

ZA6655 / ZA6656

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

Wave 7

**Field Questionnaire
(English Translation)**

Master Questionnaire (English Translation)

Comparable with Codebook W7

Questions about you

1 Are you male or female?

Male ☐
Female ☐

2 When were you born?

Day Month Year

3 How well do you think you can...

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

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	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"/>

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"/>

8 With whom do you live? If you are not living alone, please tick all persons who are living with you in one household.

Family/Partner

- Mother (biological, adoptive, step- or foster mother) ☐
- Father (biological, adoptive, step- or foster father) ☐
- Brothers (including step- and half-brothers) ☐
- Sisters (including step- and half-sisters) ☐
- Grandparents ☐
- Other family members ☐
- Partner, husband/wife, boyfriend/girlfriend ☐
- Biological, foster, or adoptive children ☐
- Partner's biological, foster, or adoptive children ☐
- Mother-/father-/parents-in-law ☐

Outside the family

- Flat share ☐
- (Student) residential home ☐
- Another arrangement ☐



Please specify:

Alone

- With no one, I'm living alone. ☐

9 Are you a member of any sports, music, drama or any other club?

- Yes ☐
- No ☐

10 To what extent do the following statements apply to you?

	Does not apply at all	Does rather not apply	Neither nor	Does rather apply	Applies completely
I am quite cautious, reserved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I trust other people easily, I believe in the goodness in people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easy-going and tend to be a bit lazy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am relaxed and don't get easily stressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not care much about arts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am out-going and sociable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tend to be critical of other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am thorough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I easily get nervous and self-conscious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have an active imagination, I am an imaginative person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions about your partner

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

11 Do you have a boyfriend or a partner/husband respectively a girlfriend or a partner/wife?

Yes ☐

No ☐ →

Go to

18

12 Since when are you together? Please name the month and the year.

Month

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

Year

<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
--------------------------------	--------------------------------	----------------------	----------------------

13 How old is he/she?

Age in years:

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

14 What is he/she currently doing?

- School ☐
- Apprenticeship (company and school) ☐
- School-based vocational education ☐
- Studying ☐
- Full-time or part-time job ☐
- Vocational preparation year ☐
- Internship ☐
- Unemployed/nothing ☐

Something else: ☐ →

Please specify:

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

15 Which highest level of education does he/she have?

- He/she still attends school. ☐ → **Go to 16**
- No degree ☐
- Degree from lower secondary school (Hauptschulabschluss) ☐
- Degree from intermediate secondary school (Realschulabschluss) ☐
- Degree from higher secondary vocational school (Fachabitur) ☐
- Degree from upper secondary school (Abitur) ☐ → **Go to 17**
- University of applied sciences/University degree (Fachhochschul-/Universitätsabschluss) ☐
- Other educational degree ☐
- Please specify:
- Don't know ☐

16 Which school degree is he/she going to obtain?

- No degree ☐
- Degree from lower secondary school (Hauptschulabschluss) ☐
- Degree from intermediate secondary school (Realschulabschluss) ☐
- Degree from higher secondary vocational school (Fachabitur) ☐
- Degree from upper secondary school (Abitur) ☐
- Other educational degree ☐ →
- Don't know ☐

Please specify:

17 What is his/her background?

German ☐

Italian ☐

Polish ☐

Russian ☐

Turkish ☐

Other background ☐ →

Please specify:

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

18 Are you married?

Yes ☐

No ☐ →

Go to

20

19 When did you marry?

Month

Year

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

20 Do you have children (including stepchildren, foster children, or adopted children)?

Yes ☐

No ☐ →

Go to

27

21 How many children do you have?

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

More than 5 ☐

22 When was your first child born? Please name the month and the year.

	Month		Year			
Child 1:	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>

Only for respondents with two or more children.

23 When was your second child born? Please name the month and the year.

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

Only for respondents with three or more children.

24 When was your third child born? Please name the month and the year.

	Month		Year			
Child 3:	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>

Only for respondents with four or more children.

25 When was your fourth child born? Please name the month and the year.

	Month		Year			
Child 4:	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>

Only for respondents with five or more children.

26 When was your fifth child born? Please name the month and the year.

	Month		Year			
Child 5:	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>

Your family

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

30 Was your biological mother born abroad?

No ☐ → Go to **32**

Yes ☐

Biological mother unknown ☐ → Go to **33**

31 Have you visited this country during the last 12 months?

Yes, twice or more ☐

Yes, once ☐

No ☐

32 Does your mother currently have a job?

Yes ☐

No ☐

Biological mother already deceased ☐

Don't know ☐

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

33 Was your biological father born abroad?

No ☐ → Go to **35**

Yes, same country as my mother ☐ → Go to **35**

Yes, but different country as my mother ☐

Biological father unknown ☐ → Go to **36**

34 Have you visited this country during the last 12 months?

Yes, twice or more ☐

Yes, once ☐

No ☐

35 Does your father currently have a job?

Yes ☐

No ☐

Biological father already deceased ☐

Don't know ☐

Your feelings and attitudes

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

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
I have a lot of good qualities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a lot to be proud of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like myself just the way I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think things will go well for me in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37 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.

38 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** **41**

<Group 1> ☐

<Group 2> ☐

<Group 3> ☐

Other group ☐ → Please specify:

39 How strongly do you feel that you belong to this group?

Very strongly ☐

Fairly strongly ☐

Not very strongly ☐

Not at all strongly ☐

40 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 ☐

41 How often are each of these statements true about you?

	Often true	Sometimes true	Rarely true	Never true
I feel very worried.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get angry easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel anxious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel worthless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I act without thinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42 What is your religion?

No religion	<input type="checkbox"/>
Buddhism	<input type="checkbox"/>
Christianity: Catholic	<input type="checkbox"/>
Christianity: Protestant	<input type="checkbox"/>
Christianity: Other	<input type="checkbox"/>
Hinduism	<input type="checkbox"/>
Islam: Sunnite	<input type="checkbox"/>
Islam: Shiite	<input type="checkbox"/>
Islam: Alevi	<input type="checkbox"/>
Islam: Other	<input type="checkbox"/>
Judaism	<input type="checkbox"/>
Other religion	<input type="checkbox"/> → Please specify: <input type="text"/>

43 How important is religion to you?

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

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

Never	<input type="checkbox"/>
Occasionally (but less than once a month)	<input type="checkbox"/>
At least once a month	<input type="checkbox"/>
At least once a week	<input type="checkbox"/>
Every day	<input type="checkbox"/>

45

Never	<input type="checkbox"/>
Occasionally (but less than once a month)	<input type="checkbox"/>
At least once a month	<input type="checkbox"/>
At least once a week	<input type="checkbox"/>
One to four times a day	<input type="checkbox"/>
Five times a day or more	<input type="checkbox"/>

Your friends and acquaintances

46

[illegible]

47 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"/>

Activities and health

48 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"/>	

49 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"/>

50 Have you done the following things in the past 3 months? Your answers will be kept secret.

	Yes	No
Deliberately damaged things that were not yours?	<input type="checkbox"/>	<input type="checkbox"/>
Stolen something from a shop or from someone else?	<input type="checkbox"/>	<input type="checkbox"/>
Carried a knife or weapon?	<input type="checkbox"/>	<input type="checkbox"/>
Been very drunk?	<input type="checkbox"/>	<input type="checkbox"/>

51 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"/>

52 What is your height?

Height in cm:

53 What is your weight?

Weight in kg:

54 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 current situation

55 Ongoing activities from the Life History Calendar (LHC) (structural) in wave 6.

PRELOAD: <preload>

Only for respondents with one or more ongoing activities from the Life History Calendar (LHC) (structural) in wave 6.

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

56 At our last interview, we noted you did <preload1>. Is <preload2> still going on today?

Yes ☐ → Go to **58**

No ☐

This information is incorrect. ☐ → Go to **58**

57 Until when did you do <preload3>? Please name the month and the year, when <preload4> ended.

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

Only for respondents with two or more ongoing activities from the Life History Calendar (LHC) (structural) in wave 6.

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

58 Additionally, you reported during our last interview in <lintdat> that you did <preload1>. Is <preload2> still going on today?

Yes ☐ → Go to **60**

No ☐

This information is incorrect. ☐ → Go to **60**

59 Until when did you do <preload3>? Please name the month and the year, when <preload4> ended.

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

Only for respondents with four or more ongoing activities from the Life History Calendar (LHC) (structural) in wave 6.

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

60 Additionally, you reported during our last interview in <lintdat> that you did <preload1>. Is <preload2> still going on today?

Yes ☐ → Go to **62**

No ☐

This information is incorrect. ☐ → Go to **62**

61 Until when did you do <preload3>? Please name the month and the year, when <preload4> ended.

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

Only for respondents with four or more ongoing activities from the Life History Calendar (LHC) (structural) in wave 6.

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

62 Additionally, you reported during our last interview in <lintdat> that you did <preload1>. Is <preload2> still going on today?

Yes ☐ → Go to **64**

No ☐

This information is incorrect. ☐ → Go to **64**

63 Until when did you do <preload3>? Please name the month and the year, when <preload4> ended.

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

Only for respondents with five ongoing activities from the Life History Calendar (LHC) (structural) in wave 6.

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

64 Additionally, you reported during our last interview in <lintdat> that you did <preload1>. Is <preload2> still going on today?

Yes ☐ → Go to **66**

No ☐

This information is incorrect. ☐ → Go to **66**

65 Until when did you do <preload3>? Please name the month and the year, when <preload4> ended.

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

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

66 Have you graduated from school or vocational training since last interview?

Yes, both ☐

Yes, from vocational training ☐

Yes, from school ☐ → **Go to** **76**

No, I haven't graduated from school or vocational training since last interview. ☐ → **Go to** **79**

67 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 ☐

Higher full-time vocational school or higher commercial school degree ☐

Another technical school degree ☐ → Please specify:

Another degree ☐ → Please specify:

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

69 Did you acquire a university entrance qualification together with this vocational qualification?

Yes ☐

No ☐

Don't know ☐

70 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:

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

(If you got credit points, please try 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.**72 Did you receive an additional educational degree with your vocational qualification?**Yes ☐No ☐ →**Go to****79****73 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:

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

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

Grade

Credits

German:

☐

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

Math:

☐

I did not get any grades or credit points in Math 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.**75 What overall grade did you get in your school-leaving certificate?**

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

Grade

Credits

**Go to****79**

76 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:

77 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	
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.
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.
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.

