**50** If there was a federal election next Sunday, which party would you vote for? Please answer the question, even if you are not allowed to vote.

CDU or CSU ☐  
 SPD ☐  
 Die Linke ☐  
 Bündnis 90/Die Grünen ☐  
 FDP ☐  
 AfD ☐  
 Piratenpartei ☐  
 Another party ☐



Please specify:

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**51** Were you allowed to vote at the European Election in May 2014?

Yes ☐

No ☐



Go to

**53**

Don't know ☐



Go to

**53**

**52** Did you vote at the European Election in May 2014?

Yes ☐

No ☐

Don't know ☐

- 53** In politics, people sometimes talk of “left” and “right” political attitudes. How about you? On a scale from 0 to 10 where 0 means “left political attitude” and 10 means “right political attitude”, where would you place yourself?

Left political attitude												Right political attitude	Don't know
0	1	2	3	4	5	6	7	8	9	10			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 54** How much do you agree or disagree with each of these statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Politics are too complicated to understand what it really is about.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think it is easy for me to form an opinion about political issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most politicians are only interested in votes and not in the people's opinions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Politicians care about what people like me are thinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 55** Is there any politician that you rate particularly highly? You may also name a politician from outside <survey country>.

No ☐

Yes ☐



Please specify:

- 56** On scale from 1 to 10 where 1 is very unsatisfied and 10 is very satisfied, how satisfied are you...

	Very unsatisfied									Very satisfied
	1	2	3	4	5	6	7	8	9	10
... with the democratic system in <survey country>?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with the work of the current <survey country> federal government?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Your current situation

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**57** Have you graduated from school or vocational training during the last year?

- Yes, both ☐
- Yes, from vocational training ☐
- Yes, from school ☐ → **Go to 66**
- No ☐ → **Go to 69**

**58** Which type of qualification from vocational training did you receive?

Apprenticeship degree (mercantile, operational, industrial, agricultural), apprenticeship diploma (craft certificate), dual training degree ☐

Degree of health care school ☐

Vocational technical school degree ☐

Another technical school degree ☐ → Please specify:

Another degree ☐ → Please specify:

**59** What is the exact title of your vocational qualification (e.g., automotive mechanics engineer or legal assistant)? Please name the exact title.

**60** How long did your vocational training take in total?

- 1 to 1.5 years ☐
- 2 to 2.5 years ☐
- 3 to 3.5 years ☐
- 4 years ☐
- More than 4 years ☐
- Other duration ☐ → Please specify:

 years

**61** What overall grade did you get in your vocational qualification certificate?

(If you got credit points, please try as best as you can to convert them into grades. If that is not possible, please insert the score in the "credits" column.)

Grade:

Credits:

Attention: Remember to check for a "Go to" instruction after you answer the question below.

**62** Did you receive an additional educational degree with your vocational qualification?

Yes ☐

No ☐ → Go to **69**

**63** Which educational degree is this?

Degree from lower secondary school (Hauptschulabschluss) ☐

Degree from intermediate secondary school (Realschulabschluss) ☐

Degree from upper secondary vocational school (Fachabitur) ☐

Degree from upper secondary school (Abitur) ☐

Other educational degree ☐ → Please specify:

**64** What grades (e.g., 1.3 or 2.0) did you get in your school-leaving certificate?

(If you got credit points, please try as best as you can to convert them into grades. If that is not possible, please insert the score in the "credits" column.)

Math: Grade:

Credits:

☐ I did not get any grades or credit points in Math in the school-leaving certificate.

<Survey country language>:

☐ I did not get any grades or credit points in <survey country language> in the school-leaving certificate.

English:

☐ I did not get any grades or credit points in English in the school-leaving certificate.

Attention: Remember to check for a "Go to" instruction after you answer the question below.

**65** What overall grade did you get in your school-leaving certificate?

(If you got credit points, please try as best as you can to convert them into grades. If that is not possible, please insert the score in the "credits" column.)

Grade:

Credits:

→ Go to **69**

**66** Which educational degree is this?

Degree from lower secondary school (Hauptschulabschluss) ☐

Degree from intermediate secondary school (Realschulabschluss) ☐

Degree from upper secondary vocational school (Fachabitur) ☐

Degree from upper secondary school (Abitur) ☐

Other educational degree ☐ → Please specify:



**67 What grades (e.g., 1.3 or 2.0) did you get in your school-leaving certificate?**

(If you got credit points, please try as best as you can to convert them into grades. If that is not possible, please insert the score in the “credits” column.)

	Grade:	Credits:	
Math:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I did not get any grades or credit points in Math in the school-leaving certificate.
<Survey country language>:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I did not get any grades or credit points in <survey country language> in the school-leaving certificate
English:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I did not get any grades or credit points in English in the school-leaving certificate.

**68 What overall grade did you get in your school-leaving certificate?**

(If you got credit points, please try as best as you can to convert them into grades. If that is not possible, please insert the score in the “credits” column.)

Grade:	Credits:
<input type="text"/>	<input type="text"/>

Attention: Remember to check for a “Go to” instruction after you answer the question below.

**69 What are you currently doing?**

School	<input type="checkbox"/>	→	Go to	70 (page 16)
Apprenticeship/work-related training	<input type="checkbox"/>	→	Go to	75 (page 18)
Studying	<input type="checkbox"/>	→	Go to	80 (page 19)
Full-time job	<input type="checkbox"/>	→	Go to	89 (page 21)
Internship	<input type="checkbox"/>	→	Go to	95 (page 22)
Something else	<input type="checkbox"/>	↓		
Please specify:	<input type="text"/>			

## School

Attention: Remember to check for a "Go to" instruction after you answer the question below.

### 70 Which school type do you currently attend?

Lower secondary school (Hauptschule)	<input type="checkbox"/>	Vocational school (Berufsschule)	<input type="checkbox"/>	<b>Go to</b> <div style="background-color: black; color: white; padding: 2px 5px; display: inline-block;"><b>75</b></div>
Intermediate secondary school (Realschule)	<input type="checkbox"/>	Full-time vocational school (Berufsfachschule)	<input type="checkbox"/>	
(Realschule plus)	<input type="checkbox"/>	Higher full-time vocational school (Höhere Berufsfachschule)	<input type="checkbox"/>	
Upper secondary school (Gymnasium)	<input type="checkbox"/>	Commercial school (Handelsschule)	<input type="checkbox"/>	
Comprehensive school (Integrierte Gesamtschule)	<input type="checkbox"/>	Higher commercial school (Höhere Handelsschule)	<input type="checkbox"/>	
Higher secondary vocational school (Fachoberschule)	<input type="checkbox"/>	Other vocational school	<input type="checkbox"/>	
Combined lower and intermediate secondary school (Mittelschule)	<input type="checkbox"/>		↓	
Combined lower and intermediate secondary school (Regelschule)	<input type="checkbox"/>	Please specify:	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
Combined lower and intermediate secondary school (Sekundarschule)	<input type="checkbox"/>			<b>Go to</b> <div style="background-color: black; color: white; padding: 2px 5px; display: inline-block;"><b>72</b></div>
Combined lower and intermediate secondary school (Haupt-Realschule)	<input type="checkbox"/>			
School for special needs (Förderschule)	<input type="checkbox"/>			
Rudolf-Steiner school (Waldorfschule)	<input type="checkbox"/>			
Other general educational school	<input type="checkbox"/>			
	↓			
Please specify:	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>			
and upper secondary school (Kooperative Gesamtschule)	<input type="checkbox"/>			<b>Go to</b> <div style="background-color: black; color: white; padding: 2px 5px; display: inline-block;"><b>71</b></div>

**71 Which track do you attend in combined lower, intermediate and upper secondary school?**

Lower secondary track (Hauptschulzweig)
☐

Intermediate secondary track (Realschulzweig)
☐

Upper secondary track (Gymnasialzweig)
☐

**72 Which grade do you currently attend?**

11<sup>th</sup> grade
☐

12<sup>th</sup> grade
☐

13<sup>th</sup> grade
☐

No grade
☐

Other grade
☐
→ Please specify:

**73 How often do you...**

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... argue with teacher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... get a punishment in school (e.g., being kept in detention, being sent out of class, writing lines)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... skip a lesson without permission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... come late to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attention: Remember to check for a “Go to” instruction after you answer the question below.

**74 How much do you agree or disagree with each of these statements?**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I am sure that I can get good grades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I put a great deal of effort into my school work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is very important to me to get good grades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Go to

End (last page)

## Apprenticeship/work-related training

**75** In which profession are you doing your apprenticeship/work-related training? Please name the exact title.

**76** How long will your apprenticeship take in total?

- 1 to 1.5 years ☐
- 2 to 2.5 years ☐
- 3 to 3.5 years ☐
- 4 years ☐
- More than 4 years ☐
- Other duration ☐ → Please specify:   years

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**77** Do you receive an additional educational degree with your apprenticeship?

- Yes ☐
- No ☐ → **Go to 79**

**78** Which educational degree is this?

- Degree from lower secondary school (Hauptschulabschluss) ☐
- Degree from intermediate secondary school (Realschulabschluss) ☐
- Degree from upper secondary vocational school (Fachabitur) ☐
- Degree from upper secondary school (Abitur) ☐
- Other educational degree ☐ → Please specify:

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**79** Please tell us your monthly total income (after tax and compulsory deductions) from all sources. If you don't know exactly, please try to answer as best as you can.

- |   |  |   |  |
|---|--|---|--|
| 0-200 Euro <input type="checkbox"/>     |  | 1201-1400 Euro <input type="checkbox"/>       |  |
| 201-400 Euro <input type="checkbox"/>   |  | 1401-1600 Euro <input type="checkbox"/>       |  |
| 401-600 Euro <input type="checkbox"/>   |  | 1601-1800 Euro <input type="checkbox"/>       |  |
| 601-800 Euro <input type="checkbox"/>   |  | 1801-2000 Euro <input type="checkbox"/>       |  |
| 801-1000 Euro <input type="checkbox"/>  |  | More than 2000 Euro <input type="checkbox"/>  |  |
| 1001-1200 Euro <input type="checkbox"/> |  | I don't want to say. <input type="checkbox"/> |  |
- Go to End (last page)** **Go to End (last page)**

## Studying

**80** When did you start your studies? Please name the month and the year.

Month

Year

**81** Which institution of higher education do you attend?

- University ☐
- University of Applied Sciences (Fachhochschule) ☐
- University of Education (Pädagogische Hochschule) ☐
- Art College (Künstlerische Hochschule) ☐
- University of Cooperative Education  
(Duale Hochschule) ☐
- Distance Teaching University (Fernhochschule) ☐
- Vocational academy (Berufsakademie) ☐
- Other type of institution of higher education ☐ →

Please specify:

**82** What is the exact name of this institution of higher education?

**83** Where do you study?

**84** Which subject or which subjects do you study (e.g., business administration, medicine or German studies)? If you study several major or minor subjects, please name all of them.

Major subject 1:

Major subject 2:

Major subject 3:

Minor subject 1:

Minor subject 2:

Minor subject 3:

**85** Which degree will you receive with your current studies?

Bachelor's degree (no teacher's training certificate) ☐

Bachelor's degree (teacher's training certificate) ☐

State examination (no teacher's training certificate) ☐

State examination (teacher's training certificate) ☐

Artistic degree ☐

Ecclesiastical degree ☐

Master's degree ☐

Diploma/Magister's degree ☐

Other degree ☐ →

Please specify:

**86** Are your current studies a degree course with restricted admission or a selection procedure?

Yes ☐

No ☐

Don't know ☐

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**87** Do you receive BAföG, an education loan or a scholarship? Please tick all that apply.

No ☐ →

**Go to**

**End (last page)**

Yes, I receive BAföG. ☐

Yes, I receive an education loan. ☐

Yes, I receive a scholarship. ☐ →

Please specify:

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**88** How much money do you receive by BAföG, education loan or scholarship in total each month?

Euro



**Go to**

**End  
(last Page)**

## Full-time job

**89** Which job do you have at the moment? Please name the exact title.

**90** Please tell us your monthly total income (after tax and compulsory deductions) from all sources. If you don't know exactly, please try to answer as best as you can.

0 - 200 Euro	<input type="checkbox"/>	1201 - 1400 Euro	<input type="checkbox"/>
201 - 400 Euro	<input type="checkbox"/>	1401 - 1600 Euro	<input type="checkbox"/>
401 - 600 Euro	<input type="checkbox"/>	1601 - 1800 Euro	<input type="checkbox"/>
601 - 800 Euro	<input type="checkbox"/>	1801 - 2000 Euro	<input type="checkbox"/>
801 - 1000 Euro	<input type="checkbox"/>	More than 2000 Euro	<input type="checkbox"/>
1001 - 1200 Euro	<input type="checkbox"/>	I don't want to say.	<input type="checkbox"/>

**91** What type of contract do you have for this job?

No contract	<input type="checkbox"/>
Permanent contract	<input type="checkbox"/>
Temporary contract	<input type="checkbox"/>
Temporary contract for seasonal work	<input type="checkbox"/>

**92** When did you start working in this job? Please name the month and the year.

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

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**93** Is this your first job since you have left school?

Yes	<input type="checkbox"/>	→	Go to	<b>End (last page)</b>
No	<input type="checkbox"/>			

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**94** What was your first job since you left school? Please name the exact title.

→ Go to **End (last page)**

Vocational preparation/internship/nothing/something else

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**95** Have you actively been searching for an apprenticeship or a job since you have left school?

Yes

☐

No

☐

Go to

**End**

**96** In which profession do you want to do an apprenticeship? Please name the exact title.

**End** Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire:



**Telephone Questionnaire  
(English Translation)**

## Your current situation

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**1** Have you graduated from school or vocational training during the last year?

- Yes, both ☐
- Yes, from vocational training ☐
- Yes, from school ☐ → Go to **10**
- No ☐ → Go to **13**

**2** Which type of qualification from vocational training did you receive?

Apprenticeship degree (mercantile, operational, industrial, agricultural), apprenticeship diploma (craft certificate), dual training degree ☐

Degree of health care school ☐

Vocational technical school degree ☐

Another technical school degree ☐ → Please specify:

Another degree ☐ → Please specify:

**3** What is the exact title of your vocational qualification (for instance, automotive mechanics engineer or legal assistant)? Please name the exact title.

**4** How long did your vocational training take in total?

- 1 to 1.5 years ☐
- 2 to 2.5 years ☐
- 3 to 3.5 years ☐
- 4 years ☐
- More than 4 years ☐
- Other duration ☐ → Please specify:

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

 years

**5** What overall grade did you get in your vocational qualification certificate?

(If you got credit points, please try as best as you can to convert them into grades. If that is not possible, please insert the score in the "credits" column.)

Grade:

Credits:

Attention: Remember to check for a "Go to" instruction after you answer the question below.

6

Did you receive an additional educational degree with your vocational qualification?

Yes ☐

No ☐ → Go to **13**

7

Which educational degree is this?

Degree from lower secondary school (Hauptschulabschluss) ☐

Degree from intermediate secondary school (Realschulabschluss) ☐

Degree from upper secondary vocational school (Fachabitur) ☐

Degree from upper secondary school (Abitur) ☐

Other educational degree ☐ → Please specify:

8

What grades (for instance, 1.3 or 2.0) did you get in your school-leaving certificate?

(If you got credit points, please try as best as you can to convert them into grades. If that is not possible, please insert the score in the "credits" column.)

	Grade:	Credits:	
Math:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I did not get any grades or credit points in Math in the school-leaving certificate.
German:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I did not get any grades or credit points in German in the school-leaving certificate.
English:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I did not get any grades or credit points in English in the school-leaving certificate.

Attention: Remember to check for a "Go to" instruction after you answer the question below.

9

What overall grade did you get in your school-leaving certificate?

(If you got credit points, please try as best as you can to convert them into grades. If that is not possible, please insert the score in the "credits" column.)

Grade:	Credits:	
<input type="text"/>	<input type="text"/>	→ Go to <b>13</b>

10

Which educational degree is this?

Degree from lower secondary school (Hauptschulabschluss) ☐

Degree from intermediate secondary school (Realschulabschluss) ☐

Degree from upper secondary vocational school (Fachabitur) ☐

Degree from upper secondary school (Abitur) ☐

Other educational degree ☐ → Please specify:

**11 What grades (for instance, 1.3 or 2.0) did you get in your school-leaving certificate?**

(If you got credit points, please try as best as you can to convert them into grades. If that is not possible, please insert the score in the “credits” column.)

	Grade:	Credits:	
Math:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I did not get any grades or credit points in Math in the school-leaving certificate.
German:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I did not get any grades or credit points in German in the school-leaving certificate.
English:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I did not get any grades or credit points in English in the school-leaving certificate.

**12 What overall grade did you get in your school-leaving certificate?**

(If you got credit points, please try as best as you can to convert them into grades. If that is not possible, please insert the score in the “credits” column.)

Grade:	Credits:
<input type="text"/>	<input type="text"/>

Attention: Remember to check for a “Go to” instruction after you answer the question below.

**13 What are you currently doing?**

School	<input type="checkbox"/>	→	Go to	14 (page 4)	
Apprenticeship (in a company and in school)	<input type="checkbox"/>	}	→	Go to	19 (page 6)
School-based vocational education	<input type="checkbox"/>				
Studying	<input type="checkbox"/>	→	Go to	24 (page 7)	
Full-time job	<input type="checkbox"/>	→	Go to	33 (page 9)	
Vocational preparation year	<input type="checkbox"/>	}	→	Go to	39 (page 10)
Internship	<input type="checkbox"/>				
Unemployed/nothing	<input type="checkbox"/>				
Something else	<input type="checkbox"/>				
Please specify:	<div> <input type="text"/> </div>				

Attention: Remember to check for a "Go to" instruction after you answer the question below.

**14** Which school type do you currently attend?

Lower secondary school (Hauptschule)	<input type="checkbox"/>
Intermediate secondary school (Realschule)	<input type="checkbox"/>
Upper secondary school (Realschule plus)	<input type="checkbox"/>
Upper secondary school (Gymnasium)	<input type="checkbox"/>
Comprehensive school (Integrierte Gesamtschule)	<input type="checkbox"/>
Higher secondary vocational school (Fachoberschule)	<input type="checkbox"/>
Combined lower and intermediate secondary school (Mittelschule)	<input type="checkbox"/>
Combined lower and intermediate secondary school (Regelschule)	<input type="checkbox"/>
Combined lower and intermediate secondary school (Sekundarschule)	<input type="checkbox"/>
Combined lower and intermediate secondary school (Haupt-Realschule)	<input type="checkbox"/>
School for special needs (Förderschule)	<input type="checkbox"/>
Rudolf-Steiner school (Waldorfschule)	<input type="checkbox"/>
Other general educational school	<input type="checkbox"/>
↓	
Please specify:	

Go to **16**

Vocational school (Berufsschule)	<input type="checkbox"/>
Full-time vocational school (Berufsfachschule)	<input type="checkbox"/>
Higher full-time vocational school (Höhere Berufsfachschule)	<input type="checkbox"/>
Commercial school (Handelsschule)	<input type="checkbox"/>
Higher commercial school (Höhere Handelsschule)	<input type="checkbox"/>
Other vocational school	<input type="checkbox"/>
↓	

Go to

**19**

Combined lower, intermediate and upper secondary school (Kooperative Gesamtschule)	<input type="checkbox"/>
--	--------------------------

Go to **15**

## School

**15** Which track do you attend in combined lower, intermediate and upper secondary school?

- Lower secondary track (Hauptschulzweig) ☐
- Intermediate secondary track (Realschulzweig) ☐
- Upper secondary track (Gymnasialzweig) ☐

**16** Which grade do you currently attend?

- 11<sup>th</sup> grade ☐
- 12<sup>th</sup> grade ☐
- 13<sup>th</sup> grade ☐
- No grade ☐
- Other grade ☐ →

Please specify:

**17** How often do you...

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... argue with teacher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... get a punishment in school (e.g., being kept in detention, being sent out of class, writing lines)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... skip a lesson without permission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... come late to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**18** How much do you agree or disagree with each of these statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I am sure that I can get good grades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I put a great deal of effort into my school work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is very important to me to get good grades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Go to **41**

## Apprenticeship/work-related training

**19** In which profession are you doing your apprenticeship/work-related training? Please name the exact title.

**20** How long will your apprenticeship take in total?

- 1 to 1.5 years ☐
- 2 to 2.5 years ☐
- 3 to 3.5 years ☐
- 4 years ☐
- More than 4 years ☐
- Other duration ☐ → Please specify:   years

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**21** Do you receive an additional educational degree with your apprenticeship?

- Yes ☐
- No ☐ → **Go to 23**

**22** Which educational degree is this?

- Degree from lower secondary school (Hauptschulabschluss) ☐
- Degree from intermediate secondary school (Realschulabschluss) ☐
- Degree from upper secondary vocational school (Fachabitur) ☐
- Degree from upper secondary school (Abitur) ☐
- Other educational degree ☐ → Please specify:

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**23** Please tell us your monthly total income (after tax and compulsory deductions) from all sources. If you don't know exactly, please try to answer as best as you can.

