

ZA6655 / ZA6656

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

Wave 8

**Field Questionnaire
(English Translation)**

Web Questionnaire

Your current situation

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

1 Have you graduated from school or vocational training since <last interview date>?

- Yes, both
- Yes, from vocational training (also master craftsman's certificate or technician degree)
- Yes, from school → Go to **8**
- No, I didn't graduate from school or vocational training since <last interview date>. → Go to **11**

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

- Apprenticeship degree (mercantile, operational, industrial, agricultural), apprenticeship diploma (craft certificate), dual training degree
- Degree of health care school
- Vocational technical school degree
- Higher vocational technical school degree
- Master craftsman's certificate
- Technician degree
- Another technical school degree → Please specify:
- Another degree → Please specify:

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

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

- Yes
- No

5 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

Different amount of time → Please specify:

6 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 "credit points" column.)

| Grade | Credit points |
|---|---|
| <input style="width: 80px; height: 25px;" type="text"/> | <input style="width: 80px; height: 25px;" type="text"/> |

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

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

Yes

No → Go to **11**

8 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:

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

(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 | Credit points | | |
|---------|----------------------|----------------------|--------------------------|---|
| 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. |

10 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 "credit points" column.)

| Grade | Credit points |
|----------------------|----------------------|
| <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 university since <last interview date>?

Yes

No → **Go to 14**

12 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
- Doctorate (PhD)
- Other educational degree → Please specify:

13 **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 "credit points" column.)

| Grade | Credit points |
|-------|---------------|
| | |

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

14 **What are you currently mainly doing?**

| | | | |
|---|--------------------------|-----|-----------------|
| School | <input type="checkbox"/> | | |
| Apprenticeship (in a company and in school) | <input type="checkbox"/> | } → | Go to 19 |
| School-based vocational education | <input type="checkbox"/> | | |
| Studying/dual studies | <input type="checkbox"/> | } → | Go to 26 |
| Doctorate (PhD) | <input type="checkbox"/> | | |
| Full-time or part-time job | <input type="checkbox"/> | → | Go to 37 |
| Retraining/further educ. or training | <input type="checkbox"/> | → | Go to 47 |
| Vocational preparation year | <input type="checkbox"/> | } → | Go to 52 |
| Internship | <input type="checkbox"/> | | |
| Unemployed/nothing | <input type="checkbox"/> | | |
| Something else | <input type="checkbox"/> | | |
| Please specify: | ↓ | | |
| | | | |

School

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

15

Which school type do you currently attend?

| | |
|--|--|
| <p>Lower secondary school (Hauptschule) <input type="checkbox"/></p> <p>Intermediate secondary school (Realschule) <input type="checkbox"/></p> <p>Combined lower, intermediate and upper secondary school (Realschule plus) <input type="checkbox"/></p> <p>Upper secondary school (Gymnasium) <input type="checkbox"/></p> <p>Higher secondary vocational school (Fachoberschule) <input type="checkbox"/></p> <p>Combined lower and intermediate secondary school (Mittelschule) <input type="checkbox"/></p> <p>Combined lower and intermediate secondary school (Regelschule) <input type="checkbox"/></p> <p>Combined lower and intermediate secondary school (Sekundarschule) <input type="checkbox"/></p> <p>Combined lower and intermediate secondary school (Haupt-Realschule) <input type="checkbox"/></p> <p>School for special needs (Förderschule) <input type="checkbox"/></p> <p>Rudolf-Steiner school (Waldorfschule) <input type="checkbox"/></p> <p>Comprehensive school (Integrierte Gesamtschule) <input type="checkbox"/></p> <p>Other general educational school type <input type="checkbox"/></p> <p>Please specify, which one: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Combined lower, intermediate and upper secondary school (Kooperative Gesamtschule) <input type="checkbox"/></p> | <p>Vocational school (Berufsschule) <input type="checkbox"/></p> <p>Full-time vocational school (Berufsfachschule) <input type="checkbox"/></p> <p>Higher full-time vocational school (Höhere Berufsfachschule) <input type="checkbox"/></p> <p>Commercial school (Handelsschule) <input type="checkbox"/></p> <p>Higher commercial school (Höhere Handelsschule) <input type="checkbox"/></p> <p>Other vocational school <input type="checkbox"/></p> <p>Please specify, which one: <input style="width: 100%; height: 20px;" type="text"/></p> |
|--|--|

Go to
17

Go to
19

16

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

Lower secondary track (Hauptschulzweig)

Intermediate sec. track (Realschulzweig)

Upper secondary track (Gymnasialzweig)

17

Since when do you attend this school? 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.

18 Which grade do you currently attend?

11th grade

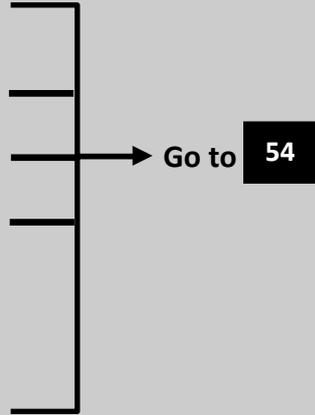
12th grade

13th grade

No grade

Other grade

Please specify:



Apprenticeship/work-related training

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

20 How important are the following things for performing the occupation for which you are being trained?

| | Very important | Fairly important | Not very important | Not at all important |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Mediating in case of differences of opinion between persons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintaining contact with people who are from the local region | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speaking clearly and understandably | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Convincing others to change their opinion or behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supporting customers or clients in a personal conversation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Teaching others how to do things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

21 What is your monthly net income (after tax and compulsory deductions)? If you don't know exactly, please try to answer as best as you can.

Euro per month

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

I don't get any training allowance.

I don't want to say.

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

Month

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

Year

| | | | |
|---|---|--|--|
| 2 | 0 | | |
|---|---|--|--|

23 How long will your apprenticeship take in total?

1 to 1.5 years

2 to 2.5 years

3 to 3.5 years

4 years

More than 4 years

Other duration



Please specify:

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

Years

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

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

Yes

No



Go to **54**

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

25 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



Go to **54**

Please specify:

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

Studying

26 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"/> | <input type="text"/> | <input type="text"/> |

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

27 Is this a dual course of study where you also have the opportunity to do a vocational training?

Yes

No → Go to **29**

28 In which profession exactly do you do the vocational training as part of your dual studies? Please name the exact title.

29 Which institution of higher education do you attend?

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

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

31 Where do you study?

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

Major subject 1:

Major subject 2:

Major subject 3:

Minor subject 1:

Minor subject 2:

Minor subject 3:

33 Which degree will you receive with your current studies?

Bachelor's degree (no teacher's training cert.)

Bachelor's degree (teacher's training cert.)

State examination (no teacher's training cert.)

State examination (teacher's training cert.)

Artistic degree

Ecclesialistic degree

Master's degree (no teacher's training cert.)

Master's degree (teacher's training certificate)

Diploma/Magister's degree

Doctorate (PhD)

Other degree → Please specify:

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

Yes

No

Don't know

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

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

No → Go to **54**

Yes, I receive BAföG.

Yes, I receive an education loan.

Yes, I receive a scholarship. → Please specify from whom:

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

36 How much money do you receive from BAföG, education loan or scholarship in total each month?

| | | | | |
|----------------------|----------------------|----------------------|----------------------|------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Euro → Go to 54 |
|----------------------|----------------------|----------------------|----------------------|------------------------|

Working

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

38 How important are the following things for performing your occupation or job?

| | Very important | Fairly important | Not very important | Not at all important |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Mediating in case of differences of opinion between persons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintaining contact with people who are from the local region | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speaking clearly and understandably | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Convincing others to change their opinion or behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supporting customers or clients in a personal conversation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Teaching others how to do things | <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.

39 Are you currently participating in any retraining, further education or training in addition to your job?

Yes
No → Go to **41**

40 What is the name of this retraining, further education or training? Please name the exact title.

41 What is your monthly net income (after tax and compulsory deductions). If you don't know exactly, please try to answer as best as you can.

Euro per month

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

I don't want to say.

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 | | | |
|----------------------|----------------------|------|---|----------------------|----------------------|
| <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.

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

Yes → Go to **54**
No

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

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

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

→ Go to **54**

Retraining, further education or training

47 What is the name of this retraining, further education or training? Please name the exact title.

48 When did you start this retraining, further education or training? 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"/> | <input type="text"/> | <input type="text"/> |

49 What is the total number of hours of this retraining, further education or training?

Total hours:

50 Who provides this retraining, further education or training?

- Employer
- Chamber of Industry and Commerce (IHK)
- Adult education centre
- Job Agency
- Another institution

Please specify:

↓

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

51 Will you receive a certificate of attendance, a recognized license, or some other certification with this retraining, further education training? Please tick all that apply.

Certificate of attendance

Recognized license

Another certification

Please specify:

None of the above.

Go to **54**

Something else

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

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

Yes
No → Go to **54**

53 For which job was this? Please name the exact title (for instance, automotive mechanics engineer or legal assistant).

Questions about you

54 Are you male or female?

Male
Female

55 When were you born?

| Day | | Month | | Year | | | |
|----------------------|----------------------|----------------------|----------------------|--------------------------------|--------------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="1"/> | <input type="text" value="9"/> | <input type="text"/> | <input type="text"/> |

56 How well do you think you can...

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

57 Do you speak a German dialect in your everyday life (for instance, East Frisian, Swabian, or Saxon)?
If you speak several dialects, please choose the dialect you speak most often.