78 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.

79 Have you graduated from university since last interview?

Yes ☐

No ☐ →

Go to

82

80 Which university degree is this?

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 (no teacher's training certificate) ☐

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

Diploma/Magister's degree ☐

Other degree ☐ →

Please specify:

81 What overall grade did you get in your university graduation certificate?

(If you got credit points, please try 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.

82 What are you currently doing?

School ☐ →

Go to

83

Apprenticeship (in a company and in school) ☐ →

Go to

87

School-based vocational education ☐ →

Go to

92

Studying ☐ →

Go to

99

Full-time or part-time job ☐ →

Vocational preparation year ☐ →

Internship ☐ →

Unemployed/nothing ☐ →

Go to

105

Something else ☐ →

Please specify:

School

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

83 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"/>	
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"/>	
Comprehensive school (Integrierte Gesamtschule)	<input type="checkbox"/>	
Other general educational school type	<input type="checkbox"/>	
Please specify:	<div style="border: 1px solid black; height: 40px; width: 200px;"></div>	

Go to

85

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 type	<input type="checkbox"/>	
Please specify:	<div style="border: 1px solid black; height: 40px; width: 230px;"></div>	

Go to

87

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

☐

Go to

84

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

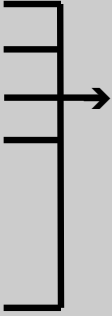

Lower secondary track (Hauptschulzweig)	<input type="checkbox"/>
Intermediate secondary track (Realschulzweig)	<input type="checkbox"/>
Upper secondary track (Gymnasialzweig)	<input type="checkbox"/>

85 Since when do you attend this school? Please tell me month and year.

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

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

86 Which grade do you currently attend?

11 th grade	<input type="checkbox"/>		Go to	107
12 th grade	<input type="checkbox"/>			
13 th grade	<input type="checkbox"/>			
No grade	<input type="checkbox"/>			
Other grade	<input type="checkbox"/>			
Please specify:				
<input type="text"/>				

Apprenticeship/Work-related training

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

88 When did you start this apprenticeship? Please name the month and the year.

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

89 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:

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

90 Do you receive an additional educational degree with your apprenticeship?

Yes ☐

No ☐ →

Go to

107

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

91 Which educational degree is this?

Degree from lower secondary school (Hauptschulabschluss)	<input type="checkbox"/>		Go to	107
Degree from intermediate secondary school (Realschulabschluss)	<input type="checkbox"/>			
Degree from upper secondary vocational school (Fachabitur)	<input type="checkbox"/>			
Degree from upper secondary school (Abitur)	<input type="checkbox"/>			
Other educational degree	<input type="checkbox"/>			
Please specify:				
<input type="text"/>				

Studying

92 When did you start your studies? 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"/>

93 Which institution of higher education do you attend?

University	<input type="checkbox"/>		Please specify:	<input type="text"/>
University of Applied Sciences (Fachhochschule)	<input type="checkbox"/>			
University of Education (Pädagogische Hochschule)	<input type="checkbox"/>			
Art College (Künstlerische Hochschule)	<input type="checkbox"/>			
University of Cooperative Education (Duale Hochschule)	<input type="checkbox"/>			
Distance Teaching University (Fernhochschule)	<input type="checkbox"/>			
Vocational academy (Berufsakademie)	<input type="checkbox"/>			
Other type of institution of higher education	<input type="checkbox"/>			

94 What is the exact name of this institution of higher education?

95 Where do you study?

96 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:	<input type="text"/>
Major subject 2:	<input type="text"/>
Major subject 3:	<input type="text"/>
Minor subject 1:	<input type="text"/>
Minor subject 2:	<input type="text"/>
Minor subject 3:	<input type="text"/>

97 Which degree will you receive with your current studies?

- | | |
|---|--------------------------|
| Bachelor's degree (no teacher's training certificate) | <input type="checkbox"/> |
| Bachelor's degree (teacher's training certificate) | <input type="checkbox"/> |
| State examination (no teacher's training certificate) | <input type="checkbox"/> |
| State examination (teacher's training certificate) | <input type="checkbox"/> |
| Artistic degree | <input type="checkbox"/> |
| Ecclesiastical degree | <input type="checkbox"/> |
| Master's degree (no teacher's training certificate) | <input type="checkbox"/> |
| Master's degree (teacher's training certificate) | <input type="checkbox"/> |
| Diploma/Magister's degree | <input type="checkbox"/> |
| Other degree | <input type="checkbox"/> |



Please specify:

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

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

Yes	<input type="checkbox"/>		Go to 107
No	<input type="checkbox"/>		
Don't know	<input type="checkbox"/>		

Working

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

100 What type of contract do you have for this job?

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

101 How many hours do you work in this job per week?

Hours per week:

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

Month Year 2 0

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

103 Is this your first job since you have left school?

Yes ☐ → Go to **107**

No ☐

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

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

→ Go to **107**

Vocational preparation/internship/nothing/something else

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

105 Have you actively been searching for an apprenticeship or job in the last three months?

Yes ☐

No ☐ → Go to **107**

106 Which job was this? Please name the exact title (e.g., automotive mechanics engineer or legal assistant).

Your financial situation

107

Finally, we would like to hear about your current income sources. Please tick all of the income sources below that contribute to your current financial situation and tell us for each of these, how much money is at your disposal on average each month.

Financial support from other persons

Pocket money and regular money from parents, relatives, or others persons close to you	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child support	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post-marital spouse support, separation support	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Income and earnings

Please indicate your net income (after deduction of taxes and social security contributions)

Own income from regular job, full-time or part-time	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Own income from side job(s)	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service pay, expense allowance for Voluntary Year of Social/Ecological Service or Federal Voluntary Service	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Support by the state

Unemployment benefit I (Arbeitslosengeld I)	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unemployment benefit II (Arbeitslosengeld II; Hartz IV, Sozialgeld)	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BAföG, educational grant	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Orphan's pension, widow's pension	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maternity benefit during maternity leave, parental or child-raising allowance	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child allowance	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other income sources

Scholarship	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Other income sources	<input type="checkbox"/>
	↓

Please specify:	<input type="text"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-----------------	----------------------	---	-----------	----------------------	----------------------	----------------------	----------------------

Please specify:	<input type="text"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-----------------	----------------------	---	-----------	----------------------	----------------------	----------------------	----------------------

Please specify:	<input type="text"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Here are some questions about your three best friends. You can answer these questions for one to three friends. You should not count your boyfriend, partner, or husband/your girlfriend, partner, or wife.

1. What is the name of this friend?	2. Is this friend male or female?	3. How old is he/she?	4. What is his/her background?	5. What is he/she currently doing?
Friend 1: <div></div>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Age: <div></div>	German <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Turkish <input type="checkbox"/> Other background <input type="checkbox"/> Please specify: <div></div>	School <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Studying <input type="checkbox"/> Full-time/part-time job <input type="checkbox"/> Vocational preparation year <input type="checkbox"/> Internship <input type="checkbox"/> Unemployed/nothing <input type="checkbox"/> Something else <input type="checkbox"/> Please specify: <div></div>
Friend 2: <div></div>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Age: <div></div>	German <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Turkish <input type="checkbox"/> Other background <input type="checkbox"/> Please specify: <div></div>	School <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Studying <input type="checkbox"/> Full-time/part-time job <input type="checkbox"/> Vocational preparation year <input type="checkbox"/> Internship <input type="checkbox"/> Unemployed/nothing <input type="checkbox"/> Something else <input type="checkbox"/> Please specify: <div></div>
Friend 3: <div></div>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Age: <div></div>	German <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Turkish <input type="checkbox"/> Other background <input type="checkbox"/> Please specify: <div></div>	School <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Studying <input type="checkbox"/> Full-time/part-time job <input type="checkbox"/> Vocational preparation year <input type="checkbox"/> Internship <input type="checkbox"/> Unemployed/nothing <input type="checkbox"/> Something else <input type="checkbox"/> Please specify: <div></div>

Please answer the following questions about your three best friends as well.

	6. Which is his/her highest educational degree? If he/she is still enrolled in school: What type of education will he/she obtain?	7. What is his/her job?
Friend 1	<p>No degree <input type="checkbox"/></p> <p>Degree from lower secondary school (Hauptschulabschluss) <input type="checkbox"/></p> <p>Degree from intermediate secondary school (Realschulabschluss) <input type="checkbox"/></p> <p>Degree from higher secondary vocational school (Fachabitur) <input type="checkbox"/></p> <p>Degree from upper secondary school (Abitur) <input type="checkbox"/></p> <p>University (of Applied Sciences) degree (Fachhochschul-/ Universitätsabschluss) <input type="checkbox"/></p> <p>Other degree <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p> <p>Don't know <input type="checkbox"/></p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>He/she is not working. <input type="checkbox"/></p>
Friend 2	<p>No degree <input type="checkbox"/></p> <p>Degree from lower secondary school (Hauptschulabschluss) <input type="checkbox"/></p> <p>Degree from intermediate secondary school (Realschulabschluss) <input type="checkbox"/></p> <p>Degree from higher secondary vocational school (Fachabitur) <input type="checkbox"/></p> <p>Degree from upper secondary school (Abitur) <input type="checkbox"/></p> <p>University (of Applied Sciences) degree (Fachhochschul-/Universitätsabschluss) <input type="checkbox"/></p> <p>Other degree <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p> <p>Don't know <input type="checkbox"/></p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>He/she is not working. <input type="checkbox"/></p>
Friend 3	<p>No degree <input type="checkbox"/></p> <p>Degree from lower secondary school (Hauptschulabschluss) <input type="checkbox"/></p> <p>Degree from intermediate secondary school (Realschulabschluss) <input type="checkbox"/></p> <p>Degree from higher secondary vocational school (Fachabitur) <input type="checkbox"/></p> <p>Degree from upper secondary school (Abitur) <input type="checkbox"/></p> <p>University (of Applied Sciences) degree (Fachhochschul-/Universitätsabschluss) <input type="checkbox"/></p> <p>Other degree <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p> <p>Don't know <input type="checkbox"/></p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>He/she is not working. <input type="checkbox"/></p>

**Web Questionnaire
(English Translation)**

Your current situation

Only for respondents with one or more ongoing activities from the Life History Calendar (LHC) (structural) in wave 6.

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

1 At our last interview, we noted you did <preload1>. Is <preload2> still going on today?

Yes ☐ → Go to **3**

No ☐

This information is incorrect. ☐ → Go to **3**

2 Until when did you do <preload3>? Please name the month and the year, when <preload4> ended.

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

Only for respondents with two or more ongoing activities from the Life History Calendar (LHC) (structural) in wave 6.

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

3 Additionally, you reported during our last interview in <lintdat> that you did <preload1>. Is <preload2> still going on today?

Yes ☐ → Go to **5**

No ☐

This information is incorrect. ☐ → Go to **5**

4 Until when did you do <preload3>? Please name the month and the year, when <preload4> ended.

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

Only for respondents with four or more ongoing activities from the Life History Calendar (LHC) (structural) in wave 6.

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

- 5** Additionally, you reported during our last interview in <lintdat> that you did <preload1>. Is <preload2> still going on today?

Yes ☐ → Go to **7**

No ☐

This information is incorrect. ☐ → Go to **7**

- 6** Until when did you do <preload3>? Please name the month and the year, when <preload4> ended.

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

Only for respondents with four or more ongoing activities from the Life History Calendar (LHC) (structural) in wave 6.

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

- 7** Additionally, you reported during our last interview in <lintdat> that you did <preload1>. Is <preload2> still going on today?

Yes ☐ → Go to **9**

No ☐

This information is incorrect. ☐ → Go to **9**

- 8** Until when did you do <preload3>? Please name the month and the year, when <preload4> ended.

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

Only for respondents with five ongoing activities from the Life History Calendar (LHC) (structural) in wave 6.

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

- 9** Additionally, you reported during our last interview in <lintdat> that you did <preload1>. Is <preload2> still going on today?

Yes ☐ → Go to **11**

No ☐

This information is incorrect. ☐ → Go to **11**

- 10** Until when did you do <preload3>? Please name the month and the year, when <preload4> ended.

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

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

11 Have you graduated from school or vocational training since last interview?

Yes, both ☐

Yes, from vocational training ☐

Yes, from school ☐ → **Go to 18**

No, I haven't graduated from school or vocational training since last interview. ☐ → **Go to 21**

12 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 ☐

Higher full-time vocational school or higher commercial school degree ☐

Another technical school degree ☐ → Please specify:

Another degree ☐ → Please specify:

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

14 Did you acquire a university entrance qualification together with this vocational qualification?

Yes ☐

No ☐

Don't know ☐

15 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:

16 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.

17 Did you receive an additional educational degree with your vocational qualification?Yes ☐No ☐ →**Go to****21****18 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:

19 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:

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

German:

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

English:

☐ I did not get any grades or credit points in English in the school-leaving certificate.**20 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

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

21 Have you graduated from university since last interview?

Yes ☐

No ☐ →

Go to

24

22 Which university degree is this?

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 (no teacher's training certificate) ☐

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

Diploma/Magister's degree ☐

Other degree ☐ →

Please specify:

23 What overall grade did you get in your university graduation 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.

24 What are you currently doing?

School ☐ →

Go to **25**

Apprenticeship (in a company and in school) ☐ →

Go to **29**

School-based vocational education ☐ →

Studying ☐ →

Go to **34**

Full-time or part-time job ☐ →

Go to **41**

Vocational preparation year ☐ →

Internship ☐ →

Unemployed/nothing ☐ →

Go to **47**

Something else ☐ →

Please specify:

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

25 Which school type do you currently attend?

Lower secondary school (Hauptschule)	<input type="checkbox"/>		Vocational school (Berufsschule)	<input type="checkbox"/>		Go to 29
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"/>		
Higher secondary vocational school (Fachoberschule)	<input type="checkbox"/>		Higher commercial school (Höhere Handelsschule)	<input type="checkbox"/>		
Combined lower and intermediate secondary school (Mittelschule)	<input type="checkbox"/>		Other vocational school type	<input type="checkbox"/>		
Combined lower and intermediate secondary school (Regelschule)	<input type="checkbox"/>		↓			
Combined lower and intermediate secondary school (Sekundarschule)	<input type="checkbox"/>		Go to 27	Please specify: <input type="text"/>		
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"/>					
Comprehensive school (Integrierte Gesamtschule)	<input type="checkbox"/>					
Other general educational school type	<input type="checkbox"/>					
Please specify: <input type="text"/>	↓					
Combined lower, intermediate and upper secondary school (Kooperative Gesamtschule)	<input type="checkbox"/>		→	Go to 26		

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

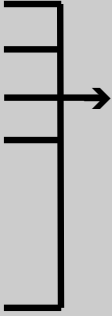

Lower secondary track (Hauptschulzweig)	<input type="checkbox"/>
Intermediate secondary track (Realschulzweig)	<input type="checkbox"/>
Upper secondary track (Gymnasialzweig)	<input type="checkbox"/>

27 Since when do you attend this school? 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.

28 Which grade do you currently attend?


11 th grade	<input type="checkbox"/>		Go to	49
12 th grade	<input type="checkbox"/>			
13 th grade	<input type="checkbox"/>			
No grade	<input type="checkbox"/>			
Other grade	<input type="checkbox"/>			
Please specify:				
<input type="text"/>				

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

30 When did you start this apprenticeship? 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"/>

31 How long will your apprenticeship take in total?

1 to 1.5 years	<input type="checkbox"/>	
2 to 2.5 years	<input type="checkbox"/>	
3 to 3.5 years	<input type="checkbox"/>	
4 years	<input type="checkbox"/>	
More than 4 years	<input type="checkbox"/>	
Other duration	<input type="checkbox"/>	
		<div>Please specify: <input type="text"/></div>

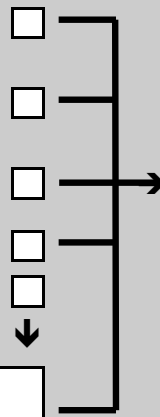
Attention: Remember to check for a "Go to" instruction after you answer the question below.

32 Do you receive an additional educational degree with your apprenticeship?

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	
		Go to
		49

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

33 Which educational degree is this?

Degree from lower secondary school (Hauptschulabschluss)	<input type="checkbox"/>		Go to 49
Degree from intermediate secondary school (Realschulabschluss)	<input type="checkbox"/>		
Degree from upper secondary vocational school (Fachabitur)	<input type="checkbox"/>		
Degree from upper secondary school (Abitur)	<input type="checkbox"/>		
Other educational degree	<input type="checkbox"/>		
Please specify:	<div><input type="text"/></div>		

34 When did you start your studies? 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"/>

35 Which institution of higher education do you attend?

University	<input type="checkbox"/>
University of Applied Sciences (Fachhochschule)	<input type="checkbox"/>
University of Education (Pädagogische Hochschule)	<input type="checkbox"/>
Art College (Künstlerische Hochschule)	<input type="checkbox"/>
University of Cooperative Education (Duale Hochschule)	<input type="checkbox"/>
Distance Teaching University (Fernhochschule)	<input type="checkbox"/>
Vocational academy (Berufsakademie)	<input type="checkbox"/>
Other type of institution of higher education	<input type="checkbox"/>



Please specify:

36 What is the exact name of this institution of higher education?

37 Where do you study?

38 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:	<input type="text"/>
Major subject 2:	<input type="text"/>
Major subject 3:	<input type="text"/>
Minor subject 1:	<input type="text"/>
Minor subject 2:	<input type="text"/>
Minor subject 3:	<input type="text"/>

39 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 (no teacher's training certificate) ☐
- Master's degree (teacher's training certificate) ☐
- Diploma/Magister's degree ☐
- Other degree ☐ →

Please specify:

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

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

Yes	<input type="checkbox"/>	} →	Go to	49
No	<input type="checkbox"/>			
Don't know	<input type="checkbox"/>			

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

42 What type of contract do you have for this job?

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

43 How many hours do you work in this job per week?

Hours per week:

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

Month Year

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

45 Is this your first job since you have left school?

Yes ☐ → Go to **49**

No ☐

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

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

→ Go to **49**

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

47 Have you actively been searching for an apprenticeship or job in the last three months?

Yes ☐

No ☐ → Go to **49**

48 Which job was this? Please name the exact title (e.g., automotive mechanics engineer or legal assistant).

Your financial situation

49

Finally, we would like to hear about your current income sources. Please tick all of the income sources below that contribute to your current financial situation and tell us for each of these, how much money is at your disposal on average each month.

Financial support from other persons

Pocket money and regular money from parents, relatives, or others persons close to you	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child support	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post-marital spouse support, separation support	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Income and earnings

Please indicate your net income (after deduction of taxes and social security contributions)

Own income from regular job, full-time or part-time	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Own income from side job(s)	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service pay, expense allowance for Voluntary Year of Social/Ecological Service or Federal Voluntary Service	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Support by the state

Unemployment benefit I (Arbeitslosengeld I)	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unemployment benefit II (Arbeitslosengeld II; Hartz IV, Sozialgeld)	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BAföG, educational grant	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Orphan's pension, widow's pension	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maternity benefit during maternity leave, parental or child-raising allowance	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child allowance	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other income sources

Scholarship	<input type="checkbox"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Other income sources	<input type="checkbox"/>
	↓

Please specify:	<input type="text"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-----------------	----------------------	---	-----------	----------------------	----------------------	----------------------	----------------------

Please specify:	<input type="text"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-----------------	----------------------	---	-----------	----------------------	----------------------	----------------------	----------------------

Please specify:	<input type="text"/>	→	How much:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Questions about you

50 Are you male or female?

Male ☐
Female ☐

51 When were you born?

Day Month Year

52 How well do you think you can...

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

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

Yes ☐

No ☐



Go to

57

54 Which language is this?

Italian ☐
Polish ☐
Russian ☐
Turkish ☐

Other language ☐



Please specify:

55 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"/>

56 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"/>

57 With whom do you live? If you are not living alone, please tick all persons who are living with you in one household.

Family/Partner

- Mother (biological, adoptive, step- or foster mother) ☐
- Father (biological, adoptive, step- or foster father) ☐
- Brothers (including step- and half-brothers) ☐
- Sisters (including step- and half-sisters) ☐
- Grandparents ☐
- Other family members ☐
- Partner, husband/wife, boyfriend/girlfriend ☐
- Biological, foster, or adoptive children ☐
- Partner's biological, foster, or adoptive children ☐
- Mother-/father-/parents-in-law ☐

Outside the family

- Flat share ☐
- (Student) residential home ☐
- Another arrangement ☐



Please specify:

Alone

- With no one, I'm living alone. ☐

58 Are you a member of any sports, music, drama or any other club?

- Yes ☐
- No ☐

59 To what extent do the following statements apply to you?

	Does not apply at all	Does rather not apply	Neither nor	Does rather apply	Applies completely
I am quite cautious, reserved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I trust other people easily, I believe in the goodness in people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easy-going and tend to be a bit lazy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am relaxed and don't get easily stressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not care much about arts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am out-going and sociable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tend to be critical of other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am thorough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I easily get nervous and self-conscious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have an active imagination, I am an imaginative person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your boyfriend, partner, or husband/Your girlfriend, partner, or wife

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

60 Do you have a boyfriend or a partner/husband respectively a girlfriend or a partner/wife?

Yes ☐

No ☐ →

Go to

67

61 Since when are you together? 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"/>

62 How old is he/she?

Age in years:

63 What is he/she currently doing?

- School ☐
- Apprenticeship (in a company and in school) ☐
- School-based vocational education ☐
- Studying ☐
- Full-time or half-time job ☐
- Vocational preparation year ☐
- Internship ☐
- Unemployed/nothing ☐

Something else: ☐ →

Please specify:

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

64 Which highest level of education does he/she have?

- He/she still attends school. ☐ → **Go to 65**
- No degree ☐
- Degree from lower secondary school (Hauptschulabschluss) ☐
- Degree from intermediate secondary school (Realschulabschluss) ☐
- Degree from higher secondary vocational school (Fachabitur) ☐
- Degree from upper secondary school (Abitur) ☐ → **Go to 66**
- University of applied sciences/University degree (Fachhochschul-/Universitätsabschluss) ☐
- Other degree ☐
- Please specify:
- Don't know ☐

65 Which school degree is he/she going to obtain?

- No degree ☐
- Degree from lower secondary school (Hauptschulabschluss) ☐
- Degree from intermediate secondary school (Realschulabschluss) ☐
- Degree from higher secondary vocational school (Fachabitur) ☐
- Degree from upper secondary school (Abitur) ☐
- Other degree ☐ →
- Don't know ☐

Please specify:

66

What is his/her background?

German ☐Italian ☐Polish ☐Russian ☐Turkish ☐Other background ☐ →

Please specify:

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

67

Are you married?

Yes ☐No ☐ →

Go to

69

68

When did you marry?

Month

Year

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

69

Do you have children (including stepchildren, foster children, or adopted children)?

Yes ☐No ☐ →

Go to

71

70

How many children do you have?

1 ☐2 ☐3 ☐4 ☐5 ☐More than 5 ☐

70a When was your first child born? Please name the month and the year.

	Month		Year			
Child 1:	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>

Only for respondents with two or more children.

70b When was your second child born? Please name the month and the year.

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

Only for respondents with three or more children.

70c When was your third child born? Please name the month and the year.

	Month		Year			
Child 3:	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>

Only for respondents with four or more children.

70d When was your fourth child born? Please name the month and the year.

	Month		Year			
Child 4:	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>

Only for respondents with five or more children.

70e When was your fifth child born? Please name the month and the year.

	Month		Year			
Child 5:	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>

Your family

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

74 Was your biological mother born abroad?

No ☐ → Go to **76**
Yes ☐

75 Have you visited this country during the last 12 months?

Yes, twice or more ☐
Yes, once ☐
No ☐

76 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.

77 Was your biological father born abroad?

No ☐ → Go to **79**
Yes, same country as my mother ☐ → Go to **79**
Yes, but different country as my mother ☐

78 Have you visited this country during the last 12 months?

Yes, twice or more ☐
Yes, once ☐
No ☐

79 Does your father currently have a job?

Yes ☐
No ☐
Don't know ☐

Your feelings and attitudes

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

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
I have a lot of good qualities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a lot to be proud of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like myself just the way I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think things will go well for me in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

81 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.

82 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** **85**

Italian ☐

Polish ☐

Russian ☐

Turkish ☐

Other group ☐ → Please specify:

83 How strongly do you feel that you belong to this group?

Very strongly ☐

Fairly strongly ☐

Not very strongly ☐

Not at all strongly ☐

84 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 ☐

85 How often are each of these statements true about you?

	Often true	Sometimes true	Rarely true	Never true
I feel very worried.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get angry easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel anxious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel worthless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I act without thinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

86 What is your religion?

☐ No religion
☐ Buddhism
☐ Christianity: Catholic
☐ Christianity: Protestant
☐ Christianity: Other
☐ Hinduism
☐ Islam: Sunni
☐ Islam: Shiite
☐ Islam: Alevi
☐ Islam: Other
☐ Judaism
☐ Other religion



Please specify:

87 How important is religion to you?

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

88 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

89

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 ☐

Your friends and acquaintances

90

[illegible]

Here are some questions about your three best friends. You can answer these questions for one to three friends. You should not count your boyfriend, partner, or husband/your girlfriend, partner, or wife.

	Is this friend male or female?	How old is he/she?	What is his/her background?	What is he/she currently doing?
Friend 1	Male <input type="checkbox"/> Female <input type="checkbox"/>	Age: <input type="text"/> <input type="text"/>	German <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Turkish <input type="checkbox"/> Other background <input type="checkbox"/> Please specify: <input type="text"/>	School <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Studying <input type="checkbox"/> Full-time/part-time job <input type="checkbox"/> Vocational preparation year <input type="checkbox"/> Internship <input type="checkbox"/> Unemployed/nothing <input type="checkbox"/> Something else <input type="checkbox"/> Please specify: <input type="text"/>
Friend 2	Male <input type="checkbox"/> Female <input type="checkbox"/>	Age: <input type="text"/> <input type="text"/>	German <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Turkish <input type="checkbox"/> Other background <input type="checkbox"/> Please specify: <input type="text"/>	School <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Studying <input type="checkbox"/> Full-time/part-time job <input type="checkbox"/> Vocational preparation year <input type="checkbox"/> Internship <input type="checkbox"/> Unemployed/nothing <input type="checkbox"/> Something else <input type="checkbox"/> Please specify: <input type="text"/>
Friend 3	Male <input type="checkbox"/> Female <input type="checkbox"/>	Age: <input type="text"/> <input type="text"/>	German <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Turkish <input type="checkbox"/> Other background <input type="checkbox"/> Please specify: <input type="text"/>	School <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Studying <input type="checkbox"/> Full-time/part-time job <input type="checkbox"/> Vocational preparation year <input type="checkbox"/> Internship <input type="checkbox"/> Unemployed/nothing <input type="checkbox"/> Something else <input type="checkbox"/> Please specify: <input type="text"/>

Please answer the following questions about your three best friends as well.

	Which is his/her highest educational degree? If he/she is still enrolled in school: What type of education will he/she obtain?	What is his/her job?
Friend 1	<p>No degree <input type="checkbox"/></p> <p>Degree from lower secondary school (Hauptschulabschluss) <input type="checkbox"/></p> <p>Degree from intermediate secondary school (Realschulabschluss) <input type="checkbox"/></p> <p>Degree from higher secondary vocational school (Fachabitur) <input type="checkbox"/></p> <p>Degree from upper secondary school (Abitur) <input type="checkbox"/></p> <p>University (of Applied Sciences) degree (Fachhochschul-/ Universitätsabschluss) <input type="checkbox"/></p> <p>Other degree <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p> <p>Don't know <input type="checkbox"/></p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>He/she is not working. <input type="checkbox"/></p>
Friend 2	<p>No degree <input type="checkbox"/></p> <p>Degree from lower secondary school (Hauptschulabschluss) <input type="checkbox"/></p> <p>Degree from intermediate secondary school (Realschulabschluss) <input type="checkbox"/></p> <p>Degree from higher secondary vocational school (Fachabitur) <input type="checkbox"/></p> <p>Degree from upper secondary school (Abitur) <input type="checkbox"/></p> <p>University (of Applied Sciences) degree (Fachhochschul-/Universitätsabschluss) <input type="checkbox"/></p> <p>Other degree <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p> <p>Don't know <input type="checkbox"/></p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>He/she is not working. <input type="checkbox"/></p>
Friend 3	<p>No degree <input type="checkbox"/></p> <p>Degree from lower secondary school (Hauptschulabschluss) <input type="checkbox"/></p> <p>Degree from intermediate secondary school (Realschulabschluss) <input type="checkbox"/></p> <p>Degree from higher secondary vocational school (Fachabitur) <input type="checkbox"/></p> <p>Degree from upper secondary school (Abitur) <input type="checkbox"/></p> <p>University (of Applied Sciences) degree (Fachhochschul-/Universitätsabschluss) <input type="checkbox"/></p> <p>Other degree <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p> <p>Don't know <input type="checkbox"/></p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>He/she is not working. <input type="checkbox"/></p>

92 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"/>

Activities and health

93 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"/>	

94 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"/>

95 Have you done the following things in the past 3 months? Your answers will be kept secret.

	Yes	No
Deliberately damaged things that were not yours?	<input type="checkbox"/>	<input type="checkbox"/>
Stolen something from a shop or from someone else?	<input type="checkbox"/>	<input type="checkbox"/>
Carried a knife or weapon?	<input type="checkbox"/>	<input type="checkbox"/>
Been very drunk?	<input type="checkbox"/>	<input type="checkbox"/>

96 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"/>

97 What is your height?

Height in cm:

98 What is your weight?

Weight in kg:

99 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"/>

**Postal Questionnaire
(English Translation)**

Questions about you

1 Are you male or female?

Male ☐
Female ☐

2 When were you born?

Day Month Year

3 How well do you think you can...

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

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	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"/>

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"/>

8 With whom do you live? If you are not living alone, please tick all persons who are living with you in one household.Family/Partner

Mother (biological, adoptive, step- or foster mother) ☐

Father (biological, adoptive, step- or foster father) ☐

Brothers (including step- and half-brothers) ☐

Sisters (including step- and half-sisters) ☐

Grandparents ☐

Other family members ☐

Partner, husband/wife, boyfriend/girlfriend ☐

Biological, foster, or adoptive children ☐

Partner's biological, foster, or adoptive children ☐

Mother-/father-/parents-in-law ☐

Outside the family

Flat share ☐

(Student) residential home ☐

Another arrangement ☐



Please specify:

Alone

With no one, I'm living alone. ☐

9 Are you a member of any sports, music, drama or any other club?

Yes ☐

No ☐

10 To what extent do the following statements apply to you?

	Does not apply at all	Does rather not apply	Neither nor	Does rather apply	Applies completely
I am quite cautious, reserved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I trust other people easily, I believe in the goodness in people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easy-going and tend to be a bit lazy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am relaxed and don't get easily stressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not care much about arts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am out-going and sociable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tend to be critical of other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am thorough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I easily get nervous and self-conscious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have an active imagination, I am an imaginative person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your boyfriend, partner, or husband/Your girlfriend, partner, or wife

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

11 Do you have a boyfriend or a partner/husband respectively a girlfriend or a partner/wife?Yes ☐No ☐ →

Go to

18**12** Since when are you together? Please name the month and the year.

Month

Year

 2 0
13 How old is he/she?

Age in years:

14 What is he/she currently doing?

- School ☐
- Apprenticeship (in a company and in school) ☐
- School-based vocational education ☐
- Studying ☐
- Full-time or half-time job ☐
- Vocational preparation year ☐
- Internship ☐
- Unemployed/nothing ☐
- Something else: ☐ →

Please specify:

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

15 Which highest level of education does he/she have?

- He/she still attends school. ☐ → **Go to 16**
- No degree ☐
- Degree from lower secondary school (Hauptschulabschluss) ☐
- Degree from intermediate secondary school (Realschulabschluss) ☐
- Degree from higher secondary vocational school (Fachabitur) ☐
- Degree from upper secondary school (Abitur) ☐ → **Go to 17**
- University of applied sciences/University degree (Fachhochschul-/Universitätsabschluss) ☐
- Other educational degree ☐
- Please specify:
- Don't know ☐

16 Which school degree is he/she going to obtain?

- No degree ☐
- Degree from lower secondary school (Hauptschulabschluss) ☐
- Degree from intermediate secondary school (Realschulabschluss) ☐
- Degree from higher secondary vocational school (Fachabitur) ☐
- Degree from upper secondary school (Abitur) ☐
- Other educational degree ☐ →
- Don't know ☐

Please specify:

17 What is his/her background?

German ☐

Italian ☐

Polish ☐

Russian ☐

Turkish ☐

Other background ☐ →

Please specify:

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

18 Are you married?

Yes ☐

No ☐ →

Go to

20

19 When did you marry?

Month

Year

 2 0

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

20 Do you have children (including stepchildren, foster children, or adopted children)?

Yes ☐

No ☐ →

Go to

22

21 When were your children born? Please name the month and the year for all your children.

Month

Year

Child 1:

 2 0

Child 2:

 2 0

Child 3:

 2 0

Attitudes towards other groups

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

	Strongly agree	Agree	Neither agree or 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"/>

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

	Always okay	Often okay	Sometimes okay	Never okay	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"/>

24 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.

[illegible]

Your family

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

- 25** 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 ☐

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

Yes, twice or more ☐

Yes, once ☐

No ☐

- 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 **30**

Yes, same country as my mother ☐ → Go to **30**

Yes, but different country as my mother ☐

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

Yes, twice or more ☐

Yes, once ☐

No ☐

- 30** Does your father currently have a job?

Yes ☐

No ☐

Don't know ☐

Your feelings and attitudes

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

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
I have a lot of good qualities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a lot to be proud of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like myself just the way I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think things will go well for me in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32 How strongly do you feel German?

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

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

33 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	<input type="checkbox"/>	→	Go to	36
Italian	<input type="checkbox"/>			
Polish	<input type="checkbox"/>			
Russian	<input type="checkbox"/>			
Turkish	<input type="checkbox"/>			
Other group	<input type="checkbox"/>	→	Please specify:	<div></div>

34 How strongly do you feel that you belong to this group?

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

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

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

36 How often are each of these statements true about you?

	Often true	Sometimes true	Rarely true	Never true
I feel very worried.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get angry easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel anxious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel worthless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I act without thinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37 What is your religion?

No religion	<input type="checkbox"/>
Buddhism	<input type="checkbox"/>
Christianity: Catholic	<input type="checkbox"/>
Christianity: Protestant	<input type="checkbox"/>
Christianity: Other	<input type="checkbox"/>
Hinduism	<input type="checkbox"/>
Islam: Sunnite	<input type="checkbox"/>
Islam: Shiite	<input type="checkbox"/>
Islam: Alevi	<input type="checkbox"/>
Islam: Other	<input type="checkbox"/>
Judaism	<input type="checkbox"/>
Other religion	<input type="checkbox"/>



Please specify:

38 How important is religion to you?

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

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

Never	<input type="checkbox"/>
Occasionally (but less than once a month)	<input type="checkbox"/>
At least once a month	<input type="checkbox"/>
At least once a week	<input type="checkbox"/>
Every day	<input type="checkbox"/>

40 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 ☐

Your friends and acquaintances

41 How often do you talk...

[illegible]

42

Here are some questions about your three best friends. You can answer these questions for one to three friends. You should not count your boyfriend, partner, or husband/your girlfriend, partner, or wife.

	Is this friend male or female?	How old is he/she?	What is his/her background?	What is he/she currently doing?
Friend 1	Male <input type="checkbox"/> Female <input type="checkbox"/>	Age: <input type="text"/> <input type="text"/>	German <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Turkish <input type="checkbox"/> Other background <input type="checkbox"/> Please specify: <input type="text"/>	School <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Studying <input type="checkbox"/> Full-time/part-time job <input type="checkbox"/> Vocational preparation year <input type="checkbox"/> Internship <input type="checkbox"/> Unemployed/nothing <input type="checkbox"/> Something else <input type="checkbox"/> Please specify: <input type="text"/>
Friend 2	Male <input type="checkbox"/> Female <input type="checkbox"/>	Age: <input type="text"/> <input type="text"/>	German <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Turkish <input type="checkbox"/> Other background <input type="checkbox"/> Please specify: <input type="text"/>	School <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Studying <input type="checkbox"/> Full-time/part-time job <input type="checkbox"/> Vocational preparation year <input type="checkbox"/> Internship <input type="checkbox"/> Unemployed/nothing <input type="checkbox"/> Something else <input type="checkbox"/> Please specify: <input type="text"/>
Friend 3	Male <input type="checkbox"/> Female <input type="checkbox"/>	Age: <input type="text"/> <input type="text"/>	German <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Turkish <input type="checkbox"/> Other background <input type="checkbox"/> Please specify: <input type="text"/>	School <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Studying <input type="checkbox"/> Full-time/part-time job <input type="checkbox"/> Vocational preparation year <input type="checkbox"/> Internship <input type="checkbox"/> Unemployed/nothing <input type="checkbox"/> Something else <input type="checkbox"/> Please specify: <input type="text"/>

Please answer the following questions about your three best friends as well.

	Which is his/her highest educational degree? If he/she is still enrolled in school: What type of education will he/she obtain?	What is his/her job?
Friend 1	<p>No degree <input type="checkbox"/></p> <p>Degree from lower secondary school (Hauptschulabschluss) <input type="checkbox"/></p> <p>Degree from intermediate secondary school (Realschulabschluss) <input type="checkbox"/></p> <p>Degree from higher secondary vocational school (Fachabitur) <input type="checkbox"/></p> <p>Degree from upper secondary school (Abitur) <input type="checkbox"/></p> <p>University (of Applied Sciences) degree (Fachhochschul-/ Universitätsabschluss) <input type="checkbox"/></p> <p>Other degree <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p> <p>Don't know <input type="checkbox"/></p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>He/she is not working. <input type="checkbox"/></p>
Friend 2	<p>No degree <input type="checkbox"/></p> <p>Degree from lower secondary school (Hauptschulabschluss) <input type="checkbox"/></p> <p>Degree from intermediate secondary school (Realschulabschluss) <input type="checkbox"/></p> <p>Degree from higher secondary vocational school (Fachabitur) <input type="checkbox"/></p> <p>Degree from upper secondary school (Abitur) <input type="checkbox"/></p> <p>University (of Applied Sciences) degree (Fachhochschul-/Universitätsabschluss) <input type="checkbox"/></p> <p>Other degree <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p> <p>Don't know <input type="checkbox"/></p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>He/she is not working. <input type="checkbox"/></p>
Friend 3	<p>No degree <input type="checkbox"/></p> <p>Degree from lower secondary school (Hauptschulabschluss) <input type="checkbox"/></p> <p>Degree from intermediate secondary school (Realschulabschluss) <input type="checkbox"/></p> <p>Degree from higher secondary vocational school (Fachabitur) <input type="checkbox"/></p> <p>Degree from upper secondary school (Abitur) <input type="checkbox"/></p> <p>University (of Applied Sciences) degree (Fachhochschul-/Universitätsabschluss) <input type="checkbox"/></p> <p>Other degree <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p> <p>Don't know <input type="checkbox"/></p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>He/she is not working. <input type="checkbox"/></p>

43 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"/>

Activities and health**44** 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"/>	

45 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"/>

46 Have you done the following things in the past 3 months? Your answers will be kept secret.

	Yes	No
Deliberately damaged things that were not yours?	<input type="checkbox"/>	<input type="checkbox"/>
Stolen something from a shop or from someone else?	<input type="checkbox"/>	<input type="checkbox"/>
Carried a knife or weapon?	<input type="checkbox"/>	<input type="checkbox"/>
Been very drunk?	<input type="checkbox"/>	<input type="checkbox"/>

47 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"/>

48 What is your height?

Height in cm:

49 What is your weight?

Weight in kg:

50 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 current situation

Only for respondents with one or more ongoing activities from the Life History Calendar (LHC) (structural) in wave 6.

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

51 At our last interview, we noted you did <preload1>. Is <preload2> still going on today?Yes ☐ → Go to **53**No ☐This information is incorrect. ☐ → Go to **53**

52 Until when did you do <preload3>? Please name the month and the year, when <preload4> ended.

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

Only for respondents with two ongoing activities from the Life History Calendar (LHC) (structural) in wave 6.

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

53 Additionally, you reported during our last interview in <lintdat> that you did <preload1>. Is <preload2> still going on today?

Yes ☐ → Go to **55**

No ☐

This information is incorrect. ☐ → Go to **55**

54 Until when did you do <preload3>? Please name the month and the year, when <preload4> ended.

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

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

55 Have you graduated from school or vocational training since last interview?

- Yes, both ☐
- Yes, from vocational training ☐
- Yes, from school ☐ → **Go to** **62**
- No, I haven't graduated from school or vocational training since last interview. ☐ → **Go to** **65**

56 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 ☐

Higher full-time vocational school or higher commercial school degree ☐

Another technical school degree ☐ →

Please specify:

Another degree ☐ →

Please specify:

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

58 Did you acquire a university entrance qualification together with this vocational qualification?

- Yes ☐
- No ☐
- Don't know ☐

59 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:

60 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.

61 Did you receive an additional educational degree with your vocational qualification?Yes ☐No ☐ →**Go to****65****62 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:

63 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	
German:	<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.
Math:	<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.

64 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

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

65 Have you graduated from university since last interview?

Yes ☐

No ☐ →

Go to

68

66 Which university degree is this?

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 (no teacher's training certificate) ☐

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

Diploma/Magister's degree ☐

Other degree ☐ →

Please specify:

67 What overall grade did you get in your university graduation 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.

68 What are you currently doing?

School ☐ →

Go to

69

Apprenticeship (in a company and in school) ☐ →

Go to

73

School-based vocational education ☐ →

Studying ☐ →

Go to

78

Full-time or part-time job ☐ →

Go to

85

Vocational preparation year ☐ →

Internship ☐ →

Unemployed/nothing ☐ →

Go to

91

Something else ☐ →

Please specify:

School

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

69 Which school type do you currently attend?

Lower secondary school (Hauptschule)	<input type="checkbox"/>		Vocational school (Berufsschule)	<input type="checkbox"/>		Go to 73
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"/>		
Higher secondary vocational school (Fachoberschule)	<input type="checkbox"/>		Higher commercial school (Höhere Handelsschule)	<input type="checkbox"/>		
Combined lower and intermediate secondary school (Mittelschule)	<input type="checkbox"/>		Other vocational school type	<input type="checkbox"/>		
Combined lower and intermediate secondary school (Regelschule)	<input type="checkbox"/>					
Combined lower and intermediate secondary school (Sekundarschule)	<input type="checkbox"/>				Go to 71 <div style="border: 1px solid black; height: 40px; width: 200px; margin-top: 5px;"></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"/>					
Comprehensive school (Integrierte Gesamtschule)	<input type="checkbox"/>					
Other general educational school type	<input type="checkbox"/>					
Please specify:	<div style="border: 1px solid black; height: 40px; width: 180px; margin-top: 5px;"></div>					
Combined lower, intermediate and upper secondary school (Kooperative Gesamtschule)	<input type="checkbox"/>		→	Go to 70		

70 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) ☐

71 Since when do you attend this school? Please tell me month and year.

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

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

72 Which grade do you currently attend?

11 th grade	<input type="checkbox"/>		Go to 93
12 th grade	<input type="checkbox"/>		
13 th grade	<input type="checkbox"/>		
No grade	<input type="checkbox"/>		
Other grade	<input type="checkbox"/>		
Please specify:		↓	
<input type="text"/>			

Apprenticeship/Work-related training

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

74 When did you start this apprenticeship? Please name the month and the year.

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

75 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:

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

76 Do you receive an additional educational degree with your apprenticeship?

Yes ☐

No ☐ →

Go to

93

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

77 Which educational degree is this?

Degree from lower secondary school (Hauptschulabschluss)	<input type="checkbox"/>		Go to 93
Degree from intermediate secondary school (Realschulabschluss)	<input type="checkbox"/>		
Degree from upper secondary vocational school (Fachabitur)	<input type="checkbox"/>		
Degree from upper secondary school (Abitur)	<input type="checkbox"/>		
Other educational degree	<input type="checkbox"/>		
Please specify:	<input type="text"/>		

Studying

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

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

79 Which institution of higher education do you attend?

University	<input type="checkbox"/>
University of Applied Sciences (Fachhochschule)	<input type="checkbox"/>
University of Education (Pädagogische Hochschule)	<input type="checkbox"/>
Art College (Künstlerische Hochschule)	<input type="checkbox"/>
University of Cooperative Education (Duale Hochschule)	<input type="checkbox"/>
Distance Teaching University (Fernhochschule)	<input type="checkbox"/>
Vocational academy (Berufsakademie)	<input type="checkbox"/>
Other type of institution of higher education	<input type="checkbox"/> →

Please specify:

80 What is the exact name of this institution of higher education?

81 Where do you study?

82 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:

83 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 (no teacher's training certificate) ☐

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

Diploma/Magister's degree ☐

Other degree ☐ →

Please specify:

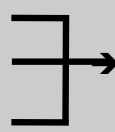
Attention: Remember to check for a "Go to" instruction after you answer the question below.

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

Yes ☐

No ☐

Don't know ☐



Go to

93

Working

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

86 What type of contract do you have for this job?

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

87 How many hours do you work in this job per week?

Hours per week:

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

Month Year

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

89 Is this your first job since you have left school?

Yes ☐ → Go to **93**

No ☐

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

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

→ Go to **93**

Vocational preparation/internship/nothing/something else

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

91 Have you actively been searching for an apprenticeship or job in the last three months?

Yes ☐

No ☐ → Go to **93**

92 Which job was this? Please name the exact title (e.g., automotive mechanics engineer or legal assistant).

Your financial situation

93

Finally, we would like to hear about your current income sources. Please tick all of the income sources below that contribute to your current financial situation and tell us for each of these, how much money is at your disposal on average each month.

Financial support from other persons

Pocket money and regular money from parents, relatives, or others persons close to you ☐ → How much:

Child support ☐ → How much:

Post-marital spouse support, separation support ☐ → How much:

Income and earnings

Please indicate your net income (after deduction of taxes and social security contributions)

Own income from regular job, full-time or part-time ☐ → How much:

Own income from side job(s) ☐ → How much:

Service pay, expense allowance for Voluntary Year of Social/Ecological Service or Federal Voluntary Service ☐ → How much:

Support by the state

Unemployment benefit I (Arbeitslosengeld I) ☐ → How much:

Unemployment benefit II (Arbeitslosengeld II; Hartz IV, Sozialgeld) ☐ → How much:

BAföG, educational grant ☐ → How much:

Orphan's pension, widow's pension ☐ → How much:

Maternity benefit during maternity leave, parental or child-raising allowance ☐ → How much:

Child allowance ☐ → How much:

Other income sources

Scholarship ☐ → How much:

Other income sources ☐



Please specify: → How much:

Please specify: → How much:

Please specify: → How much:

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

Only for respondents with one or more ongoing activities from the Life History Calendar (LHC) (structural) in wave 6.

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

1 At our last interview, we noted you did <preload1>. Is <preload2> still going on today?

Yes ☐ → Go to **3**

No ☐

This information is incorrect. ☐ → Go to **3**

2 Until when did you do <preload3>? Please name the month and the year, when <preload4> ended.

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

Only for respondents with two or more ongoing activities from the Life History Calendar (LHC) (structural) in wave 6.

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

3 Additionally, you reported during our last interview in <lintdat> that you did <preload1>. Is <preload2> still going on today?

Yes ☐ → Go to **5**

No ☐

This information is incorrect. ☐ → Go to **5**

4 Until when did you do <preload3>? Please name the month and the year, when <preload4> ended.

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

Only for respondents with four or more ongoing activities from the Life History Calendar (LHC) (structural) in wave 6.

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

- 5** Additionally, you reported during our last interview in <lintdat> that you did <preload1>. Is <preload2> still going on today?

Yes ☐ → Go to **7**

No ☐

This information is incorrect. ☐ → Go to **7**

- 6** Until when did you do <preload3>? Please name the month and the year, when <preload4> ended.

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

Only for respondents with four or more ongoing activities from the Life History Calendar (LHC) (structural) in wave 6.

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

- 7** Additionally, you reported during our last interview in <lintdat> that you did <preload1>. Is <preload2> still going on today?

Yes ☐ → Go to **9**

No ☐

This information is incorrect. ☐ → Go to **9**

- 8** Until when did you do <preload3>? Please name the month and the year, when <preload4> ended.

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

Only for respondents with five ongoing activities from the Life History Calendar (LHC) (structural) in wave 6.

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

- 9** Additionally, you reported during our last interview in <lintdat> that you did <preload1>. Is <preload2> still going on today?

Yes ☐ → Go to **11**

No ☐

This information is incorrect. ☐ → Go to **11**

- 10** Until when did you do <preload3>? Please name the month and the year, when <preload4> ended.

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

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

11 Have you graduated from school or vocational training since last interview?

Yes, both ☐

Yes, from vocational training ☐

Yes, from school ☐ → **Go to 18**

No, I haven't graduated from school or vocational training since last interview. ☐ → **Go to 21**

12 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 ☐

Higher full-time vocational school or higher commercial school degree ☐

Another technical school degree ☐ → Please specify:

Another degree ☐ → Please specify:

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

14 Did you acquire a university entrance qualification together with this vocational qualification?

Yes ☐

No ☐

Don't know ☐

15 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:

16 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.

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

Yes ☐

No ☐ →

Go to

21

18 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:

19 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:

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

German:

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

English:

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

20 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

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

21 Have you graduated from university since last interview?

Yes ☐

No ☐ →

Go to

24

22 Which university degree is this?

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 (no teacher's training certificate) ☐

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

Diploma/Magister's degree ☐

Other degree ☐ →

Please specify:

23 What overall grade did you get in your university graduation 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.

24 What are you currently doing?

School ☐ →

Go to **25**

Apprenticeship (in a company and in school) ☐ →

Go to **29**

School-based vocational education ☐ →

Studying ☐ →

Go to **34**

Full-time or part-time job ☐ →

Go to **41**

Vocational preparation year ☐ →

Internship ☐ →

Unemployed/nothing ☐ →

Go to **47**

Something else ☐ →

Please specify:

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

25 Which school type do you currently attend?

Lower secondary school (Hauptschule)	<input type="checkbox"/>		Vocational school (Berufsschule)	<input type="checkbox"/>		Go to 29
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"/>		
Higher secondary vocational school (Fachoberschule)	<input type="checkbox"/>		Higher commercial school (Höhere Handelsschule)	<input type="checkbox"/>		
Combined lower and intermediate secondary school (Mittelschule)	<input type="checkbox"/>		Other vocational school type	<input type="checkbox"/>		
Combined lower and intermediate secondary school (Regelschule)	<input type="checkbox"/>		↓			
Combined lower and intermediate secondary school (Sekundarschule)	<input type="checkbox"/>		Go to 27	Please specify: <input type="text"/>		
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"/>					
Comprehensive school (Integrierte Gesamtschule)	<input type="checkbox"/>					
Other general educational school type	<input type="checkbox"/>					
Please specify: <input type="text"/>	↓					
Combined lower, intermediate and upper secondary school (Kooperative Gesamtschule)	<input type="checkbox"/>		→	Go to 26		

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

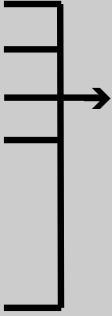

Lower secondary track (Hauptschulzweig)	<input type="checkbox"/>
Intermediate secondary track (Realschulzweig)	<input type="checkbox"/>
Upper secondary track (Gymnasialzweig)	<input type="checkbox"/>

27 Since when do you attend this school? 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.

28 Which grade do you currently attend?


11 th grade	<input type="checkbox"/>		Go to	49
12 th grade	<input type="checkbox"/>			
13 th grade	<input type="checkbox"/>			
No grade	<input type="checkbox"/>			
Other grade	<input type="checkbox"/>			
Please specify:				
<input type="text"/>				

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

30 When did you start this apprenticeship? 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"/>

31 How long will your apprenticeship take in total?

1 to 1.5 years	<input type="checkbox"/>	
2 to 2.5 years	<input type="checkbox"/>	
3 to 3.5 years	<input type="checkbox"/>	
4 years	<input type="checkbox"/>	
More than 4 years	<input type="checkbox"/>	
Other duration	<input type="checkbox"/>	
		<div>Please specify: <input type="text"/></div>

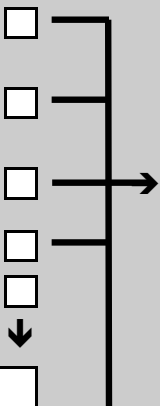
Attention: Remember to check for a "Go to" instruction after you answer the question below.

32 Do you receive an additional educational degree with your apprenticeship?

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	
		Go to
		49

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

33 Which educational degree is this?

Degree from lower secondary school (Hauptschulabschluss)	<input type="checkbox"/>		Go to 49
Degree from intermediate secondary school (Realschulabschluss)	<input type="checkbox"/>		
Degree from upper secondary vocational school (Fachabitur)	<input type="checkbox"/>		
Degree from upper secondary school (Abitur)	<input type="checkbox"/>		
Other educational degree	<input type="checkbox"/>		
Please specify:	<div><input type="text"/></div>		

34 When did you start your studies? 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"/>

35 Which institution of higher education do you attend?

University	<input type="checkbox"/>
University of Applied Sciences (Fachhochschule)	<input type="checkbox"/>
University of Education (Pädagogische Hochschule)	<input type="checkbox"/>
Art College (Künstlerische Hochschule)	<input type="checkbox"/>
University of Cooperative Education (Duale Hochschule)	<input type="checkbox"/>
Distance Teaching University (Fernhochschule)	<input type="checkbox"/>
Vocational academy (Berufsakademie)	<input type="checkbox"/>
Other type of institution of higher education	<input type="checkbox"/>



Please specify:

36 What is the exact name of this institution of higher education?

37 Where do you study?

38 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:	<input type="text"/>
Major subject 2:	<input type="text"/>
Major subject 3:	<input type="text"/>
Minor subject 1:	<input type="text"/>
Minor subject 2:	<input type="text"/>
Minor subject 3:	<input type="text"/>

39 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 (no teacher's training certificate) ☐
- Master's degree (teacher's training certificate) ☐
- Diploma/Magister's degree ☐
- Other degree ☐ →

Please specify:

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

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

Yes	<input type="checkbox"/>	} →	Go to	49
No	<input type="checkbox"/>			
Don't know	<input type="checkbox"/>			

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

42 What type of contract do you have for this job?

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

43 How many hours do you work in this job per week?

Hours per week:

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

Month Year

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

45 Is this your first job since you have left school?

Yes ☐ → Go to **49**

No ☐

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

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

→ Go to **49**

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

47 Have you actively been searching for an apprenticeship or job in the last three months?

Yes ☐

No ☐ → Go to **49**

48 Which job was this? Please name the exact title (e.g., automotive mechanics engineer or legal assistant).

Your financial situation

49

Finally, we would like to hear about your current income sources. Please tick all of the income sources below that contribute to your current financial situation and tell us for each of these, how much money is at your disposal on average each month.

Financial support from other persons

Pocket money and regular money from parents, relatives, or others persons close to you ☐ → How much:

Child support ☐ → How much:

Post-marital spouse support, separation support ☐ → How much:

Income and earnings

Please indicate your net income (after deduction of taxes and social security contributions)

Own income from regular job, full-time or part-time ☐ → How much:

Own income from side job(s) ☐ → How much:

Service pay, expense allowance for Voluntary Year of Social/Ecological Service or Federal Voluntary Service ☐ → How much:

Support by the state

Unemployment benefit I (Arbeitslosengeld I) ☐ → How much:

Unemployment benefit II (Arbeitslosengeld II; Hartz IV, Sozialgeld) ☐ → How much:

BAföG, educational grant ☐ → How much:

Orphan's pension, widow's pension ☐ → How much:

Maternity benefit during maternity leave, parental or child-raising allowance ☐ → How much:

Child allowance ☐ → How much:

Other income sources

Scholarship ☐ → How much:

Other income sources ☐



Please specify: → How much:

Please specify: → How much:

Please specify: → How much:

Questions about you

50 Are you male or female?

Male ☐
Female ☐

51 When were you born?

Day Month Year

52 How well do you think you can...

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

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

Yes ☐

No ☐



Go to

57

54 Which language is this?

Italian ☐
Polish ☐
Russian ☐
Turkish ☐

Other language ☐



Please specify:

55 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"/>

56 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"/>

57 With whom do you live? If you are not living alone, please tick all persons who are living with you in one household.

Family/Partner

- Mother (biological, adoptive, step- or foster mother) ☐
- Father (biological, adoptive, step- or foster father) ☐
- Brothers (including step- and half-brothers) ☐
- Sisters (including step- and half-sisters) ☐
- Grandparents ☐
- Other family members ☐
- Partner, husband/wife, boyfriend/girlfriend ☐
- Biological, foster, or adoptive children ☐
- Partner's biological, foster, or adoptive children ☐
- Mother-/father-/parents-in-law ☐

Outside the family

- Flat share ☐
- (Student) residential home ☐
- Another arrangement ☐



Please specify:

Alone

- With no one, I'm living alone. ☐

58 Are you a member of any sports, music, drama or any other club?

- Yes ☐
- No ☐

59 To what extent do the following statements apply to you?

	Does not apply at all	Does rather not apply	Neither nor	Does rather apply	Applies completely
I am quite cautious, reserved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I trust other people easily, I believe in the goodness in people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easy-going and tend to be a bit lazy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am relaxed and don't get easily stressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not care much about arts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am out-going and sociable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tend to be critical of other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am thorough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I easily get nervous and self-conscious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have an active imagination, I am an imaginative person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your boyfriend, partner, or husband/Your girlfriend, partner, or wife

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

60 Do you have a boyfriend or a partner/husband respectively a girlfriend or a partner/wife?

Yes ☐

No ☐ → Go to **67**

61 Since when are you together? 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"/>

62 How old is he/she?

Age in years:

63 What is he/she currently doing?

- School ☐
- Apprenticeship (in a company and in school) ☐
- School-based vocational education ☐
- Studying ☐
- Full-time or half-time job ☐
- Vocational preparation year ☐
- Internship ☐
- Unemployed/nothing ☐

Something else: ☐ →

Please specify:

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

64 Which highest level of education does he/she have?

- He/she still attends school. ☐ → **Go to 65**
- No degree ☐
- Degree from lower secondary school (Hauptschulabschluss) ☐
- Degree from intermediate secondary school (Realschulabschluss) ☐
- Degree from higher secondary vocational school (Fachabitur) ☐
- Degree from upper secondary school (Abitur) ☐ → **Go to 66**
- University of applied sciences/University degree (Fachhochschul-/Universitätsabschluss) ☐
- Other degree ☐
- Please specify:
- Don't know ☐

65 Which school degree is he/she going to obtain?

- No degree ☐
- Degree from lower secondary school (Hauptschulabschluss) ☐
- Degree from intermediate secondary school (Realschulabschluss) ☐
- Degree from higher secondary vocational school (Fachabitur) ☐
- Degree from upper secondary school (Abitur) ☐
- Other degree ☐ →
- Don't know ☐

Please specify:

66

What is his/her background?

German ☐Italian ☐Polish ☐Russian ☐Turkish ☐Other background ☐ →

Please specify:

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

67

Are you married?

Yes ☐No ☐ →

Go to

69

68

When did you marry?

Month

Year

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

69

Do you have children (including stepchildren, foster children, or adopted children)?

Yes ☐No ☐ →

Go to

71

70

How many children do you have?

1 ☐2 ☐3 ☐4 ☐5 ☐More than 5 ☐

70a When was your first child born? Please name the month and the year.

	Month		Year			
Child 1:	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>

Only for respondents with two or more children.

70b When was your second child born? Please name the month and the year.

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

Only for respondents with three or more children.

70c When was your third child born? Please name the month and the year.

	Month		Year			
Child 3:	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>

Only for respondents with four or more children.

70d When was your fourth child born? Please name the month and the year.

	Month		Year			
Child 4:	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>

Only for respondents with five or more children.

70e When was your fifth child born? Please name the month and the year.

	Month		Year			
Child 5:	<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>

71

	Strongly agree	Agree	Neither agree or 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"/>

72

	Always okay	Often okay	Sometimes okay	Never okay	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"/>

73

[illegible]

Your family

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

74 Was your biological mother born abroad?

No ☐ → Go to **76**

Yes ☐

Biological mother unknown ☐ → Go to **77**

75 Have you visited this country during the last 12 months?

Yes, twice or more ☐

Yes, once ☐

No ☐

76 Does your mother currently have a job?

Yes ☐

No ☐

Biological mother already deceased ☐

Don't know ☐

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

77 Was your biological father born abroad?

No ☐ → Go to **79**

Yes, same country as my mother ☐ → Go to **79**

Yes, but different country as my mother ☐

Biological father unknown ☐ → Go to **80**

78 Have you visited this country during the last 12 months?

Yes, twice or more ☐

Yes, once ☐

No ☐

79 Does your father currently have a job?

Yes ☐

No ☐

Biological father already deceased ☐

Don't know ☐

Your feelings and attitudes

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

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
I have a lot of good qualities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a lot to be proud of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like myself just the way I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think things will go well for me in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

81 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.

82 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** **85**

Italian ☐

Polish ☐

Russian ☐

Turkish ☐

Other group ☐ → Please specify:

83 How strongly do you feel that you belong to this group?

Very strongly ☐

Fairly strongly ☐

Not very strongly ☐

Not at all strongly ☐

84 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 ☐

85 How often are each of these statements true about you?

	Often true	Sometimes true	Rarely true	Never true
I feel very worried.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get angry easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel anxious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel worthless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I act without thinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

86 What is your religion?

No religion	<input type="checkbox"/>
Buddhism	<input type="checkbox"/>
Christianity: Catholic	<input type="checkbox"/>
Christianity: Protestant	<input type="checkbox"/>
Christianity: Other	<input type="checkbox"/>
Hinduism	<input type="checkbox"/>
Islam: Sunnite	<input type="checkbox"/>
Islam: Shiite	<input type="checkbox"/>
Islam: Alevi	<input type="checkbox"/>
Islam: Other	<input type="checkbox"/>
Judaism	<input type="checkbox"/>
Other religion	<input type="checkbox"/> → Please specify: <div></div>

87 How important is religion to you?

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

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

Never	<input type="checkbox"/>
Occasionally (but less than once a month)	<input type="checkbox"/>
At least once a month	<input type="checkbox"/>
At least once a week	<input type="checkbox"/>
Every day	<input type="checkbox"/>

89

Never ☐

(month) ☐

month ☐

a week ☐

a day ☐

or more ☐

Your friends and acquaintances

90

[illegible]

Here are some questions about your three best friends. You can answer these questions for one to three friends. You should not count your boyfriend, partner, or husband/your girlfriend, partner, or wife.

	Is this friend male or female?	How old is he/she?	What is his/her background?	What is he/she currently doing?
Friend 1	Male <input type="checkbox"/> Female <input type="checkbox"/>	Age: <input type="text"/> <input type="text"/>	German <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Turkish <input type="checkbox"/> Other background <input type="checkbox"/> Please specify: <input type="text"/>	School <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Studying <input type="checkbox"/> Full-time/part-time job <input type="checkbox"/> Vocational preparation year <input type="checkbox"/> Internship <input type="checkbox"/> Unemployed/nothing <input type="checkbox"/> Something else <input type="checkbox"/> Please specify: <input type="text"/>
Friend 2	Male <input type="checkbox"/> Female <input type="checkbox"/>	Age: <input type="text"/> <input type="text"/>	German <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Turkish <input type="checkbox"/> Other background <input type="checkbox"/> Please specify: <input type="text"/>	School <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Studying <input type="checkbox"/> Full-time/part-time job <input type="checkbox"/> Vocational preparation year <input type="checkbox"/> Internship <input type="checkbox"/> Unemployed/nothing <input type="checkbox"/> Something else <input type="checkbox"/> Please specify: <input type="text"/>
Friend 3	Male <input type="checkbox"/> Female <input type="checkbox"/>	Age: <input type="text"/> <input type="text"/>	German <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Turkish <input type="checkbox"/> Other background <input type="checkbox"/> Please specify: <input type="text"/>	School <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Studying <input type="checkbox"/> Full-time/part-time job <input type="checkbox"/> Vocational preparation year <input type="checkbox"/> Internship <input type="checkbox"/> Unemployed/nothing <input type="checkbox"/> Something else <input type="checkbox"/> Please specify: <input type="text"/>

Please answer the following questions about your three best friends as well.

	Which is his/her highest educational degree? If he/she is still enrolled in school: What type of education will he/she obtain?	What is his/her job?
Friend 1	<p>No degree <input type="checkbox"/></p> <p>Degree from lower secondary school (Hauptschulabschluss) <input type="checkbox"/></p> <p>Degree from intermediate secondary school (Realschulabschluss) <input type="checkbox"/></p> <p>Degree from higher secondary vocational school (Fachabitur) <input type="checkbox"/></p> <p>Degree from upper secondary school (Abitur) <input type="checkbox"/></p> <p>University (of Applied Sciences) degree (Fachhochschul-/ Universitätsabschluss) <input type="checkbox"/></p> <p>Other degree <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p> <p>Don't know <input type="checkbox"/></p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>He/she is not working. <input type="checkbox"/></p>
Friend 2	<p>No degree <input type="checkbox"/></p> <p>Degree from lower secondary school (Hauptschulabschluss) <input type="checkbox"/></p> <p>Degree from intermediate secondary school (Realschulabschluss) <input type="checkbox"/></p> <p>Degree from higher secondary vocational school (Fachabitur) <input type="checkbox"/></p> <p>Degree from upper secondary school (Abitur) <input type="checkbox"/></p> <p>University (of Applied Sciences) degree (Fachhochschul-/Universitätsabschluss) <input type="checkbox"/></p> <p>Other degree <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p> <p>Don't know <input type="checkbox"/></p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>He/she is not working. <input type="checkbox"/></p>
Friend 3	<p>No degree <input type="checkbox"/></p> <p>Degree from lower secondary school (Hauptschulabschluss) <input type="checkbox"/></p> <p>Degree from intermediate secondary school (Realschulabschluss) <input type="checkbox"/></p> <p>Degree from higher secondary vocational school (Fachabitur) <input type="checkbox"/></p> <p>Degree from upper secondary school (Abitur) <input type="checkbox"/></p> <p>University (of Applied Sciences) degree (Fachhochschul-/Universitätsabschluss) <input type="checkbox"/></p> <p>Other degree <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p> <p>Don't know <input type="checkbox"/></p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>He/she is not working. <input type="checkbox"/></p>

92 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"/>

Activities and health

93 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"/>	

94 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"/>

95 Have you done the following things in the past 3 months? Your answers will be kept secret.

	Yes	No
Deliberately damaged things that were not yours?	<input type="checkbox"/>	<input type="checkbox"/>
Stolen something from a shop or from someone else?	<input type="checkbox"/>	<input type="checkbox"/>
Carried a knife or weapon?	<input type="checkbox"/>	<input type="checkbox"/>
Been very drunk?	<input type="checkbox"/>	<input type="checkbox"/>

96 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"/>

97 What is your height?

Height in cm:

98 What is your weight?

Weight in kg:

99 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"/>