- |   |  |   |  |
|---|--|---|--|
| 0-200 Euro <input type="checkbox"/>     |  | 1201-1400 Euro <input type="checkbox"/>       |  |
| 201-400 Euro <input type="checkbox"/>   |  | 1401-1600 Euro <input type="checkbox"/>       |  |
| 401-600 Euro <input type="checkbox"/>   |  | 1601-1800 Euro <input type="checkbox"/>       |  |
| 601-800 Euro <input type="checkbox"/>   |  | 1801-2000 Euro <input type="checkbox"/>       |  |
| 801-1000 Euro <input type="checkbox"/>  |  | More than 2000 Euro <input type="checkbox"/>  |  |
| 1001-1200 Euro <input type="checkbox"/> |  | I don't want to say. <input type="checkbox"/> |  |
- Go to 41**                      **Go to 41**

## Studying

**24** When did you start your studies? Please name the month and the year.

Month

Year

**25** Which institution of higher education do you attend?

- University ☐
- University of Applied Sciences (Fachhochschule) ☐
- University of Education (Pädagogische Hochschule) ☐
- Art College (Künstlerische Hochschule) ☐
- University of Cooperative Education  
(Duale Hochschule) ☐
- Distance Teaching University (Fernhochschule) ☐
- Vocational academy (Berufsakademie) ☐
- Other type of institution of higher education ☐ →

Please specify:

**26** What is the exact name of this institution of higher education?

**27** Where do you study?

**28** Which subject or which subjects do you study (for instance, business administration, medicine or German studies)? If you study several major or minor subjects, please name all of them.

Major subject 1:

Major subject 2:

Major subject 3:

Minor subject 1:

Minor subject 2:

Minor subject 3:



**29** Which degree will you receive with your current studies?

Bachelor's degree (no teacher's training certificate) ☐

Bachelor's degree (teacher's training certificate) ☐

State examination (no teacher's training certificate) ☐

State examination (teacher's training certificate) ☐

Artistic degree ☐

Ecclesiastical degree ☐

Master's degree ☐

Diploma/Magister's degree ☐

Other degree ☐ →

Please specify:

**30** Are your current studies a degree course with restricted admission or a selection procedure?

Yes ☐

No ☐

Don't know ☐

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**31** Do you receive BAföG, an education loan or a scholarship? Please tick all that apply.

No ☐ →

Go to

**41**

Yes, I receive BAföG. ☐

Yes, I receive an education loan. ☐

Yes, I receive a scholarship. ☐ →

Please specify:

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**32** How much money do you receive by BAföG, education loan or scholarship in total each month?

Euro



Go to

**41**

## Working

**33** Which job do you have at the moment? Please name the exact title.

**34** Please tell us your monthly total income (after tax and compulsory deductions) from all sources. If you don't know exactly, please try to answer as best as you can.

- |                  |                          |                      |                          |
|------------------|--------------------------|----------------------|--------------------------|
| 0 - 200 Euro     | <input type="checkbox"/> | 1201 - 1400 Euro     | <input type="checkbox"/> |
| 201 - 400 Euro   | <input type="checkbox"/> | 1401 - 1600 Euro     | <input type="checkbox"/> |
| 401 - 600 Euro   | <input type="checkbox"/> | 1601 - 1800 Euro     | <input type="checkbox"/> |
| 601 - 800 Euro   | <input type="checkbox"/> | 1801 - 2000 Euro     | <input type="checkbox"/> |
| 801 - 1000 Euro  | <input type="checkbox"/> | More than 2000 Euro  | <input type="checkbox"/> |
| 1001 - 1200 Euro | <input type="checkbox"/> | I don't want to say. | <input type="checkbox"/> |

**35** What type of contract do you have for this job?

- No contract ☐
- Permanent contract ☐
- Temporary contract ☐
- Temporary contract for seasonal work ☐

**36** When did you start working in this job? Please name the month and the year.

Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**37** Is this your first job since you have left school?

- Yes ☐ → Go to **41**
- No ☐

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**38** What was your first job since you left school? Please name the exact title.

→ Go to **41**

## Vocational preparation/internship/nothing/something else

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**39** Have you actively been searching for an apprenticeship or a job since you have left school?

Yes ☐

No ☐ → Go to **41**

**40** In which profession do you want to do an apprenticeship? Please name the exact title.

## Questions about you

**41** Are you a boy or a girl?

Boy ☐

Girl ☐

**42** When were you born?

Day

Month

Year

**43** How well do you think you can...

Not at all   Not well   Well   Very well   Excellently

... speak German? ☐ ☐ ☐ ☐ ☐

... write German? ☐ ☐ ☐ ☐ ☐

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**44** Is there a language other than German spoken at your home?

Yes ☐

No ☐ → Go to **48**

**45** Which language is this?

Italian ☐  
 Polish ☐  
 Russian ☐  
 Turkish ☐

Other language ☐



Please specify:

**46** Think of the language you just ticked. How well do you think you can...


	Not at all	Not well	Well	Very well	Excellently
... speak this language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... write this language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


**47** In this language, how often do you...


	Always	Often	Sometimes	Never
... talk to your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... watch TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... talk to friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... read newspapers (also online)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**48** Are you currently a German citizen?

Yes, since birth ☐  **Go to 53**

Yes, but not since birth but by naturalization ☐  **Go to 51**

No, not yet, but I have applied for German citizenship ☐  **Go to 51**

No ☐

**49** Generally speaking, how strongly are you interested in obtaining German citizenship, that is, to become naturalized?

Very strongly ☐  
 Fairly strongly ☐  
 Not very strongly ☐  
 Not at all strongly ☐

**50** Are you planning to obtain German citizenship, that is, to become naturalized, during the next 5 years?

- Yes, definitely ☐
- Yes, probably ☐
- No, probably not ☐
- No, definitely not ☐

**51** Are the following statements true about you?

	Yes	No	Don't know
A naturalization is effortful and expensive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naturalization is important since in this way you are allowed to vote in Germany.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German citizenship protects me against possible deportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I become naturalized, I have to renounce my old citizenship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**52** How much do you agree or disagree with each of these statement?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My family would disapprove when I would be a [survey country] citizen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a [survey country] citizen I would feel less strongly belonging to my family's country of origin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Survey country] citizenship would facilitate my everyday life, for instance, at public authorities or during travels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Survey country] citizenship would offer me advantages with respect to apprenticeship, studies or job search.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a [survey country] citizen, I would really feel that I belong to [survey country].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Question about your leisure time

**Attention: Remember to check for a "Go to" instruction after you answer the question below.**

**53** We have compiled different clubs or groups in this list. Please tick all clubs or groups that you are involved in.

- No club or group ☐ → **Go to 58**
- Voluntary relief organization (for instance, fire department, Technical Relief Service (THW), German Red Cross (DRK), Greenpeace or German Lifesaving Association (DLRG)) ☐
- Sports club ☐
- Church, denominational or religious (youth) group (for instance, Young Men's Christian Association (CVJM), Federation of German Catholic Youth (BDKJ), Turkish-Islamic Union for Religious Affairs (DITIB) or European Union of Alevi Youth (AAGB)) ☐
- Fan club (for instance, for a sports club or a musician) ☐
- Culture club (for instance, music club, theater group, shooting association or club cultivating local history) ☐
- Political association (for instance, party, citizen club or labor union group) ☐
- Other club or group ☐ → Please specify:

**54** In which of these clubs or groups do you spend most of your time? Please tick only one club or group.

- I am only involved in one club or group. ☐
- Voluntary relief organization (for instance, fire department, Technical Relief Service (THW), German Red Cross (DRK), Greenpeace or German Lifesaving Association (DLRG)) ☐
- Sports club ☐
- Church, denominational or religious (youth) group (for instance, Young Men's Christian Association (CVJM), Federation of German Catholic Youth (BDKJ), Turkish-Islamic Union for Religious Affairs (DITIB) or European Union of Alevi Youth (AAGB)) ☐
- Fan club (for instance, for a sports club or a musician) ☐
- Culture club (for instance, music club, theater group, shooting association or club cultivating local history) ☐
- Political association (for instance, party, citizen club or labor union group) ☐
- Other club or group ☐ → Please specify:

- 55** Thinking about the club or group you spend most of your time in: What is the name of this club or group?  
Please name the exact title and do not abbreviate the title.

- 56** Do you exercise an official role or did you assume an additional special task in this club or group (for instance, group leader or treasurer)?

Yes ☐

No ☐

- 57** How many people in this club you spend most of your time in have...

	Almost all or all	A lot	About half	A few	None or very few
... a German background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... an Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 58** Have you done the following things in the past 12 months in order to exert political influence or to express your personal opinion?

	Yes	No
Participated in an (online) petition or signature	<input type="checkbox"/>	<input type="checkbox"/>
Participated in a demonstration	<input type="checkbox"/>	<input type="checkbox"/>
Supported a party's campaign	<input type="checkbox"/>	<input type="checkbox"/>

- 59** In your spare time, how often do you...

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... inform yourself about political and social issues (on TV, internet or in newspapers)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... discuss political and social issues with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**60** How often do you...

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... have a hot meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... do sports or go to the gym?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... eat breakfast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... use drugs (e.g., hash, paddos, ecstasy pills)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**61** Outside your main day-to-day activity like being in school, studying, working a full-time job or doing an apprenticeship, do you have a side job (for instance, work as a waiter or waitress, restocking shelves or tutoring)?

Yes ☐

No ☐ → Go to **64**

**62** How many hours do you work in this side job during a normal week (including weekends)?

Number of hours:

**63** About how much money do you earn from work each month?

Amount in Euros:

## Questions about your family and friends

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**64** The following questions are about your biological mother. If she is no longer alive or if you are not in touch with her, please answer the questions as best as you can.

Was your biological mother born abroad?

No ☐

Go to **67**

Yes ☐



**65** Have you visited this country during the last 12 months?

Yes, twice or more ☐

Yes, once ☐

No ☐

**66** How much are you interested in this country's politics?

Very much ☐

A lot ☐

Quite a lot ☐

A little ☐

Very little or not at all ☐

**67** Does your mother currently have a job?

Yes ☐

No ☐

Don't know ☐

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**68** The following questions are about your biological father. If he is no longer alive or if you are not in touch with him, please answer the questions as best as you can.

Was your biological father born abroad?

No ☐ → Go to **71**

Yes, in the same country as my mother ☐ → Go to **71**

Yes, but in a different country than my mother ☐

**69** Have you visited this country during the last 12 months?

Yes, twice or more ☐

Yes, once ☐

No ☐

**70** How much are you interested in this country's politics?

Very much ☐

A lot ☐

Quite a lot ☐

A little ☐

Very little or not at all ☐

**71** Does your father currently have a job?

Yes ☐

No ☐

Don't know ☐

**72** Do you get money from your parents?

Yes, each week ☐ →    Euro

Yes, each month ☐ →    Euro

Yes, occasionally ☐

No ☐

**73** Thinking now about all of your friends. How many of them have...

	Almost all or all	A lot	About half	A few	None or very few
... a German background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... an Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**74** Thinking of your main day-to-day activity like being in school, studying, working a full-time job or doing an apprenticeship. How many people at your school, studies or your work place have...

	Almost all or all	A lot	About half	A few	None or very few
... a German background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... an Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Your feelings and attitudes**

**75** How strongly do you feel German?

Very strongly ☐

Fairly strongly ☐

Not very strongly ☐

Not at all strongly ☐

Attention: Remember to check for a "Go to" instruction after you answer the question below.

- 76** Some people feel that they belong to other groups, too. Which, if any, of the following groups do you feel you belong to? Please tick only one box.

No other group ☐ → **Go to** **79**

Italian ☐

Polish ☐

Russian ☐

Turkish ☐

Other group ☐ → Please specify:

- 77** How strongly do you feel that you belong to this group?

Very strongly ☐

Fairly strongly ☐

Not very strongly ☐

Not at all strongly ☐

- 78** How important is it for you personally to maintain the customs and traditions of this group?

Very important ☐

Fairly important ☐

Not very important ☐

Not at all important ☐

- 79** How much do you agree or disagree with each of these statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The German people should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should adapt to German society.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The German people should be open to the customs and traditions of immigrants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

**80** What is your religion?

- No religion ☐
- Buddhism ☐
- Christianity: Catholic ☐
- Christianity: Protestant ☐
- Hinduism ☐
- Islam ☐
- Judaism ☐
- Other religion ☐



Please specify:

---

**81** How important is religion to you?

- Very important ☐
- Fairly important ☐
- Not very important ☐
- Not at all important ☐

---

**82** How often do you visit a religious meeting place (e.g., a church, a mosque, a synagogue or a temple)?

- Never ☐
- Occasionally (but less than once a month) ☐
- At least once a month ☐
- At least once a week ☐
- Every day ☐

---

**83** How often do you pray?

- Never ☐
- Occasionally (but less than once a month) ☐
- At least once a month ☐
- At least once a week ☐
- One to four times a day ☐
- Five times a day or more ☐
-

- 84** Please rate how you feel about the following groups on a scale that runs from 0 to 100. The higher the number, the more positive you feel, and the lower the number, the more negative you feel towards this group.  
(Please tick a box for every group.)

	Negative				Neutral						Positive	I don't know this group.
	0	10	20	30	40	50	60	70	80	90	100	
Germans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Russians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 85** Do you think the following are “always OK”, “often OK”, “sometimes OK” or “never OK”?

	Always OK	Often OK	Some-times OK	Never OK	Don't know
Living together as a couple without being married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homosexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 86** On a scale from 1 to 10 where 1 is very unsatisfied and 10 is very satisfied, how satisfied are you with your life in general?

Very unsatisfied	1	2	3	4	5	6	7	8	9	10	Very satisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- 87** In the last six months, how often have you had...

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... a headache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a stomachache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... difficulties falling asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 88** When you are 30 years old, do you think you will...

	Probably yes	Probably no	Don't know
... have a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... be living in Germany?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have a university degree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have a lot of money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Your opinions

**89** How strongly do you trust the following institutions or persons?

	Very	Fairly	Not very	Not at all
Political parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Politicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspapers, Radio and TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**90** If there was a federal election next Sunday, which party would you vote for? Please answer the question, even if you are not allowed to vote.

CDU or CSU	<input type="checkbox"/>
SPD	<input type="checkbox"/>
Die Linke	<input type="checkbox"/>
Bündnis 90/Die Grünen	<input type="checkbox"/>
FDP	<input type="checkbox"/>
AfD	<input type="checkbox"/>
Piratenpartei	<input type="checkbox"/>
Another party	<input type="checkbox"/>



Please specify:

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**91** Were you allowed to vote at the European Election in May 2014?

Yes ☐

No ☐



Go to

**93**

Don't know ☐



Go to

**93**

**92** Did you vote at the European Election in May 2014?

Yes ☐

No ☐

Don't know ☐

- 93** In politics, people sometimes talk of “left” and “right” political attitudes. How about you? On a scale from 0 to 10 where 0 means “left political attitude” and 10 means “right political attitude”, where would you place yourself?

Left political attitude											Right political attitude	Don't know
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- 94** How much do you agree or disagree with each of these statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Politics are too complicated to understand what it really is about.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think it is easy for me to form an opinion about political issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most politicians are only interested in votes and not in the people's opinions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Politicians care about what people like me are thinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 95** Is there any politician that you rate particularly highly? You may also name a politician from outside Germany.

No ☐

Yes ☐



Please specify:

- 96** On scale from 1 to 10 where 1 is very unsatisfied and 10 is very satisfied, how satisfied are you...

	Very unsatisfied									Very satisfied
	1	2	3	4	5	6	7	8	9	10
... with the democratic system in Germany?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with the work of the current German federal government?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**End** Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire:

**Postal Questionnaire  
(English Translation)**



## Questions about you

**1** Are you a boy or a girl?

Boy ☐

Girl ☐

**2** When were you born?

Day

Month

Year

**3** How well do you think you can...

Not at all

Not well

Well

Very well

Excellentlly

... speak German?

☐
☐
☐
☐
☐

... write German?

☐
☐
☐
☐
☐

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**4** Is there a language other than German spoken at your home?

Yes ☐

No ☐



Go to

**8**

**5** Which language is this?

Italian ☐

Polish ☐

Russian ☐

Turkish ☐

Other language ☐



Please specify:

**6** Think of the language you just ticked. How well do you think you can...

Not at all

Not well

Well

Very well

Excellentlly

... speak this language?

☐
☐
☐
☐
☐

... write this language?

☐
☐
☐
☐
☐

**7** In this language, how often do you...

	Always	Often	Sometimes	Never
... talk to your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... watch TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... talk to friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... read newspapers (also online)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**8** Are you currently a German citizen?

Yes, since birth	<input type="checkbox"/>	} →	Go to <b>13</b>
Yes, but not since birth but by naturalization	<input type="checkbox"/>		
No, not yet, but I have applied for German citizenship	<input type="checkbox"/>	→	Go to <b>11</b>
No	<input type="checkbox"/>		

**9** Generally speaking, how strongly are you interested in obtaining German citizenship, that is, to become naturalized?

Very strongly	<input type="checkbox"/>
Fairly strongly	<input type="checkbox"/>
Not very strongly	<input type="checkbox"/>
Not at all strongly	<input type="checkbox"/>

**10** Are you planning to obtain German citizenship, that is, to become naturalized, during the next 5 years?

Yes, definitely	<input type="checkbox"/>
Yes, probably	<input type="checkbox"/>
No, probably not	<input type="checkbox"/>
No, definitely not	<input type="checkbox"/>

**11** Are the following statements true about you?

	Yes	No	Don't know
A naturalization is effortful and expensive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naturalization is important since in this way you are allowed to vote in Germany.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German citizenship protects me against possible deportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I become naturalized, I have to renounce my old citizenship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 12 How much do you agree or disagree with each of these statement?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My family would disapprove when I would be a [survey country] citizen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a [survey country] citizen I would feel less strongly belonging to my family's country of origin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Survey country] citizenship would facilitate my everyday life, for instance, at public authorities or during travels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Survey country] citizenship would offer me advantages with respect to apprenticeship, studies or job search.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a [survey country] citizen, I would really feel that I belong to [survey country].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Question about your leisure time

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

## 13 We have compiled different clubs or groups in this list. Please tick all clubs or groups that you are involved in.

No club or group ☐ → **Go to 18**

Voluntary relief organization (for instance, fire department, Technical Relief Service (THW), German Red Cross (DRK), Greenpeace or German Lifesaving Association (DLRG)) ☐

Sports club ☐

Church, denominational or religious (youth) group (for instance, Young Men's Christian Association (CVJM), Federation of German Catholic Youth (BDKJ), Turkish-Islamic Union for Religious Affairs (DITIB) or European Union of Alevi Youth (AAGB)) ☐

Fan club (for instance, for a sports club or a musician) ☐

Culture club (for instance, music club, theater group, shooting association or club cultivating local history) ☐

Political association (for instance, party, citizen club or labor union group) ☐

Other club or group ☐ → Please specify:

**14** In which of these clubs or groups do you spend most of your time? Please tick only one club or group.

- I am only involved in one club or group. ☐
- Voluntary relief organization (for instance, fire department, Technical Relief Service (THW), German Red Cross (DRK), Greenpeace or German Lifesaving Association (DLRG)) ☐
- Sports club ☐
- Church, denominational or religious (youth) group (for instance, Young Men's Christian Association (CVJM), Federation of German Catholic Youth (BDKJ), Turkish-Islamic Union for Religious Affairs (DITIB) or European Union of Alevi Youth (AAGB)) ☐
- Fan club (for instance, for a sports club or a musician) ☐
- Culture club (for instance, music club, theater group, shooting association or club cultivating local history) ☐
- Political association (for instance, party, citizen club or labor union group) ☐
- Other club or group ☐ ➔

Please specify:

**15** Thinking about the club or group you spend most of your time in: What is the name of this club or group? Please name the exact title and do not abbreviate the title.

**16** Do you exercise an official role or did you assume an additional special task in this club or group (for instance, group leader or treasurer)?

Yes ☐

No ☐

**17** How many people in this club you spend most of your time in have...

	Almost all or all	A lot	About half	A few	None or very few
... a German background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... an Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18** Have you done the following things in the past 12 months in order to exert political influence or to express your personal opinion?

	Yes	No
Participated in an (online) petition or signature	<input type="checkbox"/>	<input type="checkbox"/>
Participated in a demonstration	<input type="checkbox"/>	<input type="checkbox"/>
Supported a party's campaign	<input type="checkbox"/>	<input type="checkbox"/>

**19** In your spare time, how often do you...

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... inform yourself about political and social issues (on TV, internet or in newspapers)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... discuss political and social issues with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**20** How often do you...

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... have a hot meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... do sports or go to the gym?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... eat breakfast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... use drugs (e.g., hash, paddos, ecstasy pills)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**21** Outside your main day-to-day activity like being in school, studying, working a full-time job or doing an apprenticeship, do you have a side job (for instance, work as a waiter or waitress, restocking shelves or tutoring)?

Yes ☐

No ☐ → Go to **24**

**22** How many hours do you work in this side job during a normal week (including weekends)?

Number of hours:

**23** About how much money do you earn from work each month?

Amount in Euros:

## Questions about your family and friends

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

- 24** The following questions are about your biological mother. If she is no longer alive or if you are not in touch with her, please answer the questions as best as you can.

Was your biological mother born abroad?

No ☐ → Go to **27**  
Yes ☐

- 25** Have you visited this country during the last 12 months?

Yes, twice or more ☐  
Yes, once ☐  
No ☐

- 26** How much are you interested in this country's politics?

Very much ☐  
A lot ☐  
Quite a lot ☐  
A little ☐  
Very little or not at all ☐

- 27** Does your mother currently have a job?

Yes ☐  
No ☐  
Don't know ☐

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

- 28** The following questions are about your biological father. If he is no longer alive or if you are not in touch with him, please answer the questions as best as you can.

Was your biological father born abroad?

No ☐ → Go to **31**  
Yes, in the same country as my mother ☐ → Go to **31**  
Yes, but in a different country than my mother ☐

- 29** Have you visited this country during the last 12 months?

Yes, twice or more ☐  
Yes, once ☐  
No ☐

**30** How much are you interested in this country's politics?

- Very much ☐
- A lot ☐
- Quite a lot ☐
- A little ☐
- Very little or not at all ☐

**31** Does your father currently have a job?

- Yes ☐
- No ☐
- Don't know ☐

**32** Do you get money from your parents?

- Yes, each week ☐ →    Euro
- Yes, each month ☐ →    Euro
- Yes, occasionally ☐
- No ☐

**33** Thinking now about all of your friends. How many of them have...

	Almost all or all	A lot	About half	A few	None or very few
... a German background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... an Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**34** Thinking of your main day-to-day activity like being in school, studying, working a full-time job or doing an apprenticeship. How many people at your school, studies or your work place have...

	Almost all or all	A lot	About half	A few	None or very few
... a German background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... an Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Your feelings and attitudes

**35** How strongly do you feel German?

- Very strongly ☐
- Fairly strongly ☐
- Not very strongly ☐
- Not at all strongly ☐

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**36** Some people feel that they belong to other groups, too. Which, if any, of the following groups do you feel you belong to? Please tick only one box.

- No other group ☐ → **Go to 39**
- Italian ☐
- Polish ☐
- Russian ☐
- Turkish ☐
- Other group ☐ → Please specify:

**37** How strongly do you feel that you belong to this group?

- Very strongly ☐
- Fairly strongly ☐
- Not very strongly ☐
- Not at all strongly ☐

**38** How important is it for you personally to maintain the customs and traditions of this group?

- Very important ☐
- Fairly important ☐
- Not very important ☐
- Not at all important ☐

**39** How much do you agree or disagree with each of these statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The German people should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should adapt to German society.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The German people should be open to the customs and traditions of immigrants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**40** What is your religion?

- No religion ☐
- Buddhism ☐
- Christianity: Catholic ☐
- Christianity: Protestant ☐
- Hinduism ☐
- Islam ☐
- Judaism ☐
- Other religion ☐



Please specify:

---

**41** How important is religion to you?

- Very important ☐
- Fairly important ☐
- Not very important ☐
- Not at all important ☐

---

**42** How often do you visit a religious meeting place (e.g., a church, a mosque, a synagogue or a temple)?

- Never ☐
- Occasionally (but less than once a month) ☐
- At least once a month ☐
- At least once a week ☐
- Every day ☐

---

**43** How often do you pray?

- Never ☐
- Occasionally (but less than once a month) ☐
- At least once a month ☐
- At least once a week ☐
- One to four times a day ☐
- Five times a day or more ☐
-

- 44** Please rate how you feel about the following groups on a scale that runs from 0 to 100. The higher the number, the more positive you feel, and the lower the number, the more negative you feel towards this group.  
(Please tick a box for every group.)

	Negative				Neutral						Positive	I don't know this group.
	0	10	20	30	40	50	60	70	80	90	100	
Germans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Russians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 45** Do you think the following are “always OK”, “often OK”, “sometimes OK” or “never OK”?

	Always OK	Often OK	Sometimes OK	Never OK	Don't know
Living together as a couple without being married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homosexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 46** On a scale from 1 to 10 where 1 is very unsatisfied and 10 is very satisfied, how satisfied are you with your life in general?

Very unsatisfied	1	2	3	4	5	6	7	8	9	10	Very satisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- 47** In the last six months, how often have you had...

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... a headache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a stomachache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... difficulties falling asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 48** When you are 30 years old, do you think you will...

	Probably yes	Probably no	Don't know
... have a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... be living in Germany?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have a university degree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have a lot of money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Your opinions

**49** How strongly do you trust the following institutions or persons?

	Very	Fairly	Not very	Not at all
Political parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Politicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspapers, Radio and TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**50** If there was a federal election next Sunday, which party would you vote for? Please answer the question, even if you are not allowed to vote.

CDU or CSU	<input type="checkbox"/>
SPD	<input type="checkbox"/>
Die Linke	<input type="checkbox"/>
Bündnis 90/Die Grünen	<input type="checkbox"/>
FDP	<input type="checkbox"/>
AfD	<input type="checkbox"/>
Piratenpartei	<input type="checkbox"/>
Another party	<input type="checkbox"/>



Please specify:

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**51** Were you allowed to vote at the European Election in May 2014?

Yes ☐

No ☐



Go to

**53**

Don't know ☐



Go to

**53**

**52** Did you vote at the European Election in May 2014?

Yes ☐

No ☐

Don't know ☐

- 53** In politics, people sometimes talk of “left” and “right” political attitudes. How about you? On a scale from 0 to 10 where 0 means “left political attitude” and 10 means “right political attitude”, where would you place yourself?

Left political attitude												Right political attitude	Don't know
0	1	2	3	4	5	6	7	8	9	10			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 54** How much do you agree or disagree with each of these statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Politics are too complicated to understand what it really is about.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think it is easy for me to form an opinion about political issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most politicians are only interested in votes and not in the people's opinions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Politicians care about what people like me are thinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 55** Is there any politician that you rate particularly highly? You may also name a politician from outside Germany.

No ☐

Yes ☐ → Please specify:

- 56** On scale from 1 to 10 where 1 is very unsatisfied and 10 is very satisfied, how satisfied are you...

	Very unsatisfied									Very satisfied
	1	2	3	4	5	6	7	8	9	10
... with the democratic system in Germany?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with the work of the current German federal government?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Your current situation

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**57** Have you graduated from school or vocational training during the last year?

- Yes, both ☐
- Yes, from vocational training ☐
- Yes, from school ☐ → Go to **66**
- No ☐ → Go to **69**

**58** Which type of qualification from vocational training did you receive?

Apprenticeship degree (mercantile, operational, industrial, agricultural), apprenticeship diploma (craft certificate), dual training degree ☐

Degree of health care school ☐

Vocational technical school degree ☐

Another technical school degree ☐ → Please specify:

Another degree ☐ → Please specify:

**59** What is the exact title of your vocational qualification (for instance, automotive mechanics engineer or legal assistant)? Please name the exact title.

**60** How long did your vocational training take in total?

- 1 to 1.5 years ☐
- 2 to 2.5 years ☐
- 3 to 3.5 years ☐
- 4 years ☐
- More than 4 years ☐
- Other duration ☐ → Please specify:

years

**61** What overall grade did you get in your vocational qualification certificate?

(If you got credit points, please try as best as you can to convert them into grades. If that is not possible, please insert the score in the "credits" column.)

Grade:

Credits:

Attention: Remember to check for a "Go to" instruction after you answer the question below.

62

Did you receive an additional educational degree with your vocational qualification?

Yes ☐

No ☐



Go to

69

63

Which educational degree is this?

Degree from lower secondary school (Hauptschulabschluss) ☐

Degree from intermediate secondary school (Realschulabschluss) ☐

Degree from upper secondary vocational school (Fachabitur) ☐

Degree from upper secondary school (Abitur) ☐

Other educational degree ☐



Please specify:

64

What grades (for instance, 1.3 or 2.0) did you get in your school-leaving certificate?

(If you got credit points, please try as best as you can to convert them into grades. If that is not possible, please insert the score in the "credits" column.)

	Grade:	Credits:	
Math:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I did not get any grades or credit points in Math in the school-leaving certificate.
German:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I did not get any grades or credit points in German in the school-leaving certificate.
English:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I did not get any grades or credit points in English in the school-leaving certificate.

Attention: Remember to check for a "Go to" instruction after you answer the question below.

65

What overall grade did you get in your school-leaving certificate?

(If you got credit points, please try as best as you can to convert them into grades. If that is not possible, please insert the score in the "credits" column.)

Grade:

Credits:



Go to

69

66

Which educational degree is this?

Degree from lower secondary school (Hauptschulabschluss) ☐

Degree from intermediate secondary school (Realschulabschluss) ☐

Degree from upper secondary vocational school (Fachabitur) ☐

Degree from upper secondary school (Abitur) ☐

Other educational degree ☐



Please specify:

67

**What grades (for instance, 1.3 or 2.0) did you get in your school-leaving certificate?**

(If you got credit points, please try as best as you can to convert them into grades. If that is not possible, please insert the score in the "credits" column.)

	Grade:	Credits:	
Math:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I did not get any grades or credit points in Math in the school-leaving certificate.
German:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I did not get any grades or credit points in German in the school-leaving certificate.
English:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I did not get any grades or credit points in English in the school-leaving certificate.

68

**What overall grade did you get in your school-leaving certificate?**

(If you got credit points, please try as best as you can to convert them into grades. If that is not possible, please insert the score in the "credits" column.)

Grade:	Credits:
<input type="text"/>	<input type="text"/>

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

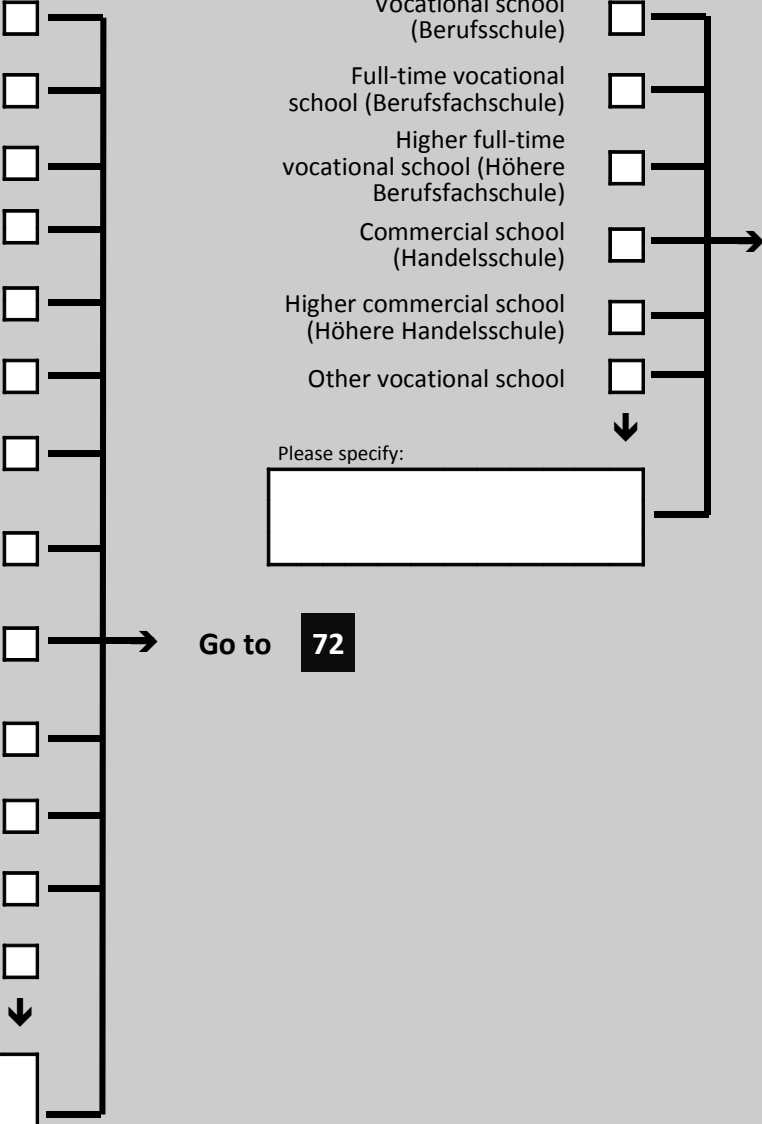
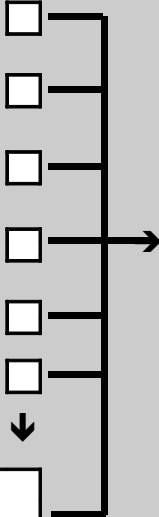

69

**What are you currently doing?**

School	<input type="checkbox"/>	→	Go to	<b>70 (page 16)</b>	
Apprenticeship (in a company and in school)	<input type="checkbox"/>	}	→	Go to	<b>75 (page 18)</b>
School-based vocational education	<input type="checkbox"/>				
Studying	<input type="checkbox"/>	→	Go to	<b>80 (page 19)</b>	
Full-time job	<input type="checkbox"/>	→	Go to	<b>89 (page 21)</b>	
Vocational preparation year	<input type="checkbox"/>	}	→	Go to	<b>95 (page 22)</b>
Internship	<input type="checkbox"/>				
Unemployed/nothing	<input type="checkbox"/>				
Something else	<input type="checkbox"/>				
Please specify:	<input type="text"/>	↓			

Attention: Remember to check for a "Go to" instruction after you answer the question below.

**70** Which school type do you currently attend?

Lower secondary school (Hauptschule)	<input type="checkbox"/>		Vocational school (Berufsschule)	<input type="checkbox"/>		<b>Go to</b> <b>75</b>
Intermediate secondary school (Realschule)	<input type="checkbox"/>		Full-time vocational school (Berufsfachschule)	<input type="checkbox"/>		
Upper secondary school (Realschule plus)	<input type="checkbox"/>		Higher full-time vocational school (Höhere Berufsfachschule)	<input type="checkbox"/>		
Upper secondary school (Gymnasium)	<input type="checkbox"/>		Commercial school (Handelsschule)	<input type="checkbox"/>		
Comprehensive school (Integrierte Gesamtschule)	<input type="checkbox"/>		Higher commercial school (Höhere Handelsschule)	<input type="checkbox"/>		
Higher secondary vocational school (Fachoberschule)	<input type="checkbox"/>		Other vocational school	<input type="checkbox"/>		
Combined lower and intermediate secondary school (Mittelschule)	<input type="checkbox"/>					
Combined lower and intermediate secondary school (Regelschule)	<input type="checkbox"/>					
Combined lower and intermediate secondary school (Sekundarschule)	<input type="checkbox"/>					
Combined lower and intermediate secondary school (Haupt-Realschule)	<input type="checkbox"/>					
School for special needs (Förderschule)	<input type="checkbox"/>					
Rudolf-Steiner school (Waldorfschule)	<input type="checkbox"/>					
Other general educational school	<input type="checkbox"/>					
						

Please specify:

**Go to 72**

**Go to 75**

Please specify:

Combined lower, intermediate and upper secondary school (Kooperative Gesamtschule) ☐ **Go to 71**



## School

71

Which track do you attend in combined lower, intermediate and upper secondary school?

- Lower secondary track (Hauptschulzweig) ☐
- Intermediate secondary track (Realschulzweig) ☐
- Upper secondary track (Gymnasialzweig) ☐

72

Which grade do you currently attend?

- 11<sup>th</sup> grade ☐
- 12<sup>th</sup> grade ☐
- 13<sup>th</sup> grade ☐
- No grade ☐
- Other grade ☐ →

Please specify:

73

How often do you...

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... argue with teacher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... get a punishment in school (e.g., being kept in detention, being sent out of class, writing lines)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... skip a lesson without permission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... come late to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attention: Remember to check for a "Go to" instruction after you answer the question below.

74

How much do you agree or disagree with each of these statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I am sure that I can get good grades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I put a great deal of effort into my school work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is very important to me to get good grades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Go to

End (last page)

## Apprenticeship/work-related training

**75** In which profession are you doing your apprenticeship/work-related training? Please name the exact title.

**76** How long will your apprenticeship take in total?

- 1 to 1.5 years ☐
- 2 to 2.5 years ☐
- 3 to 3.5 years ☐
- 4 years ☐
- More than 4 years ☐
- Other duration ☐ → Please specify:   years

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**77** Do you receive an additional educational degree with your apprenticeship?

- Yes ☐
- No ☐ → **Go to 79**

**78** Which educational degree is this?

- Degree from lower secondary school (Hauptschulabschluss) ☐
- Degree from intermediate secondary school (Realschulabschluss) ☐
- Degree from upper secondary vocational school (Fachabitur) ☐
- Degree from upper secondary school (Abitur) ☐
- Other educational degree ☐ → Please specify:

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**79** Please tell us your monthly total income (after tax and compulsory deductions) from all sources. If you don't know exactly, please try to answer as best as you can.

- |   |  |   |  |
|---|--|---|--|
| 0-200 Euro <input type="checkbox"/>     |  | 1201-1400 Euro <input type="checkbox"/>       |  |
| 201-400 Euro <input type="checkbox"/>   |  | 1401-1600 Euro <input type="checkbox"/>       |  |
| 401-600 Euro <input type="checkbox"/>   |  | 1601-1800 Euro <input type="checkbox"/>       |  |
| 601-800 Euro <input type="checkbox"/>   |  | 1801-2000 Euro <input type="checkbox"/>       |  |
| 801-1000 Euro <input type="checkbox"/>  |  | More than 2000 Euro <input type="checkbox"/>  |  |
| 1001-1200 Euro <input type="checkbox"/> |  | I don't want to say. <input type="checkbox"/> |  |
- Go to End (last page)** **Go to End (last page)**

## Studying

**80** When did you start your studies? Please name the month and the year.

Month

Year

**81** Which institution of higher education do you attend?

- University ☐
- University of Applied Sciences (Fachhochschule) ☐
- University of Education (Pädagogische Hochschule) ☐
- Art College (Künstlerische Hochschule) ☐
- University of Cooperative Education  
(Duale Hochschule) ☐
- Distance Teaching University (Fernhochschule) ☐
- Vocational academy (Berufsakademie) ☐
- Other type of institution of higher education ☐ →

Please specify:

**82** What is the exact name of this institution of higher education?

**83** Where do you study?

**84** Which subject or which subjects do you study (for instance, business administration, medicine or German studies)? If you study several major or minor subjects, please name all of them.

Major subject 1:

Major subject 2:

Major subject 3:

Minor subject 1:

Minor subject 2:

Minor subject 3:

**85** Which degree will you receive with your current studies?

Bachelor's degree (no teacher's training certificate) ☐

Bachelor's degree (teacher's training certificate) ☐

State examination (no teacher's training certificate) ☐

State examination (teacher's training certificate) ☐

Artistic degree ☐

Ecclesiastical degree ☐

Master's degree ☐

Diploma/Magister's degree ☐

Other degree ☐ →

Please specify:

**86** Are your current studies a degree course with restricted admission or a selection procedure?

Yes ☐

No ☐

Don't know ☐

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**87** Do you receive BAföG, an education loan or a scholarship? Please tick all that apply.

No ☐ →

**Go to**

**End (last page)**

Yes, I receive BAföG. ☐

Yes, I receive an education loan. ☐

Yes, I receive a scholarship. ☐ →

Please specify:

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**88** How much money do you receive by BAföG, education loan or scholarship in total each month?

Euro



**Go to**

**End  
(last Page)**

## Working

**89** Which job do you have at the moment? Please name the exact title.

**90** Please tell us your monthly total income (after tax and compulsory deductions) from all sources. If you don't know exactly, please try to answer as best as you can.

0 - 200 Euro	<input type="checkbox"/>	1201 - 1400 Euro	<input type="checkbox"/>
201 - 400 Euro	<input type="checkbox"/>	1401 - 1600 Euro	<input type="checkbox"/>
401 - 600 Euro	<input type="checkbox"/>	1601 - 1800 Euro	<input type="checkbox"/>
601 - 800 Euro	<input type="checkbox"/>	1801 - 2000 Euro	<input type="checkbox"/>
801 - 1000 Euro	<input type="checkbox"/>	More than 2000 Euro	<input type="checkbox"/>
1001 - 1200 Euro	<input type="checkbox"/>	I don't want to say.	<input type="checkbox"/>

**91** What type of contract do you have for this job?

No contract	<input type="checkbox"/>
Permanent contract	<input type="checkbox"/>
Temporary contract	<input type="checkbox"/>
Temporary contract for seasonal work	<input type="checkbox"/>

**92** When did you start working in this job? Please name the month and the year.

Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**93** Is this your first job since you have left school?

Yes	<input type="checkbox"/>	→	Go to	<b>End (last page)</b>
No	<input type="checkbox"/>			

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**94** What was your first job since you left school? Please name the exact title.

→ Go to **End (last page)**

Vocational preparation/internship/nothing/something else

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**95** Have you actively been searching for an apprenticeship or a job since you have left school?

Yes

☐

No

☐

Go to

**End**

**96** In which profession do you want to do an apprenticeship? Please name the exact title.

**End** Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire:

**Web Questionnaire  
(English Translation)**

## Your current situation

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**1** Have you graduated from school or vocational training during the last year?

- Yes, both ☐
- Yes, from vocational training ☐
- Yes, from school ☐ → **Go to 10**
- No ☐ → **Go to 13**

**2** Which type of qualification from vocational training did you receive?

Apprenticeship degree (mercantile, operational, industrial, agricultural), apprenticeship diploma (craft certificate), dual training degree ☐

Degree of health care school ☐

Vocational technical school degree ☐

Another technical school degree ☐ → Please specify:

Another degree ☐ → Please specify:

**3** What is the exact title of your vocational qualification (for instance, automotive mechanics engineer or legal assistant)? Please name the exact title.

**4** How long did your vocational training take in total?

- 1 to 1.5 years ☐
- 2 to 2.5 years ☐
- 3 to 3.5 years ☐
- 4 years ☐
- More than 4 years ☐
- Other duration ☐ → Please specify:

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

 years

**5** What overall grade did you get in your vocational qualification certificate?

(If you got credit points, please try as best as you can to convert them into grades. If that is not possible, please insert the score in the "credits" column.)

Grade:

Credits:



*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

6

**Did you receive an additional educational degree with your vocational qualification?**

Yes ☐

No ☐ → **Go to 13**

7

**Which educational degree is this?**

Degree from lower secondary school (Hauptschulabschluss) ☐

Degree from intermediate secondary school (Realschulabschluss) ☐

Degree from upper secondary vocational school (Fachabitur) ☐

Degree from upper secondary school (Abitur) ☐

Other educational degree ☐ → Please specify:

8

**What grades (for instance, 1.3 or 2.0) did you get in your school-leaving certificate?**

(If you got credit points, please try as best as you can to convert them into grades. If that is not possible, please insert the score in the "credits" column.)

	Grade:	Credits:	
Math:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I did not get any grades or credit points in Math in the school-leaving certificate.
German:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I did not get any grades or credit points in German in the school-leaving certificate.
English:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I did not get any grades or credit points in English in the school-leaving certificate.

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

9

**What overall grade did you get in your school-leaving certificate?**

(If you got credit points, please try as best as you can to convert them into grades. If that is not possible, please insert the score in the "credits" column.)

Grade:	Credits:	
<input type="text"/>	<input type="text"/>	→ <b>Go to 13</b>

10

**Which educational degree is this?**

Degree from lower secondary school (Hauptschulabschluss) ☐

Degree from intermediate secondary school (Realschulabschluss) ☐

Degree from upper secondary vocational school (Fachabitur) ☐

Degree from upper secondary school (Abitur) ☐

Other educational degree ☐ → Please specify:

**11 What grades (for instance, 1.3 or 2.0) did you get in your school-leaving certificate?**

(If you got credit points, please try as best as you can to convert them into grades. If that is not possible, please insert the score in the "credits" column.)

	Grade:	Credits:	
Math:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I did not get any grades or credit points in Math in the school-leaving certificate.
German:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I did not get any grades or credit points in German in the school-leaving certificate.
English:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I did not get any grades or credit points in English in the school-leaving certificate.

**12 What overall grade did you get in your school-leaving certificate?**

(If you got credit points, please try as best as you can to convert them into grades. If that is not possible, please insert the score in the "credits" column.)

Grade:	Credits:
<input type="text"/>	<input type="text"/>

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**13 What are you currently doing?**

School	<input type="checkbox"/>	→	Go to	<b>14 (page 4)</b>	
Apprenticeship (in a company and in school)	<input type="checkbox"/>	}	→	Go to	<b>19 (page 6)</b>
School-based vocational education	<input type="checkbox"/>				
Studying	<input type="checkbox"/>	→	Go to	<b>24 (page 7)</b>	
Full-time job	<input type="checkbox"/>	→	Go to	<b>33 (page 9)</b>	
Vocational preparation year	<input type="checkbox"/>	}	→	Go to	<b>39 (page 10)</b>
Internship	<input type="checkbox"/>				
Unemployed/nothing	<input type="checkbox"/>				
Something else	<input type="checkbox"/>				
Please specify:	<div style="border: 1px solid black; height: 40px; width: 220px; margin-top: 5px;"></div>				

Attention: Remember to check for a "Go to" instruction after you answer the question below.

**14** Which school type do you currently attend?

Lower secondary school (Hauptschule)	<input type="checkbox"/>
Intermediate secondary school (Realschule)	<input type="checkbox"/>
Upper secondary school (Realschule plus)	<input type="checkbox"/>
Upper secondary school (Gymnasium)	<input type="checkbox"/>
Comprehensive school (Integrierte Gesamtschule)	<input type="checkbox"/>
Higher secondary vocational school (Fachoberschule)	<input type="checkbox"/>
Combined lower and intermediate secondary school (Mittelschule)	<input type="checkbox"/>
Combined lower and intermediate secondary school (Regelschule)	<input type="checkbox"/>
Combined lower and intermediate secondary school (Sekundarschule)	<input type="checkbox"/>
Combined lower and intermediate secondary school (Haupt-Realschule)	<input type="checkbox"/>
School for special needs (Förderschule)	<input type="checkbox"/>
Rudolf-Steiner school (Waldorfschule)	<input type="checkbox"/>
Other general educational school	<input type="checkbox"/>
↓	
Please specify:	

Go to **16**

Vocational school (Berufsschule)	<input type="checkbox"/>
Full-time vocational school (Berufsfachschule)	<input type="checkbox"/>
Higher full-time vocational school (Höhere Berufsfachschule)	<input type="checkbox"/>
Commercial school (Handelsschule)	<input type="checkbox"/>
Higher commercial school (Höhere Handelsschule)	<input type="checkbox"/>
Other vocational school	<input type="checkbox"/>
↓	

Go to

**19**

Please specify:

Combined lower, intermediate and upper secondary school (Kooperative Gesamtschule)

☐

Go to **15**

## School

**15** Which track do you attend in combined lower, intermediate and upper secondary school?

- Lower secondary track (Hauptschulzweig) ☐
- Intermediate secondary track (Realschulzweig) ☐
- Upper secondary track (Gymnasialzweig) ☐

**16** Which grade do you currently attend?

- 11<sup>th</sup> grade ☐
- 12<sup>th</sup> grade ☐
- 13<sup>th</sup> grade ☐
- No grade ☐
- Other grade ☐ →

Please specify:

**17** How often do you...

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... argue with teacher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... get a punishment in school (e.g., being kept in detention, being sent out of class, writing lines)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... skip a lesson without permission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... come late to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**18** How much do you agree or disagree with each of these statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I am sure that I can get good grades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I put a great deal of effort into my school work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is very important to me to get good grades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Go to **41**

## Apprenticeship/work-related training

**19** In which profession are you doing your apprenticeship/work-related training? Please name the exact title.

**20** How long will your apprenticeship take in total?

- 1 to 1.5 years ☐
- 2 to 2.5 years ☐
- 3 to 3.5 years ☐
- 4 years ☐
- More than 4 years ☐
- Other duration ☐ → Please specify:   years

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**21** Do you receive an additional educational degree with your apprenticeship?

- Yes ☐
- No ☐ → **Go to 23**

**22** Which educational degree is this?

- Degree from lower secondary school (Hauptschulabschluss) ☐
- Degree from intermediate secondary school (Realschulabschluss) ☐
- Degree from upper secondary vocational school (Fachabitur) ☐
- Degree from upper secondary school (Abitur) ☐
- Other educational degree ☐ → Please specify:

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**23** Please tell us your monthly total income (after tax and compulsory deductions) from all sources. If you don't know exactly, please try to answer as best as you can.

- |   |  |   |  |
|---|--|---|--|
| 0-200 Euro <input type="checkbox"/>     |  | 1201-1400 Euro <input type="checkbox"/>       |  |
| 201-400 Euro <input type="checkbox"/>   |  | 1401-1600 Euro <input type="checkbox"/>       |  |
| 401-600 Euro <input type="checkbox"/>   |  | 1601-1800 Euro <input type="checkbox"/>       |  |
| 601-800 Euro <input type="checkbox"/>   |  | 1801-2000 Euro <input type="checkbox"/>       |  |
| 801-1000 Euro <input type="checkbox"/>  |  | More than 2000 Euro <input type="checkbox"/>  |  |
| 1001-1200 Euro <input type="checkbox"/> |  | I don't want to say. <input type="checkbox"/> |  |
- Go to 41**      **Go to 41**

## Studying

**24** When did you start your studies? Please name the month and the year.

Month

Year

**25** Which institution of higher education do you attend?

- University ☐
- University of Applied Sciences (Fachhochschule) ☐
- University of Education (Pädagogische Hochschule) ☐
- Art College (Künstlerische Hochschule) ☐
- University of Cooperative Education  
(Duale Hochschule) ☐
- Distance Teaching University (Fernhochschule) ☐
- Vocational academy (Berufsakademie) ☐
- Other type of institution of higher education ☐ →

Please specify:

**26** What is the exact name of this institution of higher education?

**27** Where do you study?

**28** Which subject or which subjects do you study (for instance, business administration, medicine or German studies)? If you study several major or minor subjects, please name all of them.

Major subject 1:

Major subject 2:

Major subject 3:

Minor subject 1:

Minor subject 2:

Minor subject 3:

**29** Which degree will you receive with your current studies?

Bachelor's degree (no teacher's training certificate) ☐

Bachelor's degree (teacher's training certificate) ☐

State examination (no teacher's training certificate) ☐

State examination (teacher's training certificate) ☐

Artistic degree ☐

Ecclesiastical degree ☐

Master's degree ☐

Diploma/Magister's degree ☐

Other degree ☐ →

Please specify:

**30** Are your current studies a degree course with restricted admission or a selection procedure?

Yes ☐

No ☐

Don't know ☐

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**31** Do you receive BAföG, an education loan or a scholarship? Please tick all that apply.

No ☐ →

Go to

**41**

Yes, I receive BAföG. ☐

Yes, I receive an education loan. ☐

Yes, I receive a scholarship. ☐ →

Please specify:

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**32** How much money do you receive by BAföG, education loan or scholarship in total each month?

Euro



Go to

**41**

## Working

**33** Which job do you have at the moment? Please name the exact title.

**34** Please tell us your monthly total income (after tax and compulsory deductions) from all sources. If you don't know exactly, please try to answer as best as you can.

0 - 200 Euro	<input type="checkbox"/>	1201 - 1400 Euro	<input type="checkbox"/>
201 - 400 Euro	<input type="checkbox"/>	1401 - 1600 Euro	<input type="checkbox"/>
401 - 600 Euro	<input type="checkbox"/>	1601 - 1800 Euro	<input type="checkbox"/>
601 - 800 Euro	<input type="checkbox"/>	1801 - 2000 Euro	<input type="checkbox"/>
801 - 1000 Euro	<input type="checkbox"/>	More than 2000 Euro	<input type="checkbox"/>
1001 - 1200 Euro	<input type="checkbox"/>	I don't want to say.	<input type="checkbox"/>

**35** What type of contract do you have for this job?

No contract	<input type="checkbox"/>
Permanent contract	<input type="checkbox"/>
Temporary contract	<input type="checkbox"/>
Temporary contract for seasonal work	<input type="checkbox"/>

**36** When did you start working in this job? Please name the month and the year.

Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**37** Is this your first job since you have left school?

Yes	<input type="checkbox"/>	→	Go to	<b>41</b>
No	<input type="checkbox"/>			

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**38** What was your first job since you left school? Please name the exact title.

→ Go to **41**



## Vocational preparation/internship/nothing/something else

Attention: Remember to check for a "Go to" instruction after you answer the question below.

**39** Have you actively been searching for an apprenticeship or a job since you have left school?

Yes ☐

No ☐ → Go to **41**

**40** In which profession do you want to do an apprenticeship? Please name the exact title.

## Questions about you

**41** Are you a boy or a girl?

Boy ☐

Girl ☐

**42** When were you born?

Day

Month

Year

**43** How well do you think you can...

Not at all   Not well   Well   Very well   Excellently

... speak German? ☐ ☐ ☐ ☐ ☐

... write German? ☐ ☐ ☐ ☐ ☐

Attention: Remember to check for a "Go to" instruction after you answer the question below.

**44** Is there a language other than German spoken at your home?

Yes ☐

No ☐ → Go to **48**

**45** Which language is this?

Italian ☐  
 Polish ☐  
 Russian ☐  
 Turkish ☐

Other language ☐



Please specify:

**46** Think of the language you just ticked. How well do you think you can...


	Not at all	Not well	Well	Very well	Excellently
... speak this language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... write this language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


**47** In this language, how often do you...


	Always	Often	Sometimes	Never
... talk to your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... watch TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... talk to friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... read newspapers (also online)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**48** Are you currently a German citizen?

Yes, since birth ☐  **Go to 53**

Yes, but not since birth but by naturalization ☐  **Go to 51**

No, not yet, but I have applied for German citizenship ☐  **Go to 51**

No ☐

**49** Generally speaking, how strongly are you interested in obtaining German citizenship, that is, to become naturalized?

Very strongly ☐  
 Fairly strongly ☐  
 Not very strongly ☐  
 Not at all strongly ☐

**50** Are you planning to obtain German citizenship, that is, to become naturalized, during the next 5 years?

- Yes, definitely ☐
- Yes, probably ☐
- No, probably not ☐
- No, definitely not ☐

**51** Are the following statements true about you?

	Yes	No	Don't know
A naturalization is effortful and expensive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naturalization is important since in this way you are allowed to vote in Germany.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German citizenship protects me against possible deportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I become naturalized, I have to renounce my old citizenship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**52** How much do you agree or disagree with each of these statement?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My family would disapprove when I would be a [survey country] citizen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a [survey country] citizen I would feel less strongly belonging to my family's country of origin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Survey country] citizenship would facilitate my everyday life, for instance, at public authorities or during travels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Survey country] citizenship would offer me advantages with respect to apprenticeship, studies or job search.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a [survey country] citizen, I would really feel that I belong to [survey country].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Question about your leisure time

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**53** We have compiled different clubs or groups in this list. Please tick all clubs or groups that you are involved in.

- No club or group ☐ → **Go to 58**
- Voluntary relief organization (for instance, fire department, Technical Relief Service (THW), German Red Cross (DRK), Greenpeace or German Lifesaving Association (DLRG)) ☐
- Sports club ☐
- Church, denominational or religious (youth) group (for instance, Young Men's Christian Association (CVJM), Federation of German Catholic Youth (BDKJ), Turkish-Islamic Union for Religious Affairs (DITIB) or European Union of Alevi Youth (AAGB)) ☐
- Fan club (for instance, for a sports club or a musician) ☐
- Culture club (for instance, music club, theater group, shooting association or club cultivating local history) ☐
- Political association (for instance, party, citizen club or labor union group) ☐
- Other club or group ☐ → Please specify:

**54** In which of these clubs or groups do you spend most of your time? Please tick only one club or group.

- I am only involved in one club or group. ☐
- Voluntary relief organization (for instance, fire department, Technical Relief Service (THW), German Red Cross (DRK), Greenpeace or German Lifesaving Association (DLRG)) ☐
- Sports club ☐
- Church, denominational or religious (youth) group (for instance, Young Men's Christian Association (CVJM), Federation of German Catholic Youth (BDKJ), Turkish-Islamic Union for Religious Affairs (DITIB) or European Union of Alevi Youth (AAGB)) ☐
- Fan club (for instance, for a sports club or a musician) ☐
- Culture club (for instance, music club, theater group, shooting association or club cultivating local history) ☐
- Political association (for instance, party, citizen club or labor union group) ☐
- Other club or group ☐ → Please specify:

- 55** Thinking about the club or group you spend most of your time in: What is the name of this club or group?  
Please name the exact title and do not abbreviate the title.

- 56** Do you exercise an official role or did you assume an additional special task in this club or group (for instance, group leader or treasurer)?

Yes ☐

No ☐

- 57** How many people in this club you spend most of your time in have...

	Almost all or all	A lot	About half	A few	None or very few
... a German background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... an Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 58** Have you done the following things in the past 12 months in order to exert political influence or to express your personal opinion?

	Yes	No
Participated in an (online) petition or signature	<input type="checkbox"/>	<input type="checkbox"/>
Participated in a demonstration	<input type="checkbox"/>	<input type="checkbox"/>
Supported a party's campaign	<input type="checkbox"/>	<input type="checkbox"/>

- 59** In your spare time, how often do you...

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... inform yourself about political and social issues (on TV, internet or in newspapers)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... discuss political and social issues with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**60** How often do you...

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... have a hot meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... do sports or go to the gym?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... eat breakfast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... use drugs (e.g., hash, paddos, ecstasy pills)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**61** Outside your main day-to-day activity like being in school, studying, working a full-time job or doing an apprenticeship, do you have a side job (for instance, work as a waiter or waitress, restocking shelves or tutoring)?

Yes ☐

No ☐ → Go to **64**

**62** How many hours do you work in this side job during a normal week (including weekends)?

Number of hours:

**63** About how much money do you earn from work each month?

Amount in Euros:

### Questions about your family and friends

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**64** The following questions are about your biological mother. If she is no longer alive or if you are not in touch with her, please answer the questions as best as you can.

Was your biological mother born abroad?

No ☐

Go to **67**

Yes ☐

**65** Have you visited this country during the last 12 months?

Yes, twice or more ☐

Yes, once ☐

No ☐

**66** How much are you interested in this country's politics?

Very much ☐

A lot ☐

Quite a lot ☐

A little ☐

Very little or not at all ☐

**67** Does your mother currently have a job?

Yes ☐

No ☐

Don't know ☐

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**68** The following questions are about your biological father. If he is no longer alive or if you are not in touch with him, please answer the questions as best as you can.

Was your biological father born abroad?

No ☐ → Go to **71**

Yes, in the same country as my mother ☐ → Go to **71**

Yes, but in a different country than my mother ☐

**69** Have you visited this country during the last 12 months?

Yes, twice or more ☐

Yes, once ☐

No ☐

**70** How much are you interested in this country's politics?

Very much ☐

A lot ☐

Quite a lot ☐

A little ☐

Very little or not at all ☐

**71** Does your father currently have a job?

Yes ☐

No ☐

Don't know ☐

**72** Do you get money from your parents?

Yes, each week ☐ →    Euro

Yes, each month ☐ →    Euro

Yes, occasionally ☐

No ☐

**73** Thinking now about all of your friends. How many of them have...

	Almost all or all	A lot	About half	A few	None or very few
... a German background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... an Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**74** Thinking of your main day-to-day activity like being in school, studying, working a full-time job or doing an apprenticeship. How many people at your school, studies or your work place have...

	Almost all or all	A lot	About half	A few	None or very few
... a German background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... an Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Your feelings and attitudes**

**75** How strongly do you feel German?

Very strongly ☐

Fairly strongly ☐

Not very strongly ☐

Not at all strongly ☐



Attention: Remember to check for a "Go to" instruction after you answer the question below.

- 76** Some people feel that they belong to other groups, too. Which, if any, of the following groups do you feel you belong to? Please tick only one box.

No other group ☐ → **Go to** **79**

Italian ☐

Polish ☐

Russian ☐

Turkish ☐

Other group ☐ → Please specify:

- 77** How strongly do you feel that you belong to this group?

Very strongly ☐

Fairly strongly ☐

Not very strongly ☐

Not at all strongly ☐

- 78** How important is it for you personally to maintain the customs and traditions of this group?

Very important ☐

Fairly important ☐

Not very important ☐

Not at all important ☐

- 79** How much do you agree or disagree with each of these statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The German people should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should adapt to German society.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The German people should be open to the customs and traditions of immigrants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**80** What is your religion?

- No religion ☐
- Buddhism ☐
- Christianity: Catholic ☐
- Christianity: Protestant ☐
- Hinduism ☐
- Islam ☐
- Judaism ☐
- Other religion ☐



Please specify:

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**81** How important is religion to you?

- Very important ☐
- Fairly important ☐
- Not very important ☐
- Not at all important ☐

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**82** How often do you visit a religious meeting place (e.g., a church, a mosque, a synagogue or a temple)?

- Never ☐
- Occasionally (but less than once a month) ☐
- At least once a month ☐
- At least once a week ☐
- Every day ☐

---

**83** How often do you pray?

- Never ☐
- Occasionally (but less than once a month) ☐
- At least once a month ☐
- At least once a week ☐
- One to four times a day ☐
- Five times a day or more ☐
-

- 84** Please rate how you feel about the following groups on a scale that runs from 0 to 100. The higher the number, the more positive you feel, and the lower the number, the more negative you feel towards this group.  
(Please tick a box for every group.)

	Negative				Neutral						Positive	I don't know this group.
	0	10	20	30	40	50	60	70	80	90	100	
Germans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Russians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 85** Do you think the following are “always OK”, “often OK”, “sometimes OK” or “never OK”?

	Always OK	Often OK	Some-times OK	Never OK	Don't know
Living together as a couple without being married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homosexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 86** On a scale from 1 to 10 where 1 is very unsatisfied and 10 is very satisfied, how satisfied are you with your life in general?

Very unsatisfied	1	2	3	4	5	6	7	8	9	10	Very satisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- 87** In the last six months, how often have you had...

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... a headache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a stomachache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... difficulties falling asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 88** When you are 30 years old, do you think you will...

	Probably yes	Probably no	Don't know
... have a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... be living in Germany?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have a university degree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have a lot of money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Your opinions

**89** How strongly do you trust the following institutions or persons?

	Very	Fairly	Not very	Not at all
Political parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Politicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspapers, Radio and TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**90** If there was a federal election next Sunday, which party would you vote for? Please answer the question, even if you are not allowed to vote.

CDU or CSU	<input type="checkbox"/>
SPD	<input type="checkbox"/>
Die Linke	<input type="checkbox"/>
Bündnis 90/Die Grünen	<input type="checkbox"/>
FDP	<input type="checkbox"/>
AfD	<input type="checkbox"/>
Piratenpartei	<input type="checkbox"/>
Another party	<input type="checkbox"/>



Please specify:

*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

**91** Were you allowed to vote at the European Election in May 2014?

Yes ☐

No ☐



Go to

**93**

Don't know ☐



Go to

**93**

**92** Did you vote at the European Election in May 2014?

Yes ☐

No ☐

Don't know ☐

- 93** In politics, people sometimes talk of “left” and “right” political attitudes. How about you? On a scale from 0 to 10 where 0 means “left political attitude” and 10 means “right political attitude”, where would you place yourself?

Left political attitude											Right political attitude	Don't know
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 94** How much do you agree or disagree with each of these statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Politics are too complicated to understand what it really is about.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think it is easy for me to form an opinion about political issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most politicians are only interested in votes and not in the people's opinions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Politicians care about what people like me are thinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 95** Is there any politician that you rate particularly highly? You may also name a politician from outside Germany.

No ☐

Yes ☐



Please specify:

- 96** On scale from 1 to 10 where 1 is very unsatisfied and 10 is very satisfied, how satisfied are you...

	Very unsatisfied									Very satisfied
	1	2	3	4	5	6	7	8	9	10
... with the democratic system in Germany?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with the work of the current German federal government?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**End** Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire: