

ZA6655 / ZA6656

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

Wave 9

**Field Questionnaire
(English Translation)**

Master Questionnaire (English Translation)

Comparable with Codebook W9

Your consent

E1 First of all, thank you very much for your longtime participation in the Youth in Europe Study (YES) and your willingness to take part in the survey again this year.

When evaluating the survey, we would like to include excerpts from data that the Institute for Employment Research at the Federal Employment Agency in Nuremberg has on you. This includes, for example, information on employment relations, periods of unemployment, and company characteristics. Your data from previous YES surveys are less valuable if we cannot supplement them with further data.

For the purpose of adding these data to the interview data, we would like to ask you cordially for your consent. It is absolutely guaranteed that all data protection regulations will be strictly adhered to. Your consent is of course voluntary. You can withdraw it at any time. If you refuse, you will not suffer any disadvantages.

Do you agree to this?

Yes

No

E2 Next year, the YES study will no longer be continued by the Mannheim Center for European Social Research, but by the German Center for Integration and Migration Research (DeZIM). However, the people responsible for the project will remain the same. It is very important that you continue to participate in the survey, as we can only analyze changes over time if we continue to survey the same people over a long period of time.

Therefore, we would like to ask for your consent...

... to link data collected from you as part of the YES study so far with the newly collected data via an ID.

... to share your contact details with the DeZIM so that you can also receive an invitation for the next round of the YES survey.

It is absolutely ensured that all data protection regulations are strictly adhered to. Your consent is of course voluntary. You can withdraw it at any time. If you refuse, you will not suffer any disadvantages. You can find DeZIM's data protection information in one of the enclosed information sheets.

Do you agree to this?

Yes

No

Attention: Remember to also answer questions E1 and E2 above.

Questions about you

Attention: Remember to also answer questions E1 and E2 on the previous page.

1 Are you male or female?

Male
Female

2 When were you born?

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	9	<input type="text"/>	<input type="text"/>
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3 How well do you think you can...

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

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

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

Yes
No → **Go 8**

5 Which language is this?

<Language 1>

<Language 2>

<Language 3>

<Language 4>

Other language → Please specify:

6

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

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

7

In this language, how often do you...

	Always	Often	Some-times	Never
Talk to your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to your friends?	<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.

8

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 **10**
 Yes

9

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.

10

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 **12**
 Yes, same country as my mother
 Yes, but different country as my mother

11

Have you visited this country during the last 12 months?

Yes, twice or more
 Yes, once
 No

12**Thinking 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13**Do you have a so-called migration background, that is, were at least one of your parents or your yourself born abroad?**No Yes

Partnership and family

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

14 The next questions are about your current relationship and your family.
Are you currently in a relationship?

- Yes, in a casual relationship  Go to **16**
- Yes, in a committed relationship  Go to **16**
- Yes, in a marriage
- No  Go to **18**

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

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

16 What is the background of your current partner in this relationship?

- German
- Italian
- Polish
- Russian
- Turkish

Other background  Please specify:

17 How did you meet your current partner?
Please tick all that apply.

- Through my family or relatives
- Through friends or acquaintances
- At school, vocational training, your studies, work or internship
- Through dating apps or dating websites (Tinder, Lovoo, Muzmatch, Parship, ElitePartner ...)
- Through social networks (Facebook, Instagram, TikTok, Snapchat, Twitter ...)
- In clubs, discotheques, parties, bars or other evening activities.
- Doing sports
- Through a music club, drama club or any other club
- In the neighborhood
- Another way → Please specify:

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

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

- Yes
No → **Go to 25**

19 How many children do you have?

Number of children

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

Child 1: Month Year

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Only for respondents with two or more children.

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

Child 2: Month Year

--	--	--	--	--	--	--	--

Only for respondents with three or more children.

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

Child 3: Month Year

--	--	--	--	--	--	--	--

Only for respondents with four or more children.

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

Child 4: Month Year

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Only for respondents with five or more children.

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

Child 5: Month Year

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Only for respondents with six or more children.

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

Child 6: Month Year

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Search for partners „online“

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

- 26** Now we would like to know what experiences you made with searching for partners on the internet. Have you ever met a woman/a man via the internet and afterwards had a casual relationship with her/him that did not lead to a committed relationship or an engagement/marriage?

Yes, one	<input type="checkbox"/>				
Yes, multiple	<input type="checkbox"/>	→	Go to	28	
No	<input type="checkbox"/>	→	Go to	29	

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

- 27** He/She...

	Yes	No	Don't know	
... was German without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="display: flex; align-items: center;"> <div style="font-size: 2em;">}</div> <div style="margin-left: 10px;"> <p>Go to</p> <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">29</div> </div> </div>
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was from the same country as you or at least one of your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

- 28** How many of them...

	Almost all or all	More than half	About half	Less than half	None or very few	Don't know
... were Germans without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were from the same country as you or at least one of your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

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

29 Have you ever met a women/a man via the internet and afterwards had a committed relationship with her/him or have gotten engaged without marrying her/him?

Yes, one

Yes, multiple → Go to **31**

No → Go to **32**

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

30 He/She...

	Yes	No	Don't know	
... was German without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	} → Go to 32
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was from the same country as you or at least one of your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

... was from the same country as you or at least one of your parents?

31 How many of them...

	Almost all or all	More than half	About half	Less than half	None or very few	Don't know
... were Germans without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

... were from the same country as you or at least one of your parents?

Search for partners „offline“

We are now interested in whether you have ever met women/men off the internet, e.g., at school, at work, at parties, during sports or in other ways. Below, we will therefore always speak about "offline".

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

32 Have you ever met a women/a man offline and afterwards had a casual relationship with her/him that did not lead to a committed relationship or an engagement/marriage?

Yes, one	<input type="checkbox"/>				
Yes, multiple	<input type="checkbox"/>	→	Go to	34	
No	<input type="checkbox"/>	→	Go to	35	

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

33 He/She...

	Yes	No	Don't know	
... was German without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="font-size: 2em;">}</div> <div style="font-size: 2em;">→</div> <div style="background-color: black; color: white; padding: 5px; display: inline-block;">Go to 35</div>
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was from the same country as you or at least one of your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Only answer if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

34 How many of them...

	Almost all or all	More than half	About half	Less than half	None or very few	Don't know
... were Germans without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

... were from the same country as you or at least one of your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Attention: Remember to check for a "Go to" instruction after you answer the question below.

35 Have you ever met a women/a man offline and afterwards had a committed relationship or have gotten engaged without marrying her/him?

Yes, one

Yes, multiple → Go to **37**

No → Go to **38**

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

36 He/She...

	Yes	No	Don't know	
... was German without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	} → Go to: 38
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was from the same country as you or at least one of your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

... was from the same country as you or at least one of your parents?

37 How many of them...

	Almost all or all	More than half	About half	Less than half	None or very few	Don't know
... were German without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

... were from the same country as you or at least one of your parents?

38 In the past, how often have you felt disadvantaged or treated unfairly while searching for partners because of the following?

	Always	Often	Sometimes	Rarely	Never	Don't know
Your religious affiliation or your faith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your language or language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your dialect or accent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

Your migration background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Activities and health

39 In the last six months, how often have you had...

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

40 How often do you...

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

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

41 Are you vaccinated against COVID-19?

Yes

No → Go to

44

42 In which month and year was your first vaccination against COVID-19?

Month

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Year

2	0	2	
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Attention: Remember to check for a "Go to" instruction after you answer the question below.

43 For what reason or reasons did you decide to get vaccinated against COVID-19?
Please tick all that apply.

I want to protect my own health.

I want to protect the health of my fellow human beings.

I want to contribute to the lifting of pandemic restrictions.

I want to gain easier access to restaurants, cafes, cinemas, and other facilities with the vaccination certificate.

I got vaccinated because of work, studies, or vocational training.

I got vaccinated because of societal pressure or pressure from family, friends, or acquaintances.

Other reasons

Please specify:

--

Go to **45**

44

**For what reason or reasons did you decide not to get vaccinated against COVID-19?
Please tick all that apply.**

- I have doubts about the effectiveness of the vaccination.
- I am worried about side effects of the vaccination.
- I don't see the need to get vaccinated for myself.
- I reject state coercion.
- I am waiting for another vaccine.
- I am waiting for long-term studies.
- I have pre-existing conditions that make vaccination impossible.
- I decided against vaccination because of pregnancy or breastfeeding.
- I am afraid of infertility because of the vaccination.

- Other reasons → Please specify:

45

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

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

Your political attitudes

46 You can cast two votes in the federal election. The first vote for a candidate from your constituency, the second vote for a party. If there was a federal election next Sunday, which party would you vote for with your second vote? Please answer the question, even if you are not allowed to vote.

- SPD
- CDU or CSU
- Bündnis 90/Die Grünen
- FDP
- AfD
- Die Linke
- Another party → Please specify:

- I would not vote
- Don't know

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

47 Did you vote in the federal election in September 2021?

- Yes
- No → Go to **49**
- Don't know → Go to **49**

48 Which party did you vote for in the 2021 federal election?

- SPD
- CDU or CSU
- Bündnis 90/Die Grünen
- FDP
- AfD
- Die Linke
- Another party → Please specify:

- Don't know

49 When you think back over the past two years, how do you evaluate the measures taken by the German politicians to cope with the corona pandemic overall?

- Completely insufficient
- Rather insufficient
- Appropriate
- Rather excessive
- Completely excessive

Your feelings and attitudes

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

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
The German people should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should adapt to German society.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The German people should be open to the customs and traditions of immigrants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51 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.

52 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 **54**
- Italian
- Polish
- Russian
- Turkish

Other group → Please specify:

53

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

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

54

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The coronavirus (COVID-19) was intentionally created and spread throughout the world by a government or organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The coronavirus (COVID-19) is harmless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A small secret group of people is responsible for all important decisions in world politics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups of scientists manipulate, falsify, or suppress evidence to deceive the public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

55

What is your religion?

- No religion
- Buddhism
- Christianity: Catholic
- Christianity: Protestant
- Christianity: Other → Please specify:
- Hinduism
- Islam: Sunnite
- Islam: Shiite
- Islam: Alevi
- Islam: Other → Please specify:
- Judaism
- Other religion → Please specify:

56 How important is religion to you?

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

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

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

58 How often do you pray?

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

59 How much do you agree or disagree with this statement?
In my life, I benefit from the protection of a higher power.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

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

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

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

	Negative				Neutral				Positive				I don't know this group
	0	10	20	30	40	50	60	70	80	90	100		
Germans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Italians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Poles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Russians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Turks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Syrians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Afghans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Albanians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bulgarians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
North Africans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Africans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ukrainians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

62 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your relationship situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your financial situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Your current situation

64 What is the highest educational degree you have ever achieved?

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

I have no degree

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

65 Have you ever obtained an educational degree other than a school-leaving qualification?

Yes

No → Go **67**

66 Which other degree have you obtained?
Please tick all that apply.

- Completed vocational training or
apprenticeship
- Technical school degree (no master
craftsman's certificate or technician degree)
- Master craftsman's certificate
- Technician degree
- Bachelor's degree
- Master's degree
- Diploma
- Doctorate (PhD)
- Other degree → Please specify:

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

67 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 **77**
- No, I didn't graduate from school or vocational training since <last interview date>. → Go to **80**

68 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:

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

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

- Yes
- No

71 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:
 Years

72 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.

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

Yes

No → Go to **80**

74 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:

75 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.

76**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

→ Go to

80**77****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:**78****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

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

Math

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

English

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

79**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.

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

Yes

No

→ Go to

83

81 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:

82 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.

83 What are you currently mainly doing?

- School
- Apprenticeship (in a company and in school) → Go to **85**
- School-based vocational education
- Studying/dual studies → Go to **91**
- Doctorate (PhD)
- Full-time or part-time job → Go to **102**
- Retraining/further educ. or training → Go to **111**
- Vocational preparation year
- Internship → Go to **116**
- Unemployed/nothing
- Something else

↓
Please specify:

School

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

84 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: <input style="width: 100%; height: 30px;" type="text"/></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: <input style="width: 100%; height: 30px;" type="text"/></p>
<p>→ Go to 86</p>	<p>→ Go to 88</p>
<p>Combined lower, intermediate and upper secondary school (Kooperative Gesamtschule) <input type="checkbox"/></p>	

85 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)

86 Since when do you attend this school? Please name the month and the year.

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

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

87 Which grade do you currently attend?

11th grade	<input type="checkbox"/>	}	Go to	End
12th grade	<input type="checkbox"/>			
13th grade	<input type="checkbox"/>			
No grade	<input type="checkbox"/>			
Other grade	<input type="checkbox"/>			

Please specify:

↓

Apprenticeship/work-related training

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

89 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.

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

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

91

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.

92

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.

93

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

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

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

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

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

Yes

No

→ Go to **97**

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

97 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:

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

99 Where do you study?

100 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:

101 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:

102 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.

103

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.

104

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

 Euro

→ Go to **End**

Working

105

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

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

106

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

Yes

No → Go to **108**

107

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

108

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.

109

What type of contract do you have for this job?

No contract

Permanent contract

Temporary contract

Temporary contract for seasonal work

110

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

Hours per week:

111

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

Month

Year

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

112

Is this your first job since you have left school?

Yes → Go

End

No

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

113

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

→ Go to

End

Retraining, further education or training

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

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

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

Total hours:

117 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.

118 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.

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

Yes

No

→ Go to **End**

120 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!

Partnership and family

In the following we are interested in partnerships and relationships. First, we would like to know which characteristics are important to you in a woman/a man with whom you would like to have a partnership.

For this purpose, we present you with 4 people with different characteristics. Please indicate in each case whether you can in principle imagine entering a partnership with this person. A distinction is made here between marriage, committed partnership and casual partnership. A casual partnership is less committed and often not as long-term as a committed partnership. If you are currently in a partnership, please imagine how you would react if you were not in a partnership.

1 You have met someone who <origin type>. This person <religion type>, <religiosity type>. The person has <education type>.

In principle, can you imagine entering <partnership type> with the person described?

Not at all					Completely				
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 You have met someone who <origin type>. This person <religion type>, <religiosity type>. The person has <education type>.

In principle, can you imagine entering <partnership type> with the person described?

Not at all					Completely				
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 You have met someone who <origin type>. This person <religion type>, <religiosity type>. The person has <education type>.

In principle, can you imagine entering <partnership type> with the person described?

Not at all					Completely				
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 You have met someone who <origin type>. This person <religion type>, <religiosity type>. The person has <education type>.

In principle, can you imagine entering <partnership type> with the person described?

Not at all					Completely				
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Online Questionnaire
(English Translation)**

Your consent

E1 First of all, thank you very much for your longtime participation in the Youth in Europe Study (YES) and your willingness to take part in the survey again this year.

When evaluating the survey, we would like to include excerpts from data that the Institute for Employment Research at the Federal Employment Agency in Nuremberg has on you. This includes, for example, information on employment relations, periods of unemployment, and company characteristics. Your data from previous YES surveys are less valuable if we cannot supplement them with further data.

For the purpose of adding these data to the interview data, we would like to ask you cordially for your consent. It is absolutely guaranteed that all data protection regulations will be strictly adhered to. Your consent is of course voluntary. You can withdraw it at any time. If you refuse, you will not suffer any disadvantages.

Do you agree to this?

Yes

No

E2 Next year, the YES study will no longer be continued by the Mannheim Center for European Social Research, but by the German Center for Integration and Migration Research (DeZIM). However, the people responsible for the project will remain the same. It is very important that you continue to participate in the survey, as we can only analyze changes over time if we continue to survey the same people over a long period of time.

Therefore, we would like to ask for your consent...

... to link data collected from you as part of the YES study so far with the newly collected data via an ID.

... to share your contact details with the DeZIM so that you can also receive an invitation for the next round of the YES survey.

It is absolutely ensured that all data protection regulations are strictly adhered to. Your consent is of course voluntary. You can withdraw it at any time. If you refuse, you will not suffer any disadvantages. You can find DeZIM's data protection information in one of the enclosed information sheets.

Do you agree to this?

Yes

No

Attention: Remember to also answer questions E1 and E2 above.

Your current situation

1 What is the highest educational degree you have ever achieved?

- Degree from lower secondary school (Hauptschulabschluss)
- Degree from intermediary secondary school (Realschulabschluss)
- Degree from upper secondary vocational school (Fachabitur)
- Degree from upper secondary school (Abitur)
- Other educational degree → Please specify:
- I have no degree

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

2 Have you ever obtained an educational degree other than a school-leaving qualification?

- Yes
- No → Go to **4**

3 Which other degree have you obtained? Please tick all that apply.

- Completed vocational training or apprenticeship
- Technical school degree (no master craftsman's certificate or technician degree)
- Master craftsman's certificate
- Technician degree
- Bachelor's degree
- Master's degree
- Diploma
- Doctorate (PhD)
- Other degree → Please specify:

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

4 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 **11**
- No, I didn't graduate from school or vocational training since <last interview date>. → Go to **14**

5 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:

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

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

- Yes
- No

8

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:
 Years

9

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.

10

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

Yes

No → Go to **14**

11

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:

12

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.

13 **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.

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

Yes

No → **Go to** **17**

15 **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:

16 **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 type="text"/>	<input type="text"/>

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

17 What are you currently mainly doing?

- School
- Apprenticeship (in a company and in school) **Go to 22**
- School-based vocational education
- Studying/dual studies **Go to 28**
- Doctorate (PhD)
- Full-time or part-time job **Go to 39**
- Retraining/further educ. or training **Go to 48**
- Vocational preparation year
- Internship **Go to 53**
- Unemployed/nothing
- Something else

Please specify:

School

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

18

Which school type do you currently attend?

Lower secondary school (Hauptschule)

Intermediate secondary school
(Realschule)

Combined lower, intermediate, and
upper secondary school (Realschule
plus)

Upper secondary school (Gymnasium)

Higher secondary vocational school
(Fachoberschule)

Combined lower and intermediate
secondary school (Mittelschule)

Combined lower and intermediate
secondary school (Regelschule)

Combined lower and intermediate
secondary school (Sekundarschule)

Combined lower and intermediate
secondary school (Haupt-Realschule)

School for special needs (Förderschule)

Rudolf-Steiner school (Waldorfschule)

Comprehensive school
(Integrierte Gesamtschule)

Other general educational
school type

Please specify:

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

Vocational school (Berufsschule)

Full-time vocational school
(Berufsfachschule)

Higher full-time vocational school
(Höhere Berufsfachschule)

Commercial school
(Handelsschule)

Higher commercial school (Höhere
Handelsschule)

Other vocational school

Please specify:

**Go to
22**

**Go to
20**

19

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)

20 Since when do you attend this school? Please name the month and the year.

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

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

21 Which grade do you currently attend?

11th grade	<input type="checkbox"/>	}	→	Go to	55
12th grade	<input type="checkbox"/>				
13th grade	<input type="checkbox"/>				
No grade	<input type="checkbox"/>				
Other grade	<input type="checkbox"/>				

Please specify:

Apprenticeship/work-related training

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

23 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

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

I don't get any training allowance.

I don't want to say.

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

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

25

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.

26

Do you receive an additional educational degree with your apprenticeship?

- Yes
- No → Go to **55**

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

27

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 **55**

Please specify:

Studying

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

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

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

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

Yes

No → Go to **31**

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

31 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:

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

33 Where do you study?

34 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:

35 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:

36 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.

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

- No → Go to **55**
- 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.

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

Euro

→ Go to **55**

Working

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

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

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

Yes

No → Go to **42**

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

42 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.

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

No contract

Permanent contract

Temporary contract

Temporary contract for seasonal work

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

Hours per week:

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

Month Year
2 0

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

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

Yes → Go **55**

No

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

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

→ Go to **55**

Retraining, further education or training

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

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

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

Total hours:

51 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.

52 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 **55**

Something else

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

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

Yes

No

→ Go to **55**

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

Questions about you

Attention: Remember to also answer questions E1 and E2 on the previous page.

55 Are you male or female?

Male
Female

56 When were you born?

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	9	<input type="text"/>	<input type="text"/>
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57 How well do you think you can...

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

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

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

Yes
No → **Go 62**

59 Which language is this?

<Language 1>

<Language 2>

<Language 3>

<Language 4>

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

61 In this language, how often do you...

	Always	Often	Some-times	Never
Talk to your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to your friends?	<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 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 **64**
Yes

63 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.

64 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 **66**
Yes, same country as my mother
Yes, but different country as my mother

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

Yes, twice or more
Yes, once
No

Thinking 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Partnership and family

In the following we are interested in partnerships and relationships. First, we would like to know which characteristics are important to you in a woman/a man with whom you would like to have a partnership.

For this purpose, we present you with 4 people with different characteristics. Please indicate in each case whether you can in principle imagine entering a partnership with this person. A distinction is made here between marriage, committed partnership and casual partnership. A casual partnership is less committed and often not as long-term as a committed partnership. If you are currently in a partnership, please imagine how you would react if you were not in a partnership.

67 You have met someone who <origin type>. This person <religion type>, <religiosity type>. The person has <education type>.

In principle, can you imagine entering <partnership type> with the person described?

Not at all					Completely				
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

68 You have met someone who <origin type>. This person <religion type>, <religiosity type>. The person has <education type>.

In principle, can you imagine entering <partnership type> with the person described?

Not at all					Completely				
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

69 You have met someone who <origin type>. This person <religion type>, <religiosity type>. The person has <education type>.

In principle, can you imagine entering <partnership type> with the person described?

Not at all					Completely				
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

70 You have met someone who <origin type>. This person <religion type>, <religiosity type>. The person has <education type>.

In principle, can you imagine entering <partnership type> with the person described?

Not at all					Completely				
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

71 The next questions are about your current relationship and your family.
Are you currently in a relationship?

- Yes, in a casual relationship
 - Yes, in a committed relationship
 - Yes, in a marriage
 - No
- Go to **73**
- Go to **75**

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

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

73 What is the background of your current partner in this relationship?

- German
- Italian
- Polish
- Russian
- Turkish

Other background → Please specify:

74 How did you meet your current partner?
Please tick all that apply.

- Through my family or relatives
- Through friends or acquaintances
- At school, vocational training, your studies, work or internship
- Through dating apps or dating websites (Tinder, Lovoo, Muzmatch, Parship, ElitePartner ...)
- Through social networks (Facebook, Instagram, TikTok, Snapchat, Twitter ...)
- In clubs, discotheques, parties, bars or other evening activities.
- Doing sports
- Through a music club, drama club or any other club
- In the neighborhood

Another way → Please specify:

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

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

Yes

No → **Go to 82**

76 How many children do you have?

Number of children

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

Month Year

Only for respondents with two or more children.

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

Child 2: Month Year

Only for respondents with three or more children.

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

Child 3: Month Year

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Only for respondents with four or more children.

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

Child 4: Month Year

--	--	--	--	--	--	--	--

Only for respondents with five or more children.

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

Child 5: Month Year

--	--	--	--	--	--	--	--

Only for respondents with six or more children.

82 When was your sixth child born? Please name the month and the year.

Child 6: Month Year

--	--	--	--	--	--	--	--

Search for partners „online“

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

- 82** Now we would like to know what experiences you made with searching for partners on the internet. Have you ever met a women/a man via the internet and afterwards had a casual relationship with her/him that did not lead to a committed relationship or an engagement/marriage?

Yes, one	<input type="checkbox"/>				
Yes, multiple	<input type="checkbox"/>	→	Go to	84	
No	<input type="checkbox"/>	→	Go to	85	

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

- 83** He/She...

	Yes	No	Don't know	
... was German without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="font-size: 2em;">}</div> <div style="font-size: 2em;">}</div> <div style="font-size: 2em;">}</div> <div style="font-size: 2em;">}</div> <div style="font-size: 2em;">}</div>
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was from the same country as you or at least one of your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Go to
85

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

- 84** How many of them...

	Almost all or all	More than half	About half	Less than half	None or very few	Don't know
... were Germans without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

... were from the same country as you or at least one of your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

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

85 Have you ever met a women/a man via the internet and afterwards had a committed relationship with her/him or have gotten engaged without marrying her/him?

Yes, one

Yes, multiple → Go to **87**

No → Go to **88**

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

86 He/She...

	Yes	No	Don't know	
... was German without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	} → Go to 88
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was from the same country as you or at least one of your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

	Yes	No	Don't know
... was from the same country as you or at least one of your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

87 How many of them...

	Almost all or all	More than half	About half	Less than half	None or very few	Don't know
... were Germans without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

	Almost all or all	More than half	About half	Less than half	None or very few	Don't know
... were from the same country as you or at least one of your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Search for partners „offline“

We are now interested in whether you have ever met women/men off the internet, e.g., at school, at work, at parties, during sports or in other ways. Below, we will therefore always speak about "offline".

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

88 Have you ever met a women/a man offline and afterwards had a casual relationship with her/him that did not lead to a committed relationship or an engagement/marriage?

Yes, one	<input type="checkbox"/>				
Yes, multiple	<input type="checkbox"/>	→	Go to	90	
No	<input type="checkbox"/>	→	Go to	91	

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

89 He/She...

	Yes	No	Don't know	
... was German without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="font-size: 2em;">}</div> <div style="font-size: 2em;">→</div> <div style="background-color: black; color: white; padding: 5px; display: inline-block;">Go to 91</div>
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was from the same country as you or at least one of your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Only answer if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

90 How many of them...

	Almost all or all	More than half	About half	Less than half	None or very few	Don't know
... were Germans without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

... were from the same country as you or at least one of your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

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

91 Have you ever met a women/a man offline and afterwards had a committed relationship or have gotten engaged without marrying her/him?

Yes, one

Yes, multiple → Go to **93**

No → Go to **94**

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

92 He/She...

	Yes	No	Don't know	
... was German without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	} → Go to: 94
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was from the same country as you or at least one of your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

... was from the same country as you or at least one of your parents?

93 How many of them...

	Almost all or all	More than half	About half	Less than half	None or very few	Don't know
... were German without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

... were from the same country as you or at least one of your parents?

94 In the past, how often have you felt disadvantaged or treated unfairly while searching for partners because of the following?

	Always	Often	Sometimes	Rarely	Never	Don't know
Your religious affiliation or your faith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your language or language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your dialect or accent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

Your migration background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Activities and health

95 In the last six months, how often have you had...

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

96 How often do you...

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

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

97 Are you vaccinated against COVID-19?

Yes

No → Go to

100

98 In which month and year was your first vaccination against COVID-19?

Month

--	--

Year

2	0	2	
---	---	---	--

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

99 For what reason or reasons did you decide to get vaccinated against COVID-19?
Please tick all that apply.

I want to protect my own health.

I want to protect the health of my fellow human beings.

I want to contribute to the lifting of pandemic restrictions.

I want to gain easier access to restaurants, cafes, cinemas, and other facilities with the vaccination certificate.

I got vaccinated because of work, studies, or vocational training.

I got vaccinated because of societal pressure or pressure from family, friends, or acquaintances.

Other reasons

Go to **101**

Please specify:

--

100

For what reason or reasons did you decide not to get vaccinated against COVID-19?

Please tick all that apply.

- I have doubts about the effectiveness of the vaccination.
- I am worried about side effects of the vaccination.
- I don't see the need to get vaccinated for myself.
- I reject state coercion.
- I am waiting for another vaccine.
- I am waiting for long-term studies.
- I have pre-existing conditions that make vaccination impossible.
- I decided against vaccination because of pregnancy or breastfeeding.
- I am afraid of infertility because of the vaccination.

Other reasons

→ Please specify:

101

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

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

Your political attitudes

102

You can cast two votes in the federal election. The first vote for a candidate from your constituency, the second vote for a party. If there was a federal election next Sunday, which party would you vote for with your second vote? Please answer the question, even if you are not allowed to vote.

- SPD
- CDU or CSU
- Bündnis 90/Die Grünen
- FDP
- AfD
- Die Linke
- Another party → Please specify:

- I would not vote
- Don't know

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

103

Did you vote in the federal election in September 2021?

- Yes
- No → Go to **105**

- Don't know → Go to **105**

104

Which party did you vote for in the 2021 federal election?

- SPD
- CDU or CSU
- Bündnis 90/Die Grünen
- FDP
- AfD
- Die Linke
- Another party → Please specify:

- Don't know

105 When you think back over the past two years, how do you evaluate the measures taken by the German politicians to cope with the corona pandemic overall?

- Completely insufficient
- Rather insufficient
- Appropriate
- Rather excessive
- Completely excessive

Your feelings and attitudes

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

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
The German people should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should adapt to German society.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The German people should be open to the customs and traditions of immigrants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

107 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.

108 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 **110**
- Italian
- Polish
- Russian
- Turkish

Other group → Please specify:

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

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

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The coronavirus (COVID-19) was intentionally created and spread throughout the world by a government or organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The coronavirus (COVID-19) is harmless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A small secret group of people is responsible for all important decisions in world politics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups of scientists manipulate, falsify, or suppress evidence to deceive the public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

111 What is your religion?

- No religion
- Buddhism
- Christianity: Catholic
- Christianity: Protestant
- Christianity: Other → Please specify:
- Hinduism
- Islam: Sunnite
- Islam: Shiite
- Islam: Alevi
- Islam: Other → Please specify:
- Judaism
- Other religion → Please specify:

112 How important is religion to you?

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

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

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

114 How often do you pray?

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

115 How much do you agree or disagree with this statement?
In my life, I benefit from the protection of a higher power.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

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

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

117

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

	Negative				Neutral				Positive				I don't know this group
	0	10	20	30	40	50	60	70	80	90	100		
Germans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Italians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Poles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Russians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Turks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Syrians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Afghans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Albanians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bulgarians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
North Africans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Africans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ukrainians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

118

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your relationship situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your financial situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

119

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

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

**Postal Questionnaire
(English Translation)**

Your consent

E1 First of all, thank you very much for your longtime participation in the Youth in Europe Study (YES) and your willingness to take part in the survey again this year.

When evaluating the survey, we would like to include excerpts from data that the Institute for Employment Research at the Federal Employment Agency in Nuremberg has on you. This includes, for example, information on employment relations, periods of unemployment, and company characteristics. Your data from previous YES surveys are less valuable if we cannot supplement them with further data.

For the purpose of adding these data to the interview data, we would like to ask you cordially for your consent. It is absolutely guaranteed that all data protection regulations will be strictly adhered to. Your consent is of course voluntary. You can withdraw it at any time. If you refuse, you will not suffer any disadvantages.

Do you agree to this?

Yes

No

E2 Next year, the YES study will no longer be continued by the Mannheim Center for European Social Research, but by the German Center for Integration and Migration Research (DeZIM). However, the people responsible for the project will remain the same. It is very important that you continue to participate in the survey, as we can only analyze changes over time if we continue to survey the same people over a long period of time.

Therefore, we would like to ask for your consent...

... to link data collected from you as part of the YES study so far with the newly collected data via an ID.

... to share your contact details with the DeZIM so that you can also receive an invitation for the next round of the YES survey.

It is absolutely ensured that all data protection regulations are strictly adhered to. Your consent is of course voluntary. You can withdraw it at any time. If you refuse, you will not suffer any disadvantages. You can find DeZIM's data protection information in one of the enclosed information sheets.

Do you agree to this?

Yes

No

Attention: Remember to also answer questions E1 and E2 above.

Questions about you

Attention: Remember to also answer questions E1 and E2 on the previous page.

1 Are you male or female?

Male
Female

2 When were you born?

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	9	<input type="text"/>	<input type="text"/>
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3 How well do you think you can...

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

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

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

Yes
No → **Go to 8**

5 Which language is this?

<Language 1>

<Language 2>

<Language 3>

<Language 4>

Other language → Please specify:

6

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

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

7

In this language, how often do you...

	Always	Often	Some-times	Never
Talk to your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to your friends?	<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.

8

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 **10**
 Yes

9

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.

10

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 **12**
 Yes, same country as my mother
 Yes, but different country as my mother

11

Have you visited this country during the last 12 months?

Yes, twice or more
 Yes, once
 No

Thinking 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Partnership and family

In the following we are interested in partnerships and relationships. First, we would like to know which characteristics are important to you in a woman/a man with whom you would like to have a partnership.

For this purpose, we present you with 4 people with different characteristics. Please indicate in each case whether you can in principle imagine entering a partnership with this person. A distinction is made here between marriage, committed partnership and casual partnership. A casual partnership is less committed and often not as long-term as a committed partnership. If you are currently in a partnership, please imagine how you would react if you were not in a partnership.

13 You have met someone who <origin type>. This person <religion type>, <religiosity type>. The person has <education type>.

In principle, can you imagine entering <partnership type> with the person described?

Not at all					Completely				
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14 You have met someone who <origin type>. This person <religion type>, <religiosity type>. The person has <education type>.

In principle, can you imagine entering <partnership type> with the person described?

Not at all					Completely				
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15 You have met someone who <origin type>. This person <religion type>, <religiosity type>. The person has <education type>.

In principle, can you imagine entering <partnership type> with the person described?

Not at all					Completely				
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16 You have met someone who <origin type>. This person <religion type>, <religiosity type>. The person has <education type>.

In principle, can you imagine entering <partnership type> with the person described?

Not at all					Completely				
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

17 The next questions are about your current relationship and your family.
Are you currently in a relationship?

- Yes, in a casual relationship
 - Yes, in a committed relationship
 - Yes, in a marriage
 - No
- Go to **19**
- Go to **21**

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

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

19 What is the background of your current partner in this relationship?

- German
- Italian
- Polish
- Russian
- Turkish

Other background → Please specify:

20 How did you meet your current partner?
Please tick all that apply.

Through my family or relatives

Through friends or acquaintances

At school, vocational training, your studies, work or internship

Through dating apps or dating websites (Tinder, Lovoo, Muzmatch, Parship, ElitePartner ...)

Through social networks (Facebook, Instagram, TikTok, Snapchat, Twitter ...)

In clubs, discotheques, parties, bars or other evening activities.

Doing sports

Through a music club, drama club or any other club

In the neighborhood

Another way → Please specify:

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

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

Yes

No → **Go to 24**

22 How many children do you have?

Number of children

23 When was your child/were your children born? Please name the month and the year for all children.

	Month		Year			
Child 1:	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>
Child 2:	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>
Child 3:	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>
Child 4:	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>
Child 5:	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>

Search for partners „online“

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

- 24** Now we would like to know what experiences you made with searching for partners on the internet. Have you ever met a women/a man via the internet and afterwards had a casual relationship with her/him that did not lead to a committed relationship or an engagement/marriage?

Yes, one	<input type="checkbox"/>				
Yes, multiple	<input type="checkbox"/>	→	Go to	26	
No	<input type="checkbox"/>	→	Go to	27	

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

- 25** He/She...

	Yes	No	Don't know	
... was German without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="font-size: 2em;">}</div> <div style="font-size: 2em;">}</div> <div style="font-size: 2em;">}</div> <div style="font-size: 2em;">}</div> <div style="font-size: 2em;">}</div>
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was from the same country as you or at least one of your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Go to
27

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

- 26** How many of them...

	Almost all or all	More than half	About half	Less than half	None or very few	Don't know
... were Germans without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

... were from the same country as you or at least one of your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

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

27 Have you ever met a women/a man via the internet and afterwards had a committed relationship with her/him or have gotten engaged without marrying her/him?

Yes, one

Yes, multiple → Go to **29**

No → Go to **30**

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

28 He/She...

	Yes	No	Don't know	
... was German without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	} → Go to 30
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was from the same country as you or at least one of your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

... was from the same country as you or at least one of your parents?

29 How many of them...

	Almost all or all	More than half	About half	Less than half	None or very few	Don't know
... were Germans without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

... were from the same country as you or at least one of your parents?

Search for partners „offline“

We are now interested in whether you have ever met women/men off the internet, e.g., at school, at work, at parties, during sports or in other ways. Below, we will therefore always speak about "offline".

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

30 Have you ever met a women/a man offline and afterwards had a casual relationship with her/him that did not lead to a committed relationship or an engagement/marriage?

Yes, one	<input type="checkbox"/>				
Yes, multiple	<input type="checkbox"/>	→	Go to	32	
No	<input type="checkbox"/>	→	Go to	33	

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

31 He/She...

	Yes	No	Don't know	
... was German without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="font-size: 2em;">}</div> <div style="font-size: 2em;">→</div> <div style="background-color: black; color: white; padding: 5px; display: inline-block;">Go to 33</div>
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was from the same country as you or at least one of your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Only answer if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

32 How many of them...

	Almost all or all	More than half	About half	Less than half	None or very few	Don't know
... were Germans without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

... were from the same country as you or at least one of your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Attention: Remember to check for a "Go to" instruction after you answer the question below.

33 Have you ever met a women/a man offline and afterwards had a committed relationship or have gotten engaged without marrying her/him?

Yes, one

Yes, multiple → Go to **35**

No → Go to **36**

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

34 He/She...

	Yes	No	Don't know	
... was German without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	} → Go to: 36
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was from the same country as you or at least one of your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

... was from the same country as you or at least one of your parents?

35 How many of them...

	Almost all or all	More than half	About half	Less than half	None or very few	Don't know
... were German without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

... were from the same country as you or at least one of your parents?

36 In the past, how often have you felt disadvantaged or treated unfairly while searching for partners because of the following?

	Always	Often	Sometimes	Rarely	Never	Don't know
Your religious affiliation or your faith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your language or language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your dialect or accent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

Your migration background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Activities and health

37 In the last six months, how often have you had...

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

38 How often do you...

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

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

39 Are you vaccinated against COVID-19?

Yes

No → Go to

42

40 In which month and year was your first vaccination against COVID-19?

Month

--	--

Year

2	0	2	
---	---	---	--

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

41 For what reason or reasons did you decide to get vaccinated against COVID-19?
Please tick all that apply.

I want to protect my own health.

I want to protect the health of my fellow human beings.

I want to contribute to the lifting of pandemic restrictions.

I want to gain easier access to restaurants, cafes, cinemas, and other facilities with the vaccination certificate.

I got vaccinated because of work, studies, or vocational training.

I got vaccinated because of societal pressure or pressure from family, friends, or acquaintances.

Other reasons

Please specify:

--

→ Go to **43**

42

**For what reason or reasons did you decide not to get vaccinated against COVID-19?
Please tick all that apply.**

- I have doubts about the effectiveness of the vaccination.
- I am worried about side effects of the vaccination.
- I don't see the need to get vaccinated for myself.
- I reject state coercion.
- I am waiting for another vaccine.
- I am waiting for long-term studies.
- I have pre-existing conditions that make vaccination impossible.
- I decided against vaccination because of pregnancy or breastfeeding.
- I am afraid of infertility because of the vaccination.

- Other reasons → Please specify:

43

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

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

Your political attitudes

44 You can cast two votes in the federal election. The first vote for a candidate from your constituency, the second vote for a party. If there was a federal election next Sunday, which party would you vote for with your second vote? Please answer the question, even if you are not allowed to vote.

- SPD
- CDU or CSU
- Bündnis 90/Die Grünen
- FDP
- AfD
- Die Linke
- Another party → Please specify:

- I would not vote
- Don't know

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

45 Did you vote in the federal election in September 2021?

- Yes
- No → Go to **47**
- Don't know → Go to **47**

46 Which party did you vote for in the 2021 federal election?

- SPD
- CDU or CSU
- Bündnis 90/Die Grünen
- FDP
- AfD
- Die Linke
- Another party → Please specify:

- Don't know

47 When you think back over the past two years, how do you evaluate the measures taken by the German politicians to cope with the corona pandemic overall?

- Completely insufficient
- Rather insufficient
- Appropriate
- Rather excessive
- Completely excessive

Your feelings and attitudes

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

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
The German people should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should adapt to German society.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The German people should be open to the customs and traditions of immigrants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49 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.

50 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 **52**
- Italian
- Polish
- Russian
- Turkish

Other group → Please specify:

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

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

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The coronavirus (COVID-19) was intentionally created and spread throughout the world by a government or organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The coronavirus (COVID-19) is harmless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A small secret group of people is responsible for all important decisions in world politics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups of scientists manipulate, falsify, or suppress evidence to deceive the public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53 What is your religion?

- No religion
- Buddhism
- Christianity: Catholic
- Christianity: Protestant
- Christianity: Other → Please specify:
- Hinduism
- Islam: Sunnite
- Islam: Shiite
- Islam: Alevi
- Islam: Other → Please specify:
- Judaism
- Other religion → Please specify:

54 How important is religion to you?

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

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

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

56 How often do you pray?

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

57 How much do you agree or disagree with this statement?
In my life, I benefit from the protection of a higher power.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

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

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

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

	Negative				Neutral				Positive				I don't know this group
	0	10	20	30	40	50	60	70	80	90	100		
Germans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Italians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Poles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Russians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Turks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Syrians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Afghans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Albanians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bulgarians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
North Africans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Africans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ukrainians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

60 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your relationship situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your financial situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Your current situation

62 What is the highest educational degree you have ever achieved?

- Degree from lower secondary school (Hauptschulabschluss)
- Degree from intermediary secondary school (Realschulabschluss)
- Degree from upper secondary vocational school (Fachabitur)
- Degree from upper secondary school (Abitur)
- Other educational degree → Please specify:
- I have no degree

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

63 Have you ever obtained an educational degree other than a school-leaving qualification?

- Yes
- No → **Go to 65**

64 Which other degree have you obtained?
Please tick all that apply.

- Completed vocational training or apprenticeship
- Technical school degree (no master craftsman's certificate or technician degree)
- Master craftsman's certificate
- Technician degree
- Bachelor's degree
- Master's degree
- Diploma
- Doctorate (PhD)
- Other degree → Please specify:

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

65 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 72**
- No, I didn't graduate from school or vocational training since <last interview date>. → **Go to 75**

66 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:

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

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

- Yes
- No

69 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:
 Years

70

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.

71

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

Yes

No

→ Go to

75

72

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:

73

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

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

Math

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

English

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

74

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.

75

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

Yes

No

→ Go to

78

76

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:

77

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.

78 What are you currently mainly doing?

- School
- Apprenticeship (in a company and in school) **Go to 83**
- School-based vocational education
- Studying/dual studies **Go to 89**
- Doctorate (PhD)
- Full-time or part-time job **Go to 100**
- Retraining/further educ. or training **Go to 109**
- Vocational preparation year
- Internship **Go to 114**
- Unemployed/nothing
- Something else

Please specify:

School

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

79

Which school type do you currently attend?

Lower secondary school (Hauptschule)

Intermediate secondary school
(Realschule)

Combined lower, intermediate, and
upper secondary school (Realschule
plus)

Upper secondary school (Gymnasium)

Higher secondary vocational school
(Fachoberschule)

Combined lower and intermediate
secondary school (Mittelschule)

Combined lower and intermediate
secondary school (Regelschule)

Combined lower and intermediate
secondary school (Sekundarschule)

Combined lower and intermediate
secondary school (Haupt-Realschule)

School for special needs (Förderschule)

Rudolf-Steiner school (Waldorfschule)

Comprehensive school
(Integrierte Gesamtschule)

Other general educational
school type

Please specify:

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

Vocational school (Berufsschule)

Full-time vocational school
(Berufsfachschule)

Higher full-time vocational school
(Höhere Berufsfachschule)

Commercial school
(Handelsschule)

Higher commercial school (Höhere
Handelsschule)

Other vocational school

Please specify:

**Go to
83**

**Go to
81**

80

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)

81 Since when do you attend this school? Please name the month and the year.

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

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

82 Which grade do you currently attend?

11th grade	<input type="checkbox"/>	}	Go to	End
12th grade	<input type="checkbox"/>			
13th grade	<input type="checkbox"/>			
No grade	<input type="checkbox"/>			
Other grade	<input type="checkbox"/>			

Please specify:

Apprenticeship/work-related training

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

84 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.

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

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

86 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.

87 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.

88 Which educational degree is this?

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

Studying

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

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

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

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

Yes

No → Go to **92**

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

92 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:

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

94 Where do you study?

95 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:

96 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:

97 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.

98 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.

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

Euro → Go to **End**

Working

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

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

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

Yes

No → Go to **103**

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

103 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.

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

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

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

Hours per week:

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

Month Year

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

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

Yes → Go **End**
No

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

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

→ Go to **Ende**

Retraining, further education or training

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

110 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"/>

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

Total hours:

112 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.

113 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.

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

Yes

No

→ Go to **End**

115 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
(English Translation)**

Your consent

E1 First of all, thank you very much for your longtime participation in the Youth in Europe Study (YES) and your willingness to take part in the survey again this year.

When evaluating the survey, we would like to include excerpts from data that the Institute for Employment Research at the Federal Employment Agency in Nuremberg has on you. This includes, for example, information on employment relations, periods of unemployment, and company characteristics. Your data from previous YES surveys are less valuable if we cannot supplement them with further data.

For the purpose of adding these data to the interview data, we would like to ask you cordially for your consent. It is absolutely guaranteed that all data protection regulations will be strictly adhered to. Your consent is of course voluntary. You can withdraw it at any time. If you refuse, you will not suffer any disadvantages.

Do you agree to this?

Yes

No

E2 Next year, the YES study will no longer be continued by the Mannheim Center for European Social Research, but by the German Center for Integration and Migration Research (DeZIM). However, the people responsible for the project will remain the same. It is very important that you continue to participate in the survey, as we can only analyze changes over time if we continue to survey the same people over a long period of time.

Therefore, we would like to ask for your consent...

... to link data collected from you as part of the YES study so far with the newly collected data via an ID.

... to share your contact details with the DeZIM so that you can also receive an invitation for the next round of the YES survey.

It is absolutely ensured that all data protection regulations are strictly adhered to. Your consent is of course voluntary. You can withdraw it at any time. If you refuse, you will not suffer any disadvantages. You can find DeZIM's data protection information in one of the enclosed information sheets.

Do you agree to this?

Yes

No

Attention: Remember to also answer questions E1 and E2 above.

Your current situation

1 What is the highest educational degree you have ever achieved?

- Degree from lower secondary school (Hauptschulabschluss)
- Degree from intermediary secondary school (Realschulabschluss)
- Degree from upper secondary vocational school (Fachabitur)
- Degree from upper secondary school (Abitur)
- Other educational degree → Please specify:
- I have no degree

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

2 Have you ever obtained an educational degree other than a school-leaving qualification?

- Yes
- No → Go **4**

3 Which other degree have you obtained? Please tick all that apply.

- Completed vocational training or apprenticeship
- Technical school degree (no master craftsman's certificate or technician degree)
- Master craftsman's certificate
- Technician degree
- Bachelor's degree
- Master's degree
- Diploma
- Doctorate (PhD)
- Other degree → Please specify:

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

4 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 **11**
- No, I didn't graduate from school or vocational training since <last interview date>. → Go to **14**

5 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:

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

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

- Yes
- No

8

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:
 Years

9

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.

10

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

Yes

No → Go to **14**

11

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:

12

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.

13 **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.

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

Yes

No → **Go to** **17**

15 **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:

16 **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 type="text"/>	<input type="text"/>

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

17 What are you currently mainly doing?

- School
- Apprenticeship (in a company and in school) **Go to 22**
- School-based vocational education
- Studying/dual studies **Go to 28**
- Doctorate (PhD)
- Full-time or part-time job **Go to 39**
- Retraining/further educ. or training **Go to 48**
- Vocational preparation year
- Internship **Go to 53**
- Unemployed/nothing
- Something else

Please specify:

School

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

18 Which school type do you currently attend?

Lower secondary school (Hauptschule)

Intermediate secondary school (Realschule)

Combined lower, intermediate, and upper secondary school (Realschule plus)

Upper secondary school (Gymnasium)

Higher secondary vocational school (Fachoberschule)

Combined lower and intermediate secondary school (Mittelschule)

Combined lower and intermediate secondary school (Regelschule)

Combined lower and intermediate secondary school (Sekundarschule)

Combined lower and intermediate secondary school (Haupt-Realschule)

School for special needs (Förderschule)

Rudolf-Steiner school (Waldorfschule)

Comprehensive school (Integrierte Gesamtschule)

Other general educational school type

Please specify:

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

Vocational school (Berufsschule)

Full-time vocational school (Berufsfachschule)

Higher full-time vocational school (Höhere Berufsfachschule)

Commercial school (Handelsschule)

Higher commercial school (Höhere Handelsschule)

Other vocational school

Please specify:

Go to 22

Go to 20

19 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)

20 Since when do you attend this school? Please name the month and the year.

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

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

21 Which grade do you currently attend?

11th grade	<input type="checkbox"/>	}	→	Go to	55
12th grade	<input type="checkbox"/>				
13th grade	<input type="checkbox"/>				
No grade	<input type="checkbox"/>				
Other grade	<input type="checkbox"/>				

Please specify:

Apprenticeship/work-related training

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

23 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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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I don't get any training allowance.

I don't want to say.

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

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

25

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.

26

Do you receive an additional educational degree with your apprenticeship?

- Yes
- No → Go to **55**

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

27

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 **55**

Studying

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

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

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

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

Yes

No → Go to **31**

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

31 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:

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

33 Where do you study?

34 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:

35 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:

36 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.

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

- No → Go to **55**
- 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.

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

Euro

→ Go to **55**

Working

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

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

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

Yes

No → Go to **42**

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

42 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.

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

No contract

Permanent contract

Temporary contract

Temporary contract for seasonal work

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

Hours per week:

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

Month

Year

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

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

Yes → Go to **55**

No

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

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

→ Go to **55**

Retraining, further education or training

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

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

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

Total hours:

51 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.

52 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 **55**

Something else

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

53

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

Yes

No



Go to

55

54

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

Questions about you

Attention: Remember to also answer questions E1 and E2 on the previous page.

55 Are you male or female?

Male
Female

56 When were you born?

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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57 How well do you think you can...

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

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

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

Yes
No → **Go 62**

59 Which language is this?

<Language 1>

<Language 2>

<Language 3>

<Language 4>

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

61 In this language, how often do you...

	Always	Often	Some-times	Never
Talk to your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to your friends?	<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 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 **64**
Yes

63 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.

64 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 **66**
Yes, same country as my mother
Yes, but different country as my mother

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

Yes, twice or more
Yes, once
No

66

Thinking 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

67




Do you have a so-called migration background, that is, were at least one of your parents or your yourself born abroad?

No Yes

Partnership and family

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

68 The next questions are about your current relationship and your family.
Are you currently in a relationship?

- Yes, in a casual relationship  Go to **70**
- Yes, in a committed relationship  Go to **70**
- Yes, in a marriage
- No  Go to **72**

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

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

70 What is the background of your current partner in this relationship?

- German
- Italian
- Polish
- Russian
- Turkish

Other background  Please specify:

Only for respondents with three or more children.

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

Child 3: Month Year

--	--	--	--	--	--	--	--

Only for respondents with four or more children.

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

Child 4: Month Year

--	--	--	--	--	--	--	--

Only for respondents with five or more children.

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

Child 5: Month Year

--	--	--	--	--	--	--	--

Only for respondents with six or more children.

79 When was your sixth child born? Please name the month and the year.

Child 6: Month Year

--	--	--	--	--	--	--	--

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

82 Have you ever met a woman/a man via the internet and afterwards had a committed relationship with her/him or have gotten engaged without marrying her/him?

Yes, one

Yes, multiple → Go to **84**

No → Go to **85**

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

83 He/She...

	Yes	No	Don't know	
... was German without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	} → Go to 85
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was from the same country as you or at least one of your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

... was from the same country as you or at least one of your parents?

84 How many of them...

	Almost all or all	More than half	About half	Less than half	None or very few	Don't know
... were Germans without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

... were from the same country as you or at least one of your parents?

Search for partners „offline“

We are now interested in whether you have ever met women/men off the internet, e.g., at school, at work, at parties, during sports or in other ways. Below, we will therefore always speak about "offline".

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

85 Have you ever met a women/a man offline and afterwards had a casual relationship with her/him that did not lead to a committed relationship or an engagement/marriage?

Yes, one	<input type="checkbox"/>				
Yes, multiple	<input type="checkbox"/>	→	Go to	87	
No	<input type="checkbox"/>	→	Go to	88	

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

86 He/She...

	Yes	No	Don't know	
... was German without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="font-size: 2em;">}</div> <div style="font-size: 2em;">→</div> <div style="background-color: black; color: white; padding: 5px; display: inline-block;">Go to 88</div>
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Only answer if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:</i>				
... was from the same country as you or at least one of your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

87 How many of them...

	Almost all or all	More than half	About half	Less than half	None or very few	Don't know
... were Germans without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:</i>						
... were from the same country as you or at least one of your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

88 Have you ever met a women/a man offline and afterwards had a committed relationship or have gotten engaged without marrying her/him?

Yes, one

Yes, multiple → Go to **90**

No → Go to **91**

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

89 He/She...

	Yes	No	Don't know	
... was German without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	} → Go to: 91
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
... was from the same country as you or at least one of your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

... was from the same country as you or at least one of your parents?

90 How many of them...

	Almost all or all	More than half	About half	Less than half	None or very few	Don't know
... were German without a migration background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... had the same religious affiliation or faith as you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were higher educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... were lower educated than you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

... were from the same country as you or at least one of your parents?

91 In the past, how often have you felt disadvantaged or treated unfairly while searching for partners because of the following?

	Always	Often	Sometimes	Rarely	Never	Don't know
Your religious affiliation or your faith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your language or language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your dialect or accent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Only answer the following question if you have a migration background, i.e. if at least one of your parents or you yourself were born abroad:

Your migration background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Activities and health

92 In the last six months, how often have you had...

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

93 How often do you...

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

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

94 Are you vaccinated against COVID-19?

Yes

No → Go to

97

95 In which month and year was your first vaccination against COVID-19?

Month

--	--

Year

2	0	2	
---	---	---	--

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

96 For what reason or reasons did you decide to get vaccinated against COVID-19?
Please tick all that apply.

I want to protect my own health.

I want to protect the health of my fellow human beings.

I want to contribute to the lifting of pandemic restrictions.

I want to gain easier access to restaurants, cafes, cinemas, and other facilities with the vaccination certificate.

I got vaccinated because of work, studies, or vocational training.

I got vaccinated because of societal pressure or pressure from family, friends, or acquaintances.

Other reasons

Please specify:

--

→ Go to

98

97

For what reason or reasons did you decide not to get vaccinated against COVID-19?

Please tick all that apply.

- I have doubts about the effectiveness of the vaccination.
- I am worried about side effects of the vaccination.
- I don't see the need to get vaccinated for myself.
- I reject state coercion.
- I am waiting for another vaccine.
- I am waiting for long-term studies.
- I have pre-existing conditions that make vaccination impossible.
- I decided against vaccination because of pregnancy or breastfeeding.
- I am afraid of infertility because of the vaccination.

Other reasons

→ Please specify:

98

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

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

Your political attitudes

99 You can cast two votes in the federal election. The first vote for a candidate from your constituency, the second vote for a party. If there was a federal election next Sunday, which party would you vote for with your second vote? Please answer the question, even if you are not allowed to vote.

- SPD
- CDU or CSU
- Bündnis 90/Die Grünen
- FDP
- AfD
- Die Linke
- Another party → Please specify:

- I would not vote
- Don't know

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

100 Did you vote in the federal election in September 2021?

- Yes
- No → Go to **102**

- Don't know → Go to **102**

101 Which party did you vote for in the 2021 federal election?

- SPD
- CDU or CSU
- Bündnis 90/Die Grünen
- FDP
- AfD
- Die Linke
- Another party → Please specify:

- Don't know

102 When you think back over the past two years, how do you evaluate the measures taken by the German politicians to cope with the corona pandemic overall?

- Completely insufficient
- Rather insufficient
- Appropriate
- Rather excessive
- Completely excessive

Your feelings and attitudes

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

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
The German people should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should adapt to German society.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The German people should be open to the customs and traditions of immigrants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

104 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.

105 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 **107**
- Italian
- Polish
- Russian
- Turkish

Other group → Please specify:

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

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

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The coronavirus (COVID-19) was intentionally created and spread throughout the world by a government or organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The coronavirus (COVID-19) is harmless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A small secret group of people is responsible for all important decisions in world politics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups of scientists manipulate, falsify, or suppress evidence to deceive the public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

108 What is your religion?

- No religion
- Buddhism
- Christianity: Catholic
- Christianity: Protestant
- Christianity: Other → Please specify:
- Hinduism
- Islam: Sunnite
- Islam: Shiite
- Islam: Alevi
- Islam: Other → Please specify:
- Judaism
- Other religion → Please specify:

109 How important is religion to you?

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

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

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

111 How often do you pray?

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

112 How much do you agree or disagree with this statement?
In my life, I benefit from the protection of a higher power.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

113 Do you think the following are "always OK", "often OK", "sometimes OK" or "never OK"?

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

114

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

	Negative				Neutral				Positive				I don't know this group
	0	10	20	30	40	50	60	70	80	90	100		
Germans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Italians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Poles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Russians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Turks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Syrians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Afghans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Albanians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bulgarians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
North Africans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Africans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ukrainians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

115

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your relationship situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your financial situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

116

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

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