No

Yes → Please specify:

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

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

Yes
No → Go to **62**

59 Which language is this?

Italian
Polish
Russian
Turkish
Other language → Please specify:

60 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 (second) language? | <input type="checkbox"/> |
| ... write this (second) language? | <input type="checkbox"/> |

61 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"/> |
| Talk to your friends? | <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"/> |
| Read the newspapers (also online)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

Yes
No → Go to **64**

63

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.

64

Are you married?

Yes

No → Go to **66**

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

65

When did you marry? Please name month and year.

Month

Year

→ Go to **67**

66

Do you intend to marry within the next 2 years?

Definitely not

Probably not

Probably yes

Definitely yes

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

67

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

Yes

No → Go to **73**

68

How many children do you have?

Number of children:

Only for respondents with one or more children.

69

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

70

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

71

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

72

When was your fourth child born? Please name the month and 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"/> |

73

Do you intend to have a/another child within the next 2 years?

- Definitely not
- Probably not
- Probably yes
- Definitely yes

Your family

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

- 74** 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 **76**
Yes

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

Yes, twice or more
Yes, once
No

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

- 76** 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 **78**
Yes, same country as my mother → Go to **78**
Yes, but different country as my mother

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

Yes, twice or more
Yes, once
No

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

- 78** How many siblings do you have (including step-, half- or adopted siblings)?

Number of siblings:

I have no siblings. → Go to **80**

On the next two pages are some more questions about your siblings.

You can answer the questions for up to 4 siblings. If you have less than 4 siblings, just stop when you have answered the questions for all your siblings.

| | Brother/Sister 1: | | Brother/Sister 2: | | |
|---|---|---------------------------|---|---------------------------|--|
| Is this your brother or your sister? | Biological brother | <input type="checkbox"/> | Biological brother | <input type="checkbox"/> | |
| | Biological sister | <input type="checkbox"/> | Biological sister | <input type="checkbox"/> | |
| | Half-brother | <input type="checkbox"/> | Half-brother | <input type="checkbox"/> | |
| | Half-sister | <input type="checkbox"/> | Half-sister | <input type="checkbox"/> | |
| | Adopted/stepbrother | <input type="checkbox"/> | Adopted/stepbrother | <input type="checkbox"/> | |
| | Adopted/stepsister | <input type="checkbox"/> | Adopted/stepsister | <input type="checkbox"/> | |
| How old is he/she? | Age in years: <input type="text"/> <input type="text"/> | | Age in years: <input type="text"/> <input type="text"/> | | |
| What is he/she currently <u>mainly</u> doing? | School | <input type="checkbox"/> | School | <input type="checkbox"/> | |
| | Studying | <input type="checkbox"/> | Studying | <input type="checkbox"/> | |
| | Apprenticeship/work-rel. training | <input type="checkbox"/> | Apprenticeship/work-rel. training | <input type="checkbox"/> | |
| | Working part-time/full-time | <input type="checkbox"/> | Working part-time/ full-time | <input type="checkbox"/> | |
| | Vocational preparation year | <input type="checkbox"/> | Vocational preparation year | <input type="checkbox"/> | |
| | Internship | <input type="checkbox"/> | Internship | <input type="checkbox"/> | |
| | Unemployed/Nothing | <input type="checkbox"/> | Unemployed/Nothing | <input type="checkbox"/> | |
| | Something else | <input type="checkbox"/> | Something else | <input type="checkbox"/> | |
| | Please specify: | ↓ <input type="text"/> | | ↓ <input type="text"/> | |
| What is his/her highest educational degree? If he/she is still in school, what degree is he/she expected to obtain? | No degree | <input type="checkbox"/> | No degree | <input type="checkbox"/> | |
| | Degree from lower secondary school | <input type="checkbox"/> | Degree from lower secondary school | <input type="checkbox"/> | |
| | Degree from intermediate secondary school | <input type="checkbox"/> | Degree from intermediate secondary school | <input type="checkbox"/> | |
| | Degree from higher secondary vocational school | <input type="checkbox"/> | Degree from higher secondary vocational school | <input type="checkbox"/> | |
| | Degree from upper secondary school | <input type="checkbox"/> | Degree from upper secondary school | <input type="checkbox"/> | |
| | University degree | <input type="checkbox"/> | University degree | <input type="checkbox"/> | |
| | Other educational degree | <input type="checkbox"/> | Other educational degree | <input type="checkbox"/> | |
| | Please specify: | ↓ <input type="text"/> | | ↓ <input type="text"/> | |
| | Don't know | <input type="checkbox"/> | Don't know | <input type="checkbox"/> | |
| Which job does he/she have at the moment? | <input type="text"/> | | <input type="text"/> | | |
| | He/she is not working. | <input type="checkbox"/> | He/she is not working. | <input type="checkbox"/> | |

| | Brother/Sister 3: | | Brother/Sister 4: | |
|--|---|--------------------------|---|--------------------------|
| Is this your brother or your sister? | Biological brother | <input type="checkbox"/> | Biological brother | <input type="checkbox"/> |
| | Biological sister | <input type="checkbox"/> | Biological sister | <input type="checkbox"/> |
| | Half-brother | <input type="checkbox"/> | Half-brother | <input type="checkbox"/> |
| | Half-sister | <input type="checkbox"/> | Half-sister | <input type="checkbox"/> |
| | Adopted/stepbrother | <input type="checkbox"/> | Adopted/stepbrother | <input type="checkbox"/> |
| | Adopted/stepsister | <input type="checkbox"/> | Adopted/stepsister | <input type="checkbox"/> |
| How old is he/she? | Age in years: <input type="text"/> <input type="text"/> | | Age in years: <input type="text"/> <input type="text"/> | |
| What is he/she currently doing? | School | <input type="checkbox"/> | School | <input type="checkbox"/> |
| | Studying | <input type="checkbox"/> | Studying | <input type="checkbox"/> |
| | Apprenticeship/work-rel. training | <input type="checkbox"/> | Apprenticeship/work-rel. training | <input type="checkbox"/> |
| | Working part-time/full-time | <input type="checkbox"/> | Working part-time/full-time | <input type="checkbox"/> |
| | Vocational preparation year | <input type="checkbox"/> | Vocational preparation year | <input type="checkbox"/> |
| | Internship | <input type="checkbox"/> | Internship | <input type="checkbox"/> |
| | Unemployed/Nothing | <input type="checkbox"/> | Unemployed/Nothing | <input type="checkbox"/> |
| | Something else | <input type="checkbox"/> | Something else | <input type="checkbox"/> |
| | Please specify: | ↓ | Please specify: | ↓ |
| | <input type="text"/> | | <input type="text"/> | |
| What is his/her highest educational degree? If he/she is still in school, what degree is he/she expected to obtain? | No degree | <input type="checkbox"/> | No degree | <input type="checkbox"/> |
| | Degree from lower secondary school | <input type="checkbox"/> | Degree from lower secondary school | <input type="checkbox"/> |
| | Degree from intermediate secondary school | <input type="checkbox"/> | Degree from intermediate secondary school | <input type="checkbox"/> |
| | Degree from higher secondary vocational school | <input type="checkbox"/> | Degree from higher secondary vocational school | <input type="checkbox"/> |
| | Degree from upper secondary school | <input type="checkbox"/> | Degree from upper secondary school | <input type="checkbox"/> |
| | University degree | <input type="checkbox"/> | University degree | <input type="checkbox"/> |
| | Other educational degree | <input type="checkbox"/> | Other educational degree | <input type="checkbox"/> |
| | Please specify: | ↓ | Please specify: | ↓ |
| | | <input type="text"/> | | <input type="text"/> |
| | Don't know <input type="checkbox"/> | | Don't know <input type="checkbox"/> | |
| Which job does he/she have at the moment? | <input type="text"/> | | <input type="text"/> | |
| | He/she is not working. | <input type="checkbox"/> | He/she is not working. | <input type="checkbox"/> |

Your feelings and attitudes

80 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.

81 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 83**
- Italian
- Polish
- Russian
- Turkish
- Other group → Please specify:

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

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

83 In a family, who should do the following?

| | Mostly the man | Mostly the woman | Both about the same |
|---------------------------|--------------------------|--------------------------|--------------------------|
| Take care of the children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cook | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Earn money | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clean the house | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

84

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"/> | → Please specify: <input type="text"/> |
| Hinduism | <input type="checkbox"/> | |
| Islam: Sunnite | <input type="checkbox"/> | |
| Islam: Shiite | <input type="checkbox"/> | |
| Islam: Alevi | <input type="checkbox"/> | |
| Islam: Other | <input type="checkbox"/> | → Please specify: <input type="text"/> |
| Judaism | <input type="checkbox"/> | |
| Other religion | <input type="checkbox"/> | → Please specify: <input type="text"/> |

85

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"/> |

86

How often do you visit a religious meeting place (for instance, a church, a mosque, a synagogue or a temple)?

| | |
|--|--------------------------|
| Never | <input type="checkbox"/> |
| Occasionally (but less than one 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"/> |

87

How often do you pray?

| | |
|--|--------------------------|
| Never | <input type="checkbox"/> |
| Occasionally (but less than one 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"/> |

88

Are you active in a religious community (for instance, youth work, organizational activities, prayer or singing groups)?

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

Your Housing Situation

89 The following questions are about your current place of residence and your former places of residence. On the next page you will see a calendar. In the column “place”, please enter every place where you have lived for 6 months or longer and fill in the other columns in this row. Start with the place you lived at when you were born.

If you have entered all your previous places of residence and have reached your current place of residence, simply enter the word ‘current’ in the ‘age at moving out’ column and leave the other cells in that row empty.

If you moved within one town, use a new row for each residence. If you have lived in a place outside of Germany for 6 months or longer, enter the name of the country in the ‘federal state’ column instead.

For example, a completed calendar could look like this:

| Age at moving in | Age at moving out | Postcode <i>(if unknown: Street w/o house number)</i> | Place incl. city district | Federal state <i>(If abroad: country)</i> | Other persons in the household | Main reason for moving out |
|------------------------|-------------------|--|------------------------------|--|------------------------------------|----------------------------|
| 0 <i>(at birth)</i> | 17 | Wedekindstraße | Berlin Friedrichshain | Berlin | Mother, Father, Sister, Brother | Divorce of parents |
| 17 | 23 | 12043 | Berlin Neukölln | Berlin | Mother, Sister, Brother | Semester abroad USA |
| 23 | 23 | 61108 | Rockford | USA | Flat mate | Start of own job |
| 23 | current | --- | --- | --- | --- | --- |
| | | | | | | |

90

At what age did you move out of your parent’s house for the first time?

By “moving out” we mean here that you have lived separately from your parents for at least six months.

At the age of:

I have never moved out of my parent’s home.

I have never lived with my parents.

91

Where do you currently live?

We refer here only to your main residence. If you currently live in more than one place, your main residence is the predominantly used apartment where the center of your life is located.

Please enter the postcode and the exact name of the town or municipality where your main residence is located. If this municipality has several districts, also enter the district (e.g. Berlin Neukölln).

Postcode:

Town:

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

92

Which of this list applies to you? Do you live...

... in a rented flat (also dormitories)?

... in a rented house?

... for subletting?

... in your own house?

... in an owner-occupied flat?

... rent free (e.g. at parents, partners, other relatives)?

... in another type of accommodation?

→ Go to **94**

→ Go to **95**

Please specify:

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

93 How much is the current monthly basic rent for your flat/house?

By basic rent we mean the rent without heating costs and without operating costs such as water or garbage collection. If you don't know the exact amount, please try to answer as best as you can.

Euro per month → Go to **95**

94 What are the current monthly repayment costs for mortgage loans and other loans that you have used to finance your owner-occupied flat/own house? If you don't know the exact amount, please try to answer as best as you can.

Euro per month

There are no repayment costs.

95 How many living rooms and bedrooms does your apartment/house have?

Please do not include bathroom, toilet, kitchen, hallway, cellar, utility rooms and rooms used for business.

Living- and bedrooms

96 How many people in your residential area belong to the following population groups? The residential area is the area within 10 minutes walking distance of your home.

| | Almost all or all | A lot | About half | A few | None or very few |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Families with children | <input type="checkbox"/> |
| Elderly people | <input type="checkbox"/> |
| People with migration background | <input type="checkbox"/> |
| Unemployed people | <input type="checkbox"/> |

97 And how would you rate the following characteristics of your residential area?

| | Very good | Good | Neutral | Bad | Very bad |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Condition of residences | <input type="checkbox"/> |
| Availability of green space | <input type="checkbox"/> |
| Accessibility of local public transport | <input type="checkbox"/> |
| Availability of shopping opportunities | <input type="checkbox"/> |
| Safety (during the day) | <input type="checkbox"/> |
| Safety (at night) | <input type="checkbox"/> |

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

98

How long does it normally take you to get from your home to your workplace/training/study location?

- I work from home. → Go to **100**
- Under 10 minutes
- 10 to under 30 minutes
- 30 to under 60 minutes
- My place of work/training/study is constantly changing.
- I don't do any work/training/studies. → Go to **100**

99

Which means of transport do you mainly use on your way to your workplace/training/study location?

- Bus, tram, subway
- Train, suburban train
- Car, driving on your own
- Car, passenger
- Motorcycle, moped, mofa, scooter
- Bicycle, electric bicycle
- By foot
- Other means of transport → Please specify:

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

100

What about your plans for the future: Do you plan to move out of your current main residence within the next two years?

- Definitely not
 - Probably not
 - Probably yes
 - Definitely yes
- Go to **102**

101

What is the main reason why you want to move out of your current residence within the next two years?

102 Imagine you are looking for a new workplace/training place/study place. What would be the upper limit of time you would spend on the daily journey from home to there? Please specify the time in minutes.

| | | | |
|--|--|--|---------|
| | | | minutes |
|--|--|--|---------|

103 If you were free to choose, where would you most like to live? Please tick only one box.

- In the countryside (max. 5,000 inhabitants)
- In a small city (max. 20,000 inhabitants)
- In a medium-sized city (max. 100,000 inhabitants)
- In a large city (more than 100,000 inhabitants):
 - In the city centre
 - Outside the city centre, but not on the edge of the town
 - On the outskirts

Everyday life

104 Now we would like to know something about your leisure activities. How often do you do the following things in your spare time?

| | Every day | Once or several times a week | Once or several times a month | Less often | Never |
|--|--------------------------|------------------------------|-------------------------------|--------------------------|--------------------------|
| Visit relatives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Go to the cinema | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Go out to a pub, bar, nightclub or party | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Read a book (not for school, apprenticeship or job) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spend time in a sports, music, drama or any other club | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Go to the museum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Read a newspaper (also online) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

105

On a typical weekday, how much time do you spend...

| | More than 2 hours a day | About 2 hours a day | About 1 hour a day | Less than 1 hour a day | No time at all |
|---|----------------------------|--------------------------|--------------------------|---------------------------|--------------------------|
| ... watching TV or using streaming services (for instance, Netflix or Sky)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... chatting online or visiting social network sites (for instance, WhatsApp, Instagram or Facebook)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... searching for partners on online dating platforms (for instance, Tinder or Parship)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... doing household duties (for instance, cleaning or grocery shopping)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... playing video or computer games alone? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... playing video or computer games together with others? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

106

Think now about all of your friends. How many of them have a...

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

107

How good is your health compared to others of your age?

Very good

Good

About the same

Bad

Very bad

108

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

| | Very unsatisfied | | | | | | | | | Very satisfied | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| ...with your life in general? | <input type="checkbox"/> |
| ...with your current residence? | <input type="checkbox"/> |
| ...with the environment of your current residence? | <input type="checkbox"/> |

109

When you are 30 years old, do you think you will ...

| | Probably yes | Probably no | Don't know |
|---------------------------|--------------------------|--------------------------|--------------------------|
| ... be living in Germany? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... be married? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... have children? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... be in good health? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... own a residence? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

End

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire:

Postal Questionnaire

Questions about you

1 Are you male or female?

Male
Female

2 When were you born?

Day Month Year

1 9

3 How well do you think you can...

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

4 Do you speak a German dialect in your everyday life (for instance, East Frisian, Swabian, or Saxon)?
If you speak several dialects, please choose the dialect you speak most often.

No

Yes → Please specify:

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

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

Yes

No → Go to **9**

6 Which language is this?

<Language 1>
<Language 2>
<Language 3>
<Language 4>

Other language → Please specify:

7

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 (second) language? | <input type="checkbox"/> |
| ... write this (second) language? | <input type="checkbox"/> |

8

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"/> |
| Talk to your friends? | <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"/> |
| Read the newspapers (also online)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

9

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

Yes

No → Go to **11**

10

What is his/her background?

German

Italian

Polish

Russian

Turkish

Other background → Please specify:

11

Are you married?

Yes

No → Go to **13**

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

12 When did you marry? Please name month and year.

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

 → Go to **14**

13 Do you intend to marry within the next 2 years?

Definitely not
Probably not
Probably yes
Definitely yes

14 Do you have children (including step-, foster or adopted children)?

Yes
No → Go to **17**

15 How many children do you have?

Number of children:

Only for respondents with one or more children.

16 When was your first child born? Please name the month and 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"/> |
| Child 2: | <input type="text"/> | <input type="text"/> | <input type="text" value="2"/> | <input type="text" value="0"/> | <input type="text"/> | <input type="text"/> |
| Child 3: | <input type="text"/> | <input type="text"/> | <input type="text" value="2"/> | <input type="text" value="0"/> | <input type="text"/> | <input type="text"/> |

17 Do you intend to have a/another child within the next 2 years?

Definitely not
Probably not
Probably yes
Definitely yes

Your family

18 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 **20**
Yes

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

Yes, twice or more
Yes, once
No

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

20 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 **22**
Yes, same country as my mother → Go to **22**
Yes, but different country as my mother

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

Yes, twice or more
Yes, once
No

22 How many siblings do you have (including step-, half- or adopted siblings)?

Number of siblings:

I have no siblings. → Go to **24**

On the next two pages are some more questions about your siblings.

You can answer the questions for up to 4 siblings. If you have less than 4 siblings, just stop when you have answered the questions for all your siblings.

| | Brother/Sister 1: | | Brother/Sister 2: | | |
|---|---|---------------------------|---|---------------------------|--|
| Is this your brother or your sister? | Biological brother | <input type="checkbox"/> | Biological brother | <input type="checkbox"/> | |
| | Biological sister | <input type="checkbox"/> | Biological sister | <input type="checkbox"/> | |
| | Half-brother | <input type="checkbox"/> | Half-brother | <input type="checkbox"/> | |
| | Half-sister | <input type="checkbox"/> | Half-sister | <input type="checkbox"/> | |
| | Adopted/stepbrother | <input type="checkbox"/> | Adopted/stepbrother | <input type="checkbox"/> | |
| | Adopted/stepsister | <input type="checkbox"/> | Adopted/stepsister | <input type="checkbox"/> | |
| How old is he/she? | Age in years: <input type="text"/> <input type="text"/> | | Age in years: <input type="text"/> <input type="text"/> | | |
| What is he/she currently <u>mainly</u> doing? | School | <input type="checkbox"/> | School | <input type="checkbox"/> | |
| | Studying | <input type="checkbox"/> | Studying | <input type="checkbox"/> | |
| | Apprenticeship/work-rel. training | <input type="checkbox"/> | Apprenticeship/work-rel. training | <input type="checkbox"/> | |
| | Working part-time/full-time | <input type="checkbox"/> | Working part-time/ full-time | <input type="checkbox"/> | |
| | Vocational preparation year | <input type="checkbox"/> | Vocational preparation year | <input type="checkbox"/> | |
| | Internship | <input type="checkbox"/> | Internship | <input type="checkbox"/> | |
| | Unemployed/Nothing | <input type="checkbox"/> | Unemployed/Nothing | <input type="checkbox"/> | |
| | Something else | <input type="checkbox"/> | Something else | <input type="checkbox"/> | |
| | Please specify: | ↓ <input type="text"/> | | ↓ <input type="text"/> | |
| What is his/her highest educational degree? If he/she is still in school, what degree is he/she expected to obtain? | No degree | <input type="checkbox"/> | No degree | <input type="checkbox"/> | |
| | Degree from lower secondary school | <input type="checkbox"/> | Degree from lower secondary school | <input type="checkbox"/> | |
| | Degree from intermediate secondary school | <input type="checkbox"/> | Degree from intermediate secondary school | <input type="checkbox"/> | |
| | Degree from higher secondary vocational school | <input type="checkbox"/> | Degree from higher secondary vocational school | <input type="checkbox"/> | |
| | Degree from upper secondary school | <input type="checkbox"/> | Degree from upper secondary school | <input type="checkbox"/> | |
| | University degree | <input type="checkbox"/> | University degree | <input type="checkbox"/> | |
| | Other educational degree | <input type="checkbox"/> | Other educational degree | <input type="checkbox"/> | |
| | Please specify: | ↓ <input type="text"/> | | ↓ <input type="text"/> | |
| | Don't know | <input type="checkbox"/> | Don't know | <input type="checkbox"/> | |
| Which job does he/she have at the moment? | <input type="text"/> | | <input type="text"/> | | |
| | He/she is not working. | <input type="checkbox"/> | He/she is not working. | <input type="checkbox"/> | |

| | Brother/Sister 3: | | Brother/Sister 4: | | |
|--|---|---------------------------|---|---------------------------|--|
| Is this your brother or your sister? | Biological brother | <input type="checkbox"/> | Biological brother | <input type="checkbox"/> | |
| | Biological sister | <input type="checkbox"/> | Biological sister | <input type="checkbox"/> | |
| | Half-brother | <input type="checkbox"/> | Half-brother | <input type="checkbox"/> | |
| | Half-sister | <input type="checkbox"/> | Half-sister | <input type="checkbox"/> | |
| | Adopted/stepbrother | <input type="checkbox"/> | Adopted/stepbrother | <input type="checkbox"/> | |
| | Adopted/stepsister | <input type="checkbox"/> | Adopted/stepsister | <input type="checkbox"/> | |
| How old is he/she? | Age in years: <input type="text"/> <input type="text"/> | | Age in years: <input type="text"/> <input type="text"/> | | |
| What is he/she currently doing? | School | <input type="checkbox"/> | School | <input type="checkbox"/> | |
| | Studying | <input type="checkbox"/> | Studying | <input type="checkbox"/> | |
| | Apprenticeship/work-rel. training | <input type="checkbox"/> | Apprenticeship/work-rel. training | <input type="checkbox"/> | |
| | Working part-time/full-time | <input type="checkbox"/> | Working part-time/full-time | <input type="checkbox"/> | |
| | Vocational preparation year | <input type="checkbox"/> | Vocational preparation year | <input type="checkbox"/> | |
| | Internship | <input type="checkbox"/> | Internship | <input type="checkbox"/> | |
| | Unemployed/Nothing | <input type="checkbox"/> | Unemployed/Nothing | <input type="checkbox"/> | |
| | Something else | <input type="checkbox"/> | Something else | <input type="checkbox"/> | |
| | Please specify: | ↓ <input type="text"/> | | ↓ <input type="text"/> | |
| What is his/her highest educational degree? If he/she is still in school, what degree is he/she expected to obtain? | No degree | <input type="checkbox"/> | No degree | <input type="checkbox"/> | |
| | Degree from lower secondary school | <input type="checkbox"/> | Degree from lower secondary school | <input type="checkbox"/> | |
| | Degree from intermediate secondary school | <input type="checkbox"/> | Degree from intermediate secondary school | <input type="checkbox"/> | |
| | Degree from higher secondary vocational school | <input type="checkbox"/> | Degree from higher secondary vocational school | <input type="checkbox"/> | |
| | Degree from upper secondary school | <input type="checkbox"/> | Degree from upper secondary school | <input type="checkbox"/> | |
| | University degree | <input type="checkbox"/> | University degree | <input type="checkbox"/> | |
| | Other educational degree | <input type="checkbox"/> | Other educational degree | <input type="checkbox"/> | |
| | Please specify: | ↓ <input type="text"/> | | ↓ <input type="text"/> | |
| | Don't know | <input type="checkbox"/> | Don't know | <input type="checkbox"/> | |
| Which job does he/she have at the moment? | <input type="text"/> | | <input type="text"/> | | |
| | He/she is not working. | <input type="checkbox"/> | He/she is not working. | <input type="checkbox"/> | |

Your feelings and attitudes

24 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.

25 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 28**
 <Group 1>
 <Group 2>
 <Group 3>
 <Group 4>
 Other group → Please specify:

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

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

27 In a family, who should do the following?

| | Mostly the man | Mostly the woman | Both about the same |
|---------------------------|--------------------------|--------------------------|--------------------------|
| Take care of the children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cook | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Earn money | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clean the house | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

28

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"/> | → Please specify: <input type="text"/> |
| Hinduism | <input type="checkbox"/> | |
| Islam: Sunnite | <input type="checkbox"/> | |
| Islam: Shiite | <input type="checkbox"/> | |
| Islam: Alevi | <input type="checkbox"/> | |
| Islam: Other | <input type="checkbox"/> | → Please specify: <input type="text"/> |
| Judaism | <input type="checkbox"/> | |
| Other religion | <input type="checkbox"/> | → Please specify: <input type="text"/> |

29

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"/> |

30

How often do you visit a religious meeting place (for instance, a church, a mosque, a synagogue or a temple)?

| | |
|--|--------------------------|
| Never | <input type="checkbox"/> |
| Occasionally (but less than one 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"/> |

31

How often do you pray?

| | |
|--|--------------------------|
| Never | <input type="checkbox"/> |
| Occasionally (but less than one 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"/> |

32

Are you active in a religious community (for instance, youth work, organizational activities, prayer or singing groups)?

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

Your Housing Situation

33 The following questions are about your current place of residence and your former places of residence. On the next page you will see a calendar. In the column “place”, please enter every place where you have lived for 6 months or longer and fill in the other columns in this row. Start with the place you lived at when you were born.

If you have entered all your previous places of residence and have reached your current place of residence, simply enter the word ‘current’ in the ‘age at moving out’ column and leave the other cells in that row empty.

If you moved within one town, use a new row for each residence. If you have lived in a place outside of Germany for 6 months or longer, enter the name of the country in the ‘federal state’ column instead.

For example, a completed calendar could look like this:

| Age at moving in | Age at moving out | Postcode <i>(if unknown: Street w/o house number)</i> | Place incl. city district | Federal state <i>(If abroad: country)</i> | Other persons in the household | Main reason for moving out |
|------------------------|-------------------|--|------------------------------|--|------------------------------------|----------------------------|
| 0 <i>(at birth)</i> | 17 | Wedekindstraße | Berlin Friedrichshain | Berlin | Mother, Father, Sister, Brother | Divorce of parents |
| 17 | 23 | 12043 | Berlin Neukölln | Berlin | Mother, Sister, Brother | Semester abroad USA |
| 23 | 23 | 61108 | Rockford | USA | Flat mate | Start of own job |
| 23 | current | --- | --- | --- | --- | --- |
| | | | | | | |

34

At what age did you move out of your parent’s house for the first time?

By “moving out” we mean here that you have lived separately from your parents for at least six months.

At the age of:

I have never moved out of my parent’s home.

I have never lived with my parents.

35

Where do you currently live?

We refer here only to your main residence. If you currently live in more than one place, your main residence is the predominantly used apartment where the center of your life is located.

Please enter the postcode and the exact name of the town or municipality where your main residence is located. If this municipality has several districts, also enter the district (e.g. Berlin Neukölln).

Postcode:

Town:

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

36

Which of this list applies to you? Do you live...

... in a rented flat (also dormitories)?

... in a rented house?

... for subletting?

... in your own house?

... in an owner-occupied flat?

... rent free (e.g. at parents, partners, other relatives)?

... in another type of accommodation?

→ Go to **38**

→ Go to **39**

Please specify:

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

37 How much is the current monthly basic rent for your flat/house?

By basic rent we mean the rent without heating costs and without operating costs such as water or garbage collection. If you don't know the exact amount, please try to answer as best as you can.

Euro per month → Go to **39**

38 What are the current monthly repayment costs for mortgage loans and other loans that you have used to finance your owner-occupied flat/own house? If you don't know the exact amount, please try to answer as best as you can.

Euro per month

There are no repayment costs.

39 How many living rooms and bedrooms does your apartment/house have?

Please do not include bathroom, toilet, kitchen, hallway, cellar, utility rooms and rooms used for business.

Living- and bedrooms

40 How many people in your residential area belong to the following population groups? The residential area is the area within 10 minutes walking distance of your home.

| | Almost all or all | A lot | About half | A few | None or very few |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Families with children | <input type="checkbox"/> |
| Elderly people | <input type="checkbox"/> |
| People with migration background | <input type="checkbox"/> |
| Unemployed people | <input type="checkbox"/> |

41 And how would you rate the following characteristics of your residential area?

| | Very good | Good | Neutral | Bad | Very bad |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Condition of residences | <input type="checkbox"/> |
| Availability of green space | <input type="checkbox"/> |
| Accessibility of local public transport | <input type="checkbox"/> |
| Availability of shopping opportunities | <input type="checkbox"/> |
| Safety (during the day) | <input type="checkbox"/> |
| Safety (at night) | <input type="checkbox"/> |

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

42

How long does it normally take you to get from your home to your workplace/training/study location?

- I work from home. → Go to 44
- Under 10 minutes
- 10 to under 30 minutes
- 30 to under 60 minutes
- My place of work/training/study is constantly changing.
- I don't do any work/training/studies. → Go to 44

43

Which means of transport do you mainly use on your way to your workplace/training/study location?

- Bus, tram, subway
- Train, suburban train
- Car, driving on your own
- Car, passenger
- Motorcycle, moped, mofa, scooter
- Bicycle, electric bicycle
- By foot
- Other means of transport → Please specify:

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

44

What about your plans for the future: Do you plan to move out of your current main residence within the next two years?

- Definitely not
 - Probably not
 - Probably yes
 - Definitely yes
- Go to 46

45

What is the main reason why you want to move out of your current residence within the next two years?

46 Imagine you are looking for a new workplace/training place/study place. What would be the upper limit of time you would spend on the daily journey from home to there? Please specify the time in minutes.

| | | | |
|--|--|--|---------|
| | | | minutes |
|--|--|--|---------|

47 If you were free to choose, where would you most like to live? Please tick only one box.

- In the countryside (max. 5,000 inhabitants)
- In a small city (max. 20,000 inhabitants)
- In a medium-sized city (max. 100,000 inhabitants)
- In a large city (more than 100,000 inhabitants):
 - In the city centre
 - Outside the city centre, but not on the edge of the town
 - On the outskirts

Everyday life

48 Now we would like to know something about your leisure activities. How often do you do the following things in your spare time?

| | Every day | Once or several times a week | Once or several times a month | Less often | Never |
|--|--------------------------|------------------------------|-------------------------------|--------------------------|--------------------------|
| Visit relatives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Go to the cinema | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Go out to a pub, bar, nightclub or party | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Read a book (not for school, apprenticeship or job) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spend time in a sports, music, drama or any other club | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Go to the museum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Read a newspaper (also online) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

49

On a typical weekday, how much time do you spend...

| | More than 2 hours a day | About 2 hours a day | About 1 hour a day | Less than 1 hour a day | No time at all |
|---|----------------------------|--------------------------|--------------------------|---------------------------|--------------------------|
| ... watching TV or using streaming services (for instance, Netflix or Sky)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... chatting online or visiting social network sites (for instance, WhatsApp, Instagram or Facebook)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... searching for partners on online dating platforms (for instance, Tinder or Parship)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... doing household duties (for instance, cleaning or grocery shopping)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... playing video or computer games alone? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... playing video or computer games together with others? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

50

Think now about all of your friends. How many of them have a...

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

51

How good is your health compared to others of your age?

Very good

Good

About the same

Bad

Very bad

52

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

| | Very unsatisfied | | | | | | | | | Very satisfied | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| ...with your life in general? | <input type="checkbox"/> |
| ...with your current residence? | <input type="checkbox"/> |
| ...with the environment of your current residence? | <input type="checkbox"/> |

53

When you are 30 years old, do you think you will ...

| | Probably yes | Probably no | Don't know |
|---------------------------|--------------------------|--------------------------|--------------------------|
| ... be living in Germany? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... be married? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... have children? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... be in good health? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... own a residence? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Your current situation

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

54

Have you graduated from school or vocational training since <last interview date>?

Yes, both

Yes, from vocational training (also master craftsman's certificate or technician degree)

Yes, from school → Go to **61**

No, I didn't graduate from school or vocational training since <last interview date>. → Go to **64**

55 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 vocational technical school degree

Master craftsman's certificate

Technician degree

Another technical school degree

→ Please specify:

Another degree

→ Please specify:

56 What is the exact title of your vocational qualification (for instance, automotive mechanics engineer or legal assistant)?

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

Yes

No

58 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

Different amount of time

→ Please specify:

59 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 "credit points" column.)

Grade

Credit points

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

60

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

Yes

No

→ Go to **64**

61

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:

62

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

(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 | Credit points | | |
|---------|----------------------|----------------------|--------------------------|---|
| 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. |

63

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 "credit points" column.)

| Grade | Credit points |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

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

64

Have you graduated from university since <last interview date>?

Yes

No

→ Go to **67**

65

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
- Doctorate (PhD)
- Other educational degree → Please specify:

66

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 "credit points" column.)

| Grade | Credit points |
|---|---|
| <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 50px; height: 20px;" type="text"/> |

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

67

What are you currently mainly doing?

- School
- Apprenticeship (in a company and in school) → **Go to 72**
- School-based vocational education
- Studying/dual studies → **Go to 79**
- Doctorate (PhD)
- Full-time or part-time job → **Go to 90**
- Retraining/further educ. or training → **Go to 100**
- 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.

68

Which school type do you currently attend?

| | |
|--|--|
| <p>Lower secondary school (Hauptschule) <input type="checkbox"/></p> <p>Intermediate secondary school (Realschule) <input type="checkbox"/></p> <p>Combined lower, intermediate and upper secondary school (Realschule plus) <input type="checkbox"/></p> <p>Upper secondary school (Gymnasium) <input type="checkbox"/></p> <p>Higher secondary vocational school (Fachoberschule) <input type="checkbox"/></p> <p>Combined lower and intermediate secondary school (Mittelschule) <input type="checkbox"/></p> <p>Combined lower and intermediate secondary school (Regelschule) <input type="checkbox"/></p> <p>Combined lower and intermediate secondary school (Sekundarschule) <input type="checkbox"/></p> <p>Combined lower and intermediate secondary school (Haupt-Realschule) <input type="checkbox"/></p> <p>School for special needs (Förderschule) <input type="checkbox"/></p> <p>Rudolf-Steiner school (Waldorfschule) <input type="checkbox"/></p> <p>Comprehensive school (Integrierte Gesamtschule) <input type="checkbox"/></p> <p>Other general educational school type <input type="checkbox"/></p> <p>Please specify, which one: <input style="width: 100%; height: 30px;" type="text"/></p> <p>Combined lower, intermediate and upper secondary school (Kooperative Gesamtschule) <input type="checkbox"/></p> | <p>Vocational school (Berufsschule) <input type="checkbox"/></p> <p>Full-time vocational school (Berufsfachschule) <input type="checkbox"/></p> <p>Higher full-time vocational school (Höhere Berufsfachschule) <input type="checkbox"/></p> <p>Commercial school (Handelsschule) <input type="checkbox"/></p> <p>Higher commercial school (Höhere Handelsschule) <input type="checkbox"/></p> <p>Other vocational school <input type="checkbox"/></p> <p>Please specify, which one: <input style="width: 100%; height: 30px;" type="text"/></p> |
|--|--|

Go to

70

Go to

72

69

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

Lower secondary track (Hauptschulzweig)

Intermediate sec. track (Realschulzweig)

Upper secondary track (Gymnasialzweig)

70

Since when do you attend this school? 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.

71 Which grade do you currently attend?

| | | | | | |
|------------------------|--------------------------|---|---|--------------|------------|
| 11 th grade | <input type="checkbox"/> | } | → | Go to | End |
| 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="checkbox"/> | ↓ | | | |
| | <input type="text"/> | | | | |

Apprenticeship/work-related training

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

73 How important are the following things for performing the occupation for which you are being trained?

| | Very important | Fairly important | Not very important | Not at all important |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Mediating in case of differences of opinion between persons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintaining contact with people who are from the local region | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speaking clearly and understandably | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Convincing others to change their opinion or behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supporting customers or clients in a personal conversation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Teaching others how to do things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

74 What is your monthly net income (after tax and compulsory deductions)? If you don't know exactly, please try to answer as best as you can.

Euro per month

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

I don't get any training allowance.

I don't want to say.

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

Month

Year

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

| | | | |
|---|---|--|--|
| 2 | 0 | | |
|---|---|--|--|

76 How long will your apprenticeship take in total?

1 to 1.5 years

2 to 2.5 years

3 to 3.5 years

4 years

More than 4 years

Other duration



Please specify:

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

Years

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

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

Yes

No



Go to

End

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

78 Which educational degree is this?

Degree from lower secondary school
(Hauptschulabschluss)

Degree from intermediate secondary school
(Realschulabschluss)

Degree from upper secondary vocational
school (Fachabitur)

Degree from upper secondary school (Abitur)

Other educational degree

Please specify:

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



Go to

End

Studying

79 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"/> | <input type="text"/> | <input type="text"/> |

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

80 Is this a dual course of study where you also have the opportunity to do a vocational training?

Yes

No → Go to **85**

81 In which profession exactly do you do the vocational training as part of your dual studies? Please name the exact title.

82 Which institution of higher education do you attend?

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

Please specify:

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

84 Where do you study?

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

Major subject 1:

Major subject 2:

Major subject 3:

Minor subject 1:

Minor subject 2:

Minor subject 3:

86 Which degree will you receive with your current studies?

Bachelor's degree (no teacher's training cert.)

Bachelor's degree (teacher's training cert.)

State examination (no teacher's training cert.)

State examination (teacher's training cert.)

Artistic degree

Ecclesialistic degree

Master's degree (no teacher's training cert.)

Master's degree (teacher's training certificate)

Diploma/Magister's degree

Doctorate (PhD)

Other degree → Please specify:

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

Yes

No

Don't know

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

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

No → Go to **End**

Yes, I receive BAföG.

Yes, I receive an education loan.

Yes, I receive a scholarship. → Please specify from whom:

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

89 How much money do you receive from BAföG, education loan or scholarship in total each month?

Euro → Go to **End**

Working

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

91 How important are the following things for performing your occupation or job?

| | Very important | Fairly important | Not very important | Not at all important |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Mediating in case of differences of opinion between persons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintaining contact with people who are from the local region | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speaking clearly and understandably | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Convincing others to change their opinion or behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supporting customers or clients in a personal conversation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Teaching others how to do things | <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.

92 Are you currently participating in any retraining, further education or training in addition to your job?

Yes
No → Go to **94**

93 What is the name of this retraining, further education or training? Please name the exact title.

94 What is your monthly net income (after tax and compulsory deductions). If you don't know exactly, please try to answer as best as you can.

Euro per month

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

I don't want to say.

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

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

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

Hours per week:

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

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

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

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

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

Yes → Go to **End**
No

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

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

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

→ Go to **End**

Retraining, further education or training

100 What is the name of this retraining, further education or training? Please name the exact title.

101 When did you start this retraining, further education or training? Please name the month and the year.

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

102 What is the total number of hours of this retraining, further education or training?

Total hours:

103 Who provides this retraining, further education or training?

- Employer
- Chamber of Industry and Commerce (IHK)
- Adult education centre
- Job Agency
- Another institution

Please specify:

↓

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

104 Will you receive a certificate of attendance, a recognized license, or some other certification with this retraining, further education training? Please tick all that apply.

Certificate of attendance

Recognized license

Another certification

Please specify: ↓

None of the above.

Go to **End**

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 **End**

106 For which job was this? Please name the exact title (for instance, automotive mechanics engineer or legal assistant).

End Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire:

Telephone Questionnaire

Your current situation

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

1

Have you graduated from school or vocational training since <last interview date>?

- Yes, both
- Yes, from vocational training (also master craftsman's certificate or technician degree)
- Yes, from school → Go to **8**
- No, I didn't graduate from school or vocational training since <last interview date>. → Go to **11**

2

Which type of qualification from vocational training did you receive?

- Apprenticeship degree (mercantile, operational, industrial, agricultural), apprenticeship diploma (craft certificate), dual training degree
- Degree of health care school
- Vocational technical school degree
- Higher vocational technical school degree
- Master craftsman's certificate
- Technician degree
- Another technical school degree → Please specify:
- Another degree → Please specify:

3

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

4

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

- Yes
- No

5 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

Different amount of time → Please specify:

6 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 "credit points" column.)

| Grade | Credit points |
|---|---|
| <input style="width: 80px; height: 25px;" type="text"/> | <input style="width: 80px; height: 25px;" type="text"/> |

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

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

Yes

No → Go to **11**

8 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:

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

(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 | Credit points | | |
|---------|----------------------|----------------------|--------------------------|---|
| 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. |

10 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 "credit points" column.)

| Grade | Credit points |
|----------------------|----------------------|
| <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 university since <last interview date>?

Yes

No → **Go to 14**

12 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
- Doctorate (PhD)
- Other educational degree → Please specify:

13 **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 "credit points" column.)

| Grade | Credit points |
|-------|---------------|
| | |

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

14 **What are you currently mainly doing?**

| | | | |
|---|--------------------------|-----|-----------------|
| School | <input type="checkbox"/> | | |
| Apprenticeship (in a company and in school) | <input type="checkbox"/> | } → | Go to 19 |
| School-based vocational education | <input type="checkbox"/> | | |
| Studying/dual studies | <input type="checkbox"/> | } → | Go to 26 |
| Doctorate (PhD) | <input type="checkbox"/> | | |
| Full-time or part-time job | <input type="checkbox"/> | → | Go to 37 |
| Retraining/further educ. or training | <input type="checkbox"/> | → | Go to 47 |
| Vocational preparation year | <input type="checkbox"/> | } → | Go to 52 |
| Internship | <input type="checkbox"/> | | |
| Unemployed/nothing | <input type="checkbox"/> | | |
| Something else | <input type="checkbox"/> | | |
| Please specify: | ↓ | | |
| | | | |

School

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

15

Which school type do you currently attend?

| | |
|--|--|
| <p>Lower secondary school (Hauptschule) <input type="checkbox"/></p> <p>Intermediate secondary school (Realschule) <input type="checkbox"/></p> <p>Combined lower, intermediate and upper secondary school (Realschule plus) <input type="checkbox"/></p> <p>Upper secondary school (Gymnasium) <input type="checkbox"/></p> <p>Higher secondary vocational school (Fachoberschule) <input type="checkbox"/></p> <p>Combined lower and intermediate secondary school (Mittelschule) <input type="checkbox"/></p> <p>Combined lower and intermediate secondary school (Regelschule) <input type="checkbox"/></p> <p>Combined lower and intermediate secondary school (Sekundarschule) <input type="checkbox"/></p> <p>Combined lower and intermediate secondary school (Haupt-Realschule) <input type="checkbox"/></p> <p>School for special needs (Förderschule) <input type="checkbox"/></p> <p>Rudolf-Steiner school (Waldorfschule) <input type="checkbox"/></p> <p>Comprehensive school (Integrierte Gesamtschule) <input type="checkbox"/></p> <p>Other general educational school type <input type="checkbox"/></p> <p>Please specify, which one: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Combined lower, intermediate and upper secondary school (Kooperative Gesamtschule) <input type="checkbox"/></p> | <p>Vocational school (Berufsschule) <input type="checkbox"/></p> <p>Full-time vocational school (Berufsfachschule) <input type="checkbox"/></p> <p>Higher full-time vocational school (Höhere Berufsfachschule) <input type="checkbox"/></p> <p>Commercial school (Handelsschule) <input type="checkbox"/></p> <p>Higher commercial school (Höhere Handelsschule) <input type="checkbox"/></p> <p>Other vocational school <input type="checkbox"/></p> <p>Please specify, which one: <input style="width: 100%; height: 20px;" type="text"/></p> |
|--|--|

Go to
17

Go to
19

16

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

Lower secondary track (Hauptschulzweig)

Intermediate sec. track (Realschulzweig)

Upper secondary track (Gymnasialzweig)

17

Since when do you attend this school? 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.

18 Which grade do you currently attend?

11th grade

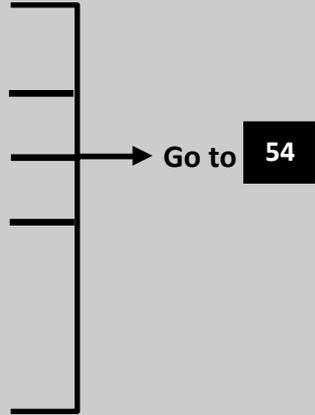
12th grade

13th grade

No grade

Other grade

Please specify:



Apprenticeship/work-related training

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

20 How important are the following things for performing the occupation for which you are being trained?

| | Very important | Fairly important | Not very important | Not at all important |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Mediating in case of differences of opinion between persons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintaining contact with people who are from the local region | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speaking clearly and understandably | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Convincing others to change their opinion or behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supporting customers or clients in a personal conversation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Teaching others how to do things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

21 What is your monthly net income (after tax and compulsory deductions)? If you don't know exactly, please try to answer as best as you can.

Euro per month

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

I don't get any training allowance.

I don't want to say.

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

Month

Year

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

| | | | |
|---|---|--|--|
| 2 | 0 | | |
|---|---|--|--|

23 How long will your apprenticeship take in total?

1 to 1.5 years

2 to 2.5 years

3 to 3.5 years

4 years

More than 4 years

Other duration



Please specify:

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

Years

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

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

Yes

No



Go to **54**

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

25 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



Go to **54**

Please specify:

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

Studying

26 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"/> | <input type="text"/> | <input type="text"/> |

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

27 Is this a dual course of study where you also have the opportunity to do a vocational training?

Yes

No → Go to **29**

28 In which profession exactly do you do the vocational training as part of your dual studies? Please name the exact title.

29 Which institution of higher education do you attend?

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

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

31 Where do you study?

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

Major subject 1:

Major subject 2:

Major subject 3:

Minor subject 1:

Minor subject 2:

Minor subject 3:

33 Which degree will you receive with your current studies?

Bachelor's degree (no teacher's training cert.)

Bachelor's degree (teacher's training cert.)

State examination (no teacher's training cert.)

State examination (teacher's training cert.)

Artistic degree

Ecclesialistic degree

Master's degree (no teacher's training cert.)

Master's degree (teacher's training certificate)

Diploma/Magister's degree

Doctorate (PhD)

Other degree → Please specify:

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

Yes

No

Don't know

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

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

No → Go to **54**

Yes, I receive BAföG.

Yes, I receive an education loan.

Yes, I receive a scholarship. → Please specify from whom:

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

36 How much money do you receive from BAföG, education loan or scholarship in total each month?

| | | | | |
|----------------------|----------------------|----------------------|----------------------|------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Euro → Go to 54 |
|----------------------|----------------------|----------------------|----------------------|------------------------|

Working

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

38 How important are the following things for performing your occupation or job?

| | Very important | Fairly important | Not very important | Not at all important |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Mediating in case of differences of opinion between persons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintaining contact with people who are from the local region | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speaking clearly and understandably | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Convincing others to change their opinion or behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supporting customers or clients in a personal conversation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Teaching others how to do things | <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.

39 Are you currently participating in any retraining, further education or training in addition to your job?

Yes
No → Go to **41**

40 What is the name of this retraining, further education or training? Please name the exact title.

41 What is your monthly net income (after tax and compulsory deductions). If you don't know exactly, please try to answer as best as you can.

Euro per month

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

I don't want to say.

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

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 **54**

No

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

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

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

→ Go to **54**

Retraining, further education or training

47 What is the name of this retraining, further education or training? Please name the exact title.

48 When did you start this retraining, further education or training? Please name the month and the year.

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

49 What is the total number of hours of this retraining, further education or training?

Total hours:

50 Who provides this retraining, further education or training?

- Employer
- Chamber of Industry and Commerce (IHK)
- Adult education centre
- Job Agency
- Another institution

Please specify:

↓

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

51 Will you receive a certificate of attendance, a recognized license, or some other certification with this retraining, further education training? Please tick all that apply.

Certificate of attendance

Recognized license

Another certification

Please specify:

None of the above.

Go to **54**

Something else

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

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

Yes
No → Go to **54**

53 For which job was this? Please name the exact title (for instance, automotive mechanics engineer or legal assistant).

Questions about you

54 Are you male or female?

Male
Female

55 When were you born?

| Day | | Month | | Year | | | |
|----------------------|----------------------|----------------------|----------------------|--------------------------------|--------------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="1"/> | <input type="text" value="9"/> | <input type="text"/> | <input type="text"/> |

56 How well do you think you can...

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

57 Do you speak a German dialect in your everyday life (for instance, East Frisian, Swabian, or Saxon)?
If you speak several dialects, please choose the dialect you speak most often.

No

Yes → Please specify:

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

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

Yes
No → Go to **62**

59 Which language is this?

Italian
Polish
Russian
Turkish
Other language → Please specify:

60 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 (second) language? | <input type="checkbox"/> |
| ... write this (second) language? | <input type="checkbox"/> |

61 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"/> |
| Talk to your friends? | <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"/> |
| Read the newspapers (also online)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

Yes
No → Go to **64**

63

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.

64

Are you married?

Yes

No → Go to **66**

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

65

When did you marry? Please name month and year.

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

 → Go to **67**

66

Do you intend to marry within the next 2 years?

Definitely not

Probably not

Probably yes

Definitely yes

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

67

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

Yes

No → Go to **73**

68

How many children do you have?

Number of children:

Only for respondents with one or more children.

69

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

70

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

71

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

72

When was your fourth child born? Please name the month and 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"/> |

73

Do you intend to have a/another child within the next 2 years?

- Definitely not
- Probably not
- Probably yes
- Definitely yes

Your family

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

- 74** 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 **76**
Yes

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

Yes, twice or more
Yes, once
No

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

- 76** 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 **78**
Yes, same country as my mother → Go to **78**
Yes, but different country as my mother

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

Yes, twice or more
Yes, once
No

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

- 78** How many siblings do you have (including step-, half- or adopted siblings)?

Number of siblings:

I have no siblings. → Go to **80**

On the next two pages are some more questions about your siblings.

You can answer the questions for up to 4 siblings. If you have less than 4 siblings, just stop when you have answered the questions for all your siblings.

| | Brother/Sister 1: | | Brother/Sister 2: | | |
|---|---|---------------------------|---|---------------------------|--|
| Is this your brother or your sister? | Biological brother | <input type="checkbox"/> | Biological brother | <input type="checkbox"/> | |
| | Biological sister | <input type="checkbox"/> | Biological sister | <input type="checkbox"/> | |
| | Half-brother | <input type="checkbox"/> | Half-brother | <input type="checkbox"/> | |
| | Half-sister | <input type="checkbox"/> | Half-sister | <input type="checkbox"/> | |
| | Adopted/stepbrother | <input type="checkbox"/> | Adopted/stepbrother | <input type="checkbox"/> | |
| | Adopted/stepsister | <input type="checkbox"/> | Adopted/stepsister | <input type="checkbox"/> | |
| How old is he/she? | Age in years: <input type="text"/> <input type="text"/> | | Age in years: <input type="text"/> <input type="text"/> | | |
| What is he/she currently <u>mainly</u> doing? | School | <input type="checkbox"/> | School | <input type="checkbox"/> | |
| | Studying | <input type="checkbox"/> | Studying | <input type="checkbox"/> | |
| | Apprenticeship/work-rel. training | <input type="checkbox"/> | Apprenticeship/work-rel. training | <input type="checkbox"/> | |
| | Working part-time/full-time | <input type="checkbox"/> | Working part-time/ full-time | <input type="checkbox"/> | |
| | Vocational preparation year | <input type="checkbox"/> | Vocational preparation year | <input type="checkbox"/> | |
| | Internship | <input type="checkbox"/> | Internship | <input type="checkbox"/> | |
| | Unemployed/Nothing | <input type="checkbox"/> | Unemployed/Nothing | <input type="checkbox"/> | |
| | Something else | <input type="checkbox"/> | Something else | <input type="checkbox"/> | |
| | Please specify: | ↓ <input type="text"/> | | ↓ <input type="text"/> | |
| What is his/her highest educational degree? If he/she is still in school, what degree is he/she expected to obtain? | No degree | <input type="checkbox"/> | No degree | <input type="checkbox"/> | |
| | Degree from lower secondary school | <input type="checkbox"/> | Degree from lower secondary school | <input type="checkbox"/> | |
| | Degree from intermediate secondary school | <input type="checkbox"/> | Degree from intermediate secondary school | <input type="checkbox"/> | |
| | Degree from higher secondary vocational school | <input type="checkbox"/> | Degree from higher secondary vocational school | <input type="checkbox"/> | |
| | Degree from upper secondary school | <input type="checkbox"/> | Degree from upper secondary school | <input type="checkbox"/> | |
| | University degree | <input type="checkbox"/> | University degree | <input type="checkbox"/> | |
| | Other educational degree | <input type="checkbox"/> | Other educational degree | <input type="checkbox"/> | |
| | Please specify: | ↓ <input type="text"/> | | ↓ <input type="text"/> | |
| | Don't know | <input type="checkbox"/> | Don't know | <input type="checkbox"/> | |
| Which job does he/she have at the moment? | <input type="text"/> | | <input type="text"/> | | |
| | He/she is not working. | <input type="checkbox"/> | He/she is not working. | <input type="checkbox"/> | |

| | Brother/Sister 3: | | Brother/Sister 4: | |
|--|--|---|--|---|
| Is this your brother or your sister? | Biological brother | <input type="checkbox"/> | Biological brother | <input type="checkbox"/> |
| | Biological sister | <input type="checkbox"/> | Biological sister | <input type="checkbox"/> |
| | Half-brother | <input type="checkbox"/> | Half-brother | <input type="checkbox"/> |
| | Half-sister | <input type="checkbox"/> | Half-sister | <input type="checkbox"/> |
| | Adopted/stepbrother | <input type="checkbox"/> | Adopted/stepbrother | <input type="checkbox"/> |
| | Adopted/stepsister | <input type="checkbox"/> | Adopted/stepsister | <input type="checkbox"/> |
| How old is he/she? | Age in years: | <input type="text"/> <input type="text"/> | Age in years: | <input type="text"/> <input type="text"/> |
| What is he/she currently doing? | School | <input type="checkbox"/> | School | <input type="checkbox"/> |
| | Studying | <input type="checkbox"/> | Studying | <input type="checkbox"/> |
| | Apprenticeship/work-rel. training | <input type="checkbox"/> | Apprenticeship/work-rel. training | <input type="checkbox"/> |
| | Working part-time/full-time | <input type="checkbox"/> | Working part-time/full-time | <input type="checkbox"/> |
| | Vocational preparation year | <input type="checkbox"/> | Vocational preparation year | <input type="checkbox"/> |
| | Internship | <input type="checkbox"/> | Internship | <input type="checkbox"/> |
| | Unemployed/Nothing | <input type="checkbox"/> | Unemployed/Nothing | <input type="checkbox"/> |
| | Something else | <input type="checkbox"/> | Something else | <input type="checkbox"/> |
| | Please specify: | ↓ | Please specify: | ↓ |
| | <input type="text"/> | | <input type="text"/> | |
| What is his/her highest educational degree? If he/she is still in school, what degree is he/she expected to obtain? | No degree | <input type="checkbox"/> | No degree | <input type="checkbox"/> |
| | Degree from lower secondary school | <input type="checkbox"/> | Degree from lower secondary school | <input type="checkbox"/> |
| | Degree from intermediate secondary school | <input type="checkbox"/> | Degree from intermediate secondary school | <input type="checkbox"/> |
| | Degree from higher secondary vocational school | <input type="checkbox"/> | Degree from higher secondary vocational school | <input type="checkbox"/> |
| | Degree from upper secondary school | <input type="checkbox"/> | Degree from upper secondary school | <input type="checkbox"/> |
| | University degree | <input type="checkbox"/> | University degree | <input type="checkbox"/> |
| | Other educational degree | <input type="checkbox"/> | Other educational degree | <input type="checkbox"/> |
| | Please specify: | ↓ | Please specify: | ↓ |
| | | <input type="text"/> | | <input type="text"/> |
| | Don't know | <input type="checkbox"/> | Don't know | <input type="checkbox"/> |
| Which job does he/she have at the moment? | <input type="text"/> | | <input type="text"/> | |
| | He/she is not working. | <input type="checkbox"/> | He/she is not working. | <input type="checkbox"/> |

Your feelings and attitudes

80 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.

81 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 83**
- Italian
- Polish
- Russian
- Turkish
- Other group → Please specify:

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

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

83 In a family, who should do the following?

| | Mostly the man | Mostly the woman | Both about the same |
|---------------------------|--------------------------|--------------------------|--------------------------|
| Take care of the children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cook | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Earn money | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clean the house | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

84

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"/> | → Please specify: <input type="text"/> |
| Hinduism | <input type="checkbox"/> | |
| Islam: Sunnite | <input type="checkbox"/> | |
| Islam: Shiite | <input type="checkbox"/> | |
| Islam: Alevi | <input type="checkbox"/> | |
| Islam: Other | <input type="checkbox"/> | → Please specify: <input type="text"/> |
| Judaism | <input type="checkbox"/> | |
| Other religion | <input type="checkbox"/> | → Please specify: <input type="text"/> |

85

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"/> |

86

How often do you visit a religious meeting place (for instance, a church, a mosque, a synagogue or a temple)?

| | |
|--|--------------------------|
| Never | <input type="checkbox"/> |
| Occasionally (but less than one 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"/> |

87

How often do you pray?

| | |
|--|--------------------------|
| Never | <input type="checkbox"/> |
| Occasionally (but less than one 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"/> |

88

Are you active in a religious community (for instance, youth work, organizational activities, prayer or singing groups)?

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

Your Housing Situation

89 The following questions are about your current place of residence and your former places of residence. On the next page you will see a calendar. In the column “place”, please enter every place where you have lived for 6 months or longer and fill in the other columns in this row. Start with the place you lived at when you were born.

If you have entered all your previous places of residence and have reached your current place of residence, simply enter the word ‘current’ in the ‘age at moving out’ column and leave the other cells in that row empty.

If you moved within one town, use a new row for each residence. If you have lived in a place outside of Germany for 6 months or longer, enter the name of the country in the ‘federal state’ column instead.

For example, a completed calendar could look like this:

| Age at moving in | Age at moving out | Postcode <i>(if unknown: Street w/o house number)</i> | Place incl. city district | Federal state <i>(If abroad: country)</i> | Other persons in the household | Main reason for moving out |
|------------------------|-------------------|--|------------------------------|--|------------------------------------|----------------------------|
| 0 <i>(at birth)</i> | 17 | Wedekindstraße | Berlin Friedrichshain | Berlin | Mother, Father, Sister, Brother | Divorce of parents |
| 17 | 23 | 12043 | Berlin Neukölln | Berlin | Mother, Sister, Brother | Semester abroad USA |
| 23 | 23 | 61108 | Rockford | USA | Flat mate | Start of own job |
| 23 | current | --- | --- | --- | --- | --- |
| | | | | | | |

90

At what age did you move out of your parent’s house for the first time?

By “moving out” we mean here that you have lived separately from your parents for at least six months.

At the age of:

I have never moved out of my parent’s home.

I have never lived with my parents.

91

Where do you currently live?

We refer here only to your main residence. If you currently live in more than one place, your main residence is the predominantly used apartment where the center of your life is located.

Please enter the postcode and the exact name of the town or municipality where your main residence is located. If this municipality has several districts, also enter the district (e.g. Berlin Neukölln).

Postcode:

Town:

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

92

Which of this list applies to you? Do you live...

... in a rented flat (also dormitories)?

... in a rented house?

... for subletting?

... in your own house?

... in an owner-occupied flat?

... rent free (e.g. at parents, partners, other relatives)?

... in another type of accommodation?

Go to 94

Go to 95

Please specify:

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

93 How much is the current monthly basic rent for your flat/house?

By basic rent we mean the rent without heating costs and without operating costs such as water or garbage collection. If you don't know the exact amount, please try to answer as best as you can.

Euro per month → Go to **95**

94 What are the current monthly repayment costs for mortgage loans and other loans that you have used to finance your owner-occupied flat/own house? If you don't know the exact amount, please try to answer as best as you can.

Euro per month

There are no repayment costs.

95 How many living rooms and bedrooms does your apartment/house have?

Please do not include bathroom, toilet, kitchen, hallway, cellar, utility rooms and rooms used for business.

Living- and bedrooms

96 How many people in your residential area belong to the following population groups? The residential area is the area within 10 minutes walking distance of your home.

| | Almost all or all | A lot | About half | A few | None or very few |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Families with children | <input type="checkbox"/> |
| Elderly people | <input type="checkbox"/> |
| People with migration background | <input type="checkbox"/> |
| Unemployed people | <input type="checkbox"/> |

97 And how would you rate the following characteristics of your residential area?

| | Very good | Good | Neutral | Bad | Very bad |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Condition of residences | <input type="checkbox"/> |
| Availability of green space | <input type="checkbox"/> |
| Accessibility of local public transport | <input type="checkbox"/> |
| Availability of shopping opportunities | <input type="checkbox"/> |
| Safety (during the day) | <input type="checkbox"/> |
| Safety (at night) | <input type="checkbox"/> |

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

98

How long does it normally take you to get from your home to your workplace/training/study location?

- I work from home. → Go to **100**
- Under 10 minutes
- 10 to under 30 minutes
- 30 to under 60 minutes
- My place of work/training/study is constantly changing.
- I don't do any work/training/studies. → Go to **100**

99

Which means of transport do you mainly use on your way to your workplace/training/study location?

- Bus, tram, subway
- Train, suburban train
- Car, driving on your own
- Car, passenger
- Motorcycle, moped, mofa, scooter
- Bicycle, electric bicycle
- By foot
- Other means of transport → Please specify:

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

100

What about your plans for the future: Do you plan to move out of your current main residence within the next two years?

- Definitely not
 - Probably not
 - Probably yes
 - Definitely yes
- Go to **102**

101

What is the main reason why you want to move out of your current residence within the next two years?

102 Imagine you are looking for a new workplace/training place/study place. What would be the upper limit of time you would spend on the daily journey from home to there? Please specify the time in minutes.

| | | | |
|--|--|--|---------|
| | | | minutes |
|--|--|--|---------|

103 If you were free to choose, where would you most like to live? Please tick only one box.

- In the countryside (max. 5,000 inhabitants)
- In a small city (max. 20,000 inhabitants)
- In a medium-sized city (max. 100,000 inhabitants)
- In a large city (more than 100,000 inhabitants):
- In the city centre
- Outside the city centre, but not on the edge of the town
- On the outskirts

Everyday life

104 Now we would like to know something about your leisure activities. How often do you do the following things in your spare time?

| | Every day | Once or several times a week | Once or several times a month | Less often | Never |
|--|--------------------------|------------------------------|-------------------------------|--------------------------|--------------------------|
| Visit relatives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Go to the cinema | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Go out to a pub, bar, nightclub or party | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Read a book (not for school, apprenticeship or job) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spend time in a sports, music, drama or any other club | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Go to the museum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Read a newspaper (also online) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

105

On a typical weekday, how much time do you spend...

| | More than 2 hours a day | About 2 hours a day | About 1 hour a day | Less than 1 hour a day | No time at all |
|---|----------------------------|--------------------------|--------------------------|---------------------------|--------------------------|
| ... watching TV or using streaming services (for instance, Netflix or Sky)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... chatting online or visiting social network sites (for instance, WhatsApp, Instagram or Facebook)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... searching for partners on online dating platforms (for instance, Tinder or Parship)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... doing household duties (for instance, cleaning or grocery shopping)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... playing video or computer games alone? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... playing video or computer games together with others? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

106

Think now about all of your friends. How many of them have a...

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

107

How good is your health compared to others of your age?

Very good

Good

About the same

Bad

Very bad

108

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

| | Very unsatisfied | | | | | | | | | Very satisfied | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| ...with your life in general? | <input type="checkbox"/> |
| ...with your current residence? | <input type="checkbox"/> |
| ...with the environment of your current residence? | <input type="checkbox"/> |

109

When you are 30 years old, do you think you will ...

| | Probably yes | Probably no | Don't know |
|---------------------------|--------------------------|--------------------------|--------------------------|
| ... be living in Germany? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... be married? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... have children? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... be in good health? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... own a residence? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

End

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire: