

ZA6655 / ZA6656

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

Wave 7

**Field Questionnaire
(English Translation)**

Master Questionnaire (English Translation)

Comparable with Codebook W7

Questions about you

1 Are you male or female?

Male
Female

2 When were you born?

Day Month Year
 1 9

3 How well do you think you can...

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

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

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

Yes
No → **Go to 8**

5 Which language is this?

<Language 1>
<Language 2>
<Language 3>
Other language → Please specify:

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

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

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

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

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

Family/Partner

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

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

Brothers (including step- and half-brothers)

Sisters (including step- and half-sisters)

Grandparents

Other family members

Partner, husband/wife, boyfriend/girlfriend

Biological, foster, or adoptive children

Partner's biological, foster, or adoptive children

Mother-/father-/parents-in-law

Outside the family

Flat share

(Student) residential home

Another arrangement → Please specify:

Alone

With no one, I'm living alone.

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

Yes

No

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

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

Questions about your partner

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

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

Yes

No → Go to **18**

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

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

13 How old is he/she?

Age in years:

14 What is he/she currently doing?

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

Something else: →

Please specify:

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

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

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

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

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

Please specify:

17 What is his/her background?

German

Italian

Polish

Russian

Turkish

Other background →

Please specify:

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

18 Are you married?

Yes

No →

Go to 20

19 When did you marry?

Month

Year

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

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

Yes

No →

Go to 27

21 How many children do you have?

1

2

3

4

5

More than 5

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

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

Only for respondents with two or more children.

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

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

Only for respondents with three or more children.

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

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

Only for respondents with four or more children.

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

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

Only for respondents with five or more children.

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

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

Your family

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

30 Was your biological mother born abroad?

No → Go to **32**

Yes

Biological mother unknown → Go to **33**

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

Yes, twice or more

Yes, once

No

32 Does your mother currently have a job?

Yes

No

Biological mother already deceased

Don't know

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

33 Was your biological father born abroad?

No → Go to **35**

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

Yes, but different country as my mother

Biological father unknown → Go to **36**

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

Yes, twice or more

Yes, once

No

35 Does your father currently have a job?

Yes

No

Biological father already deceased

Don't know

Your feelings and attitudes

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

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

37 How strongly do you feel <survey country member>?

Very strongly

Fairly strongly

Not very strongly

Not at all strongly

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

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

No other group → **Go to** **41**

<Group 1>

<Group 2>

<Group 3>

Other group → Please specify:

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

Very strongly

Fairly strongly

Not very strongly

Not at all strongly

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

Very important

Fairly important

Not very important

Not at all important

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

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

42 What is your religion?

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

43 How important is religion to you?

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

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

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

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

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

Activities and health

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

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

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

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

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

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

51 How often do you...

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

52 What is your height?

Height in cm:

53 What is your weight?

Weight in kg:

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

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

Your current situation

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

PRELOAD: <preload>

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

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

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

Yes → Go to **58**

No

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

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

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

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

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

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

Yes → Go to **60**

No

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

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

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

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

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

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

Yes → Go to **62**

No

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

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

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

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

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

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

Yes → Go to **64**

No

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

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

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

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

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

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

Yes → Go to **66**

No

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

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

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

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

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

- Yes, both
- Yes, from vocational training
- Yes, from school → **Go to** **76**
- No, I haven't graduated from school or vocational training since last interview. → **Go to** **79**

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

- Apprenticeship degree (mercantile, operational, industrial, agricultural), apprenticeship diploma (craft certificate), dual training degree
- Degree of health care school
- Vocational technical school degree
- Higher full-time vocational school or higher commercial school degree
- Another technical school degree → Please specify:
- Another degree → Please specify:

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

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

- Yes
- No
- Don't know

70 How long did your vocational training take in total?

- 1 to 1.5 years
- 2 to 2.5 years
- 3 to 3.5 years
- 4 years
- More than 4 years
- Other duration →

Please specify:

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

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

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

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

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

Yes

No →

Go to

79

73 Which educational degree is this?

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

Please specify:

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

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

	Grade	Credits
German:	<input type="text"/>	<input type="text"/>
Math:	<input type="text"/>	<input type="text"/>
English:	<input type="text"/>	<input type="text"/>

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

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

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

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

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

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

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

→ **Go to**

79

76**Which educational degree is this?**

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

Please specify:

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

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

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

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

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

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

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

79 Have you graduated from university since last interview?

Yes

No →

Go to

82

80 Which university degree is this?

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

Bachelor's degree (teacher's training certificate)

State examination (no teacher's training certificate)

State examination (teacher's training certificate)

Artistic degree

Ecclesiastical degree

Master's degree (no teacher's training certificate)

Master's degree (teacher's training certificate)

Diploma/Magister's degree

Other degree →

Please specify:

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

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

Grade

Credits

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

82 What are you currently doing?

School →

Go to

83

Apprenticeship (in a company and in school) →

Go to

87

School-based vocational education →

Go to

92

Studying →

Go to

99

Full-time or part-time job →

Vocational preparation year →

Internship →

Unemployed/nothing →

Go to

105

Something else →

Please specify:

School

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

83 Which school type do you currently attend?

- Lower secondary school (Hauptschule)
- Intermediate secondary school (Realschule)
- 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:

Go to

85

- 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 type

Please specify:

Go to

87

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



Go to

84

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

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

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

Month		Year			
		2	0		

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

86 Which grade do you currently attend?

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

Apprenticeship/Work-related training

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

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

Month		Year			
		2	0		

89 How long will your apprenticeship take in total?

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

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

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

Yes	<input type="checkbox"/>	}	→	Go to	107
No	<input type="checkbox"/>				

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

91 Which educational degree is this?

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

Studying

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

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

93 Which institution of higher education do you attend?

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

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

95 Where do you study?

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

Major subject 1:

Major subject 2:

Major subject 3:

Minor subject 1:

Minor subject 2:

Minor subject 3:

97 Which degree will you receive with your current studies?

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

Bachelor's degree (teacher's training certificate)

State examination (no teacher's training certificate)

State examination (teacher's training certificate)

Artistic degree

Ecclesiastical degree

Master's degree (no teacher's training certificate)

Master's degree (teacher's training certificate)

Diploma/Magister's degree

Other degree → Please specify:

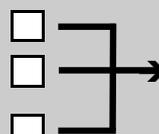
Attention: Remember to check for a "Go to" instruction after you answer the question below.

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

Yes

No

Don't know



Go to **107**

Working

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

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

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

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

Hours per week:

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

Month Year 2 0

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

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

Yes → Go to **107**
No

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

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

→ Go to **107**

Vocational preparation/internship/nothing/something else

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

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

Yes
No → Go to **107**

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

Your financial situation

107

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

Financial support from other persons

- Pocket money and regular money from parents, relatives, or others persons close to you → How much:
- Child support → How much:
- Post-marital spouse support, separation support → How much:

Income and earnings

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

- Own income from regular job, full-time or part-time → How much:
- Own income from side job(s) → How much:
- Service pay, expense allowance for Voluntary Year of Social/Ecological Service or Federal Voluntary Service → How much:

Support by the state

- Unemployment benefit I (Arbeitslosengeld I) → How much:
- Unemployment benefit II (Arbeitslosengeld II; Hartz IV, Sozialgeld) → How much:
- BAföG, educational grant → How much:
- Orphan's pension, widow's pension → How much:
- Maternity benefit during maternity leave, parental or child-raising allowance → How much:
- Child allowance → How much:

Other income sources

Scholarship → How much:

Other income sources



Please specify: → How much:

Please specify: → How much:

Please specify: → How much:

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

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

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

	6. Which is his/her highest educational degree? If he/she is still enrolled in school: What type of education will he/she obtain?	7. What is his/her job?
Friend 1	<p style="text-align: right;">No degree <input type="checkbox"/></p> <p>Degree from lower secondary school (Hauptschulabschluss) <input type="checkbox"/></p> <p>Degree from intermediate secondary school (Realschulabschluss) <input type="checkbox"/></p> <p>Degree from higher secondary vocational school (Fachabitur) <input type="checkbox"/></p> <p>Degree from upper secondary school (Abitur) <input type="checkbox"/></p> <p>University (of Applied Sciences) degree (Fachhochschul-/ Universitätsabschluss) <input type="checkbox"/></p> <p>Other degree <input type="checkbox"/></p> <p>Please specify: ↓ <input style="width: 200px; height: 30px;" type="text"/></p> <p style="text-align: right;">Don't know <input type="checkbox"/></p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p style="text-align: right;">He/she is not working. <input type="checkbox"/></p>
Friend 2	<p style="text-align: right;">No degree <input type="checkbox"/></p> <p>Degree from lower secondary school (Hauptschulabschluss) <input type="checkbox"/></p> <p>Degree from intermediate secondary school (Realschulabschluss) <input type="checkbox"/></p> <p>Degree from higher secondary vocational school (Fachabitur) <input type="checkbox"/></p> <p>Degree from upper secondary school (Abitur) <input type="checkbox"/></p> <p>University (of Applied Sciences) degree (Fachhochschul-/Universitätsabschluss) <input type="checkbox"/></p> <p>Other degree <input type="checkbox"/></p> <p>Please specify: ↓ <input style="width: 200px; height: 30px;" type="text"/></p> <p style="text-align: right;">Don't know <input type="checkbox"/></p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p style="text-align: right;">He/she is not working. <input type="checkbox"/></p>
Friend 3	<p style="text-align: right;">No degree <input type="checkbox"/></p> <p>Degree from lower secondary school (Hauptschulabschluss) <input type="checkbox"/></p> <p>Degree from intermediate secondary school (Realschulabschluss) <input type="checkbox"/></p> <p>Degree from higher secondary vocational school (Fachabitur) <input type="checkbox"/></p> <p>Degree from upper secondary school (Abitur) <input type="checkbox"/></p> <p>University (of Applied Sciences) degree (Fachhochschul-/Universitätsabschluss) <input type="checkbox"/></p> <p>Other degree <input type="checkbox"/></p> <p>Please specify: ↓ <input style="width: 200px; height: 30px;" type="text"/></p> <p style="text-align: right;">Don't know <input type="checkbox"/></p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p style="text-align: right;">He/she is not working. <input type="checkbox"/></p>

**Web Questionnaire
(English Translation)**

Your current situation

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

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

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

Yes → Go to **3**

No

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

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

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

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

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

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

Yes → Go to **5**

No

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

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

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

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

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

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

Yes → Go to **7**

No

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

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

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

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

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

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

Yes → Go to **9**

No

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

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

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

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

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

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

Yes → Go to **11**

No

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

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

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

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

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

- Yes, both
- Yes, from vocational training
- Yes, from school → **Go to 18**
- No, I haven't graduated from school or vocational training since last interview. → **Go to 21**

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

- Apprenticeship degree (mercantile, operational, industrial, agricultural), apprenticeship diploma (craft certificate), dual training degree
- Degree of health care school
- Vocational technical school degree
- Higher full-time vocational school or higher commercial school degree
- Another technical school degree → Please specify:
- Another degree → Please specify:

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

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

- Yes
- No
- Don't know

15 How long did your vocational training take in total?

- 1 to 1.5 years
- 2 to 2.5 years
- 3 to 3.5 years
- 4 years
- More than 4 years
- Other duration →

Please specify:

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

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

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

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

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

Yes

No →

Go to

21

18 Which educational degree is this?

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

Please specify:

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

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

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

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

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

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

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

21 Have you graduated from university since last interview?

Yes

No →

Go to

24

22 Which university degree is this?

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

Bachelor's degree (teacher's training certificate)

State examination (no teacher's training certificate)

State examination (teacher's training certificate)

Artistic degree

Ecclesiastical degree

Master's degree (no teacher's training certificate)

Master's degree (teacher's training certificate)

Diploma/Magister's degree

Other degree →

Please specify:

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

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

Grade

Credits

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

24 What are you currently doing?

School →

Go to **25**

Apprenticeship (in a company and in school) →

Go to **29**

School-based vocational education →

Studying →

Go to **34**

Full-time or part-time job →

Go to **41**

Vocational preparation year →

Internship →

Unemployed/nothing →

Go to **47**

Something else →

Please specify:

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

25 Which school type do you currently attend?

- Lower secondary school (Hauptschule)
- Intermediate secondary school (Realschule)
- 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:

Go to **27**

- 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 type
- Please specify:

Go to **29**

Combined lower, intermediate and upper secondary school (Kooperative Gesamtschule) → Go to **26**

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

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

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

Month		Year			
<input type="text"/>					

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

28 Which grade do you currently attend?

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

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

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

Month		Year			
<input type="text"/>					

31 How long will your apprenticeship take in total?

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

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

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

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

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

33 Which educational degree is this?

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

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

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

35 Which institution of higher education do you attend?

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

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

37 Where do you study?

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

Major subject 1:

Major subject 2:

Major subject 3:

Minor subject 1:

Minor subject 2:

Minor subject 3:

39 Which degree will you receive with your current studies?

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

Bachelor's degree (teacher's training certificate)

State examination (no teacher's training certificate)

State examination (teacher's training certificate)

Artistic degree

Ecclesiastical degree

Master's degree (no teacher's training certificate)

Master's degree (teacher's training certificate)

Diploma/Magister's degree

Other degree →

Please specify:

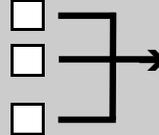
Attention: Remember to check for a "Go to" instruction after you answer the question below.

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

Yes

No

Don't know



Go to **49**

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

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

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

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

Hours per week:

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

Month Year

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

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

Yes → Go to **49**

No

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

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

→ Go to **49**

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

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

Yes

No → Go to **49**

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

Your financial situation

49

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

Financial support from other persons

- Pocket money and regular money from parents, relatives, or others persons close to you → How much:
- Child support → How much:
- Post-marital spouse support, separation support → How much:

Income and earnings

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

- Own income from regular job, full-time or part-time → How much:
- Own income from side job(s) → How much:
- Service pay, expense allowance for Voluntary Year of Social/Ecological Service or Federal Voluntary Service → How much:

Support by the state

- Unemployment benefit I (Arbeitslosengeld I) → How much:
- Unemployment benefit II (Arbeitslosengeld II; Hartz IV, Sozialgeld) → How much:
- BAföG, educational grant → How much:
- Orphan's pension, widow's pension → How much:
- Maternity benefit during maternity leave, parental or child-raising allowance → How much:
- Child allowance → How much:

Other income sources

Scholarship → How much:

Other income sources
↓

Please specify: → How much:

Please specify: → How much:

Please specify: → How much:

Questions about you

50 Are you male or female?

Male
Female

51 When were you born?

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

52 How well do you think you can...

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

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

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

Yes

No →

Go to

57

54 Which language is this?

Italian
Polish
Russian
Turkish

Other language →

Please specify:

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

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

56

In this language, how often do you...

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

57

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

<u>Family/Partner</u>	
Mother (biological, adoptive, step- or foster mother)	<input type="checkbox"/>
Father (biological, adoptive, step- or foster father)	<input type="checkbox"/>
Brothers (including step- and half-brothers)	<input type="checkbox"/>
Sisters (including step- and half-sisters)	<input type="checkbox"/>
Grandparents	<input type="checkbox"/>
Other family members	<input type="checkbox"/>
Partner, husband/wife, boyfriend/girlfriend	<input type="checkbox"/>
Biological, foster, or adoptive children	<input type="checkbox"/>
Partner's biological, foster, or adoptive children	<input type="checkbox"/>
Mother-/father-/parents-in-law	<input type="checkbox"/>
<u>Outside the family</u>	
Flat share	<input type="checkbox"/>
(Student) residential home	<input type="checkbox"/>
Another arrangement	<input type="checkbox"/> → Please specify: <input type="text"/>
<u>Alone</u>	
With no one, I'm living alone.	<input type="checkbox"/>

58

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

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

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

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

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

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

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

Yes

No → **Go to 67**

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

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

62 How old is he/she?

Age in years:

63 What is he/she currently doing?

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

Please specify:

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

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

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

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

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

Please specify:

66 What is his/her background?

German

Italian

Polish

Russian

Turkish

Other background →

Please specify:

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

67 Are you married?

Yes

No →

Go to 69

68 When did you marry?

Month

Year

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

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

Yes

No →

Go to 71

70 How many children do you have?

1

2

3

4

5

More than 5

70a

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

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

Only for respondents with two or more children.

70b

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

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

Only for respondents with three or more children.

70c

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

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

Only for respondents with four or more children.

70d

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

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

Only for respondents with five or more children.

70e

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

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

Your family

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

74 Was your biological mother born abroad?

No → **Go to 76**
Yes

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

Yes, twice or more
Yes, once
No

76 Does your mother currently have a job?

Yes
No
Don't know

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

77 Was your biological father born abroad?

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

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

Yes, twice or more
Yes, once
No

79 Does your father currently have a job?

Yes
No
Don't know

Your feelings and attitudes

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

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

81 How strongly do you feel German?

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

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

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

No other group	<input type="checkbox"/>	→	Go to	85
Italian	<input type="checkbox"/>			
Polish	<input type="checkbox"/>			
Russian	<input type="checkbox"/>			
Turkish	<input type="checkbox"/>			
Other group	<input type="checkbox"/>	→	Please specify:	<input type="text"/>

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

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

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

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

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

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

86 What is your religion?

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

87 How important is religion to you?

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

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

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

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

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

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

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

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

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

Activities and health

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

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

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

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

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

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

96 How often do you...

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

97 What is your height?

Height in cm:

98 What is your weight?

Weight in kg:

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

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

**Postal Questionnaire
(English Translation)**

Questions about you

1 Are you male or female?

Male

Female

2 When were you born?

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

3 How well do you think you can...

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

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

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

Yes

No → **Go to 8**

5 Which language is this?

Italian

Polish

Russian

Turkish

Other language → Please specify:

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

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

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

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

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

Family/Partner

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

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

Brothers (including step- and half-brothers)

Sisters (including step- and half-sisters)

Grandparents

Other family members

Partner, husband/wife, boyfriend/girlfriend

Biological, foster, or adoptive children

Partner's biological, foster, or adoptive children

Mother-/father-/parents-in-law

Outside the family

Flat share

(Student) residential home

Another arrangement → Please specify:

Alone

With no one, I'm living alone.

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

Yes

No

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

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

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

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

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

Yes

No → Go to **18**

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

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

13 How old is he/she?

Age in years:

14 What is he/she currently doing?

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

Something else: →

Please specify:

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

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

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

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

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

Please specify:

17 What is his/her background?

- German
- Italian
- Polish
- Russian
- Turkish

Other background →

Please specify:

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

18 Are you married?

Yes

No →

Go to 20

19 When did you marry?

Month

Year

--	--

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

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

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

Yes

No →

Go to 22

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

Month

Year

Child 1:

--	--

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

Child 2:

--	--

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

Child 3:

--	--

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

Your family

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

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

Was your biological mother born abroad?

No → **Go to 27**
Yes

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

Yes, twice or more
Yes, once
No

27 Does your mother currently have a job?

Yes
No
Don't know

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

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

Was your biological father born abroad?

No → **Go to 30**
Yes, same country as my mother → **Go to 30**
Yes, but different country as my mother

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

Yes, twice or more
Yes, once
No

30 Does your father currently have a job?

Yes
No
Don't know

Your feelings and attitudes

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

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

32 How strongly do you feel German?

Very strongly

Fairly strongly

Not very strongly

Not at all strongly

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

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

No other group → **Go to** **36**

Italian

Polish

Russian

Turkish

Other group → Please specify:

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

Very strongly

Fairly strongly

Not very strongly

Not at all strongly

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

Very important

Fairly important

Not very important

Not at all important

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

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

37 What is your religion?

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

38 How important is religion to you?

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

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

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

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

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

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

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

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

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

Activities and health

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

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

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

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

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

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

47 How often do you...

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

48 What is your height?

Height in cm:

49 What is your weight?

Weight in kg:

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

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

Your current situation

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

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

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

Yes → **Go to** **53**

No

This information is incorrect. → **Go to** **53**

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

Month		Year			
		2	0		

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

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

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

Yes → **Go to 55**

No

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

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

Month		Year			
		2	0		

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

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

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

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

- Apprenticeship degree (mercantile, operational, industrial, agricultural), apprenticeship diploma (craft certificate), dual training degree
- Degree of health care school
- Vocational technical school degree
- Higher full-time vocational school or higher commercial school degree
- Another technical school degree → Please specify:
- Another degree → Please specify:

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

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

- Yes
- No
- Don't know

59 How long did your vocational training take in total?

- 1 to 1.5 years
- 2 to 2.5 years
- 3 to 3.5 years
- 4 years
- More than 4 years
- Other duration →

Please specify:

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

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

Grade	Credits

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

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

Yes

No →

Go to 65

62 Which educational degree is this?

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

Please specify:

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

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

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

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

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

Grade	Credits

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

65 Have you graduated from university since last interview?

Yes

No → **Go to** **68**

66 Which university degree is this?

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

Bachelor's degree (teacher's training certificate)

State examination (no teacher's training certificate)

State examination (teacher's training certificate)

Artistic degree

Ecclesiastical degree

Master's degree (no teacher's training certificate)

Master's degree (teacher's training certificate)

Diploma/Magister's degree

Other degree → Please specify:

67 What overall grade did you get in your university graduation certificate?
 (If you got credit points, please try as best as you can to convert them into grades. If that is not possible, please insert the score in the "credits" column.)

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

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

68 What are you currently doing?

School → **Go to** **69**

Apprenticeship (in a company and in school) → **Go to** **73**

School-based vocational education → **Go to** **78**

Studying → **Go to** **85**

Full-time or part-time job → **Go to** **85**

Vocational preparation year → **Go to** **91**

Internship → **Go to** **91**

Unemployed/nothing → **Go to** **91**

Something else → **Go to** **91**

Please specify:

School

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

69 Which school type do you currently attend?

- Lower secondary school (Hauptschule)
- Intermediate secondary school (Realschule)
- 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:

Go to **71**

- 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 type
- Please specify:

Go to **73**

Combined lower, intermediate and upper secondary school (Kooperative Gesamtschule) → Go to **70**

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

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

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

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

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

72 Which grade do you currently attend?

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

Apprenticeship/Work-related training

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

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

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

75 How long will your apprenticeship take in total?

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

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

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

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	→ Go to 93

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

77 Which educational degree is this?

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

Studying

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

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

79 Which institution of higher education do you attend?

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

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

81 Where do you study?

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

Major subject 1:

Major subject 2:

Major subject 3:

Minor subject 1:

Minor subject 2:

Minor subject 3:

83 Which degree will you receive with your current studies?

- Bachelor's degree (no teacher's training certificate)
- Bachelor's degree (teacher's training certificate)
- State examination (no teacher's training certificate)
- State examination (teacher's training certificate)
- Artistic degree
- Ecclesiastical degree
- Master's degree (no teacher's training certificate)
- Master's degree (teacher's training certificate)
- Diploma/Magister's degree
- Other degree →

Please specify:

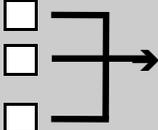
Attention: Remember to check for a "Go to" instruction after you answer the question below.

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

Yes

No

Don't know



Go to 93

Working

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

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

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

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

Hours per week:

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

Month		Year			
<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.

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

Yes → Go to **93**
No

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

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

→ Go to **93**

Vocational preparation/internship/nothing/something else

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

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

Yes
No → Go to **93**

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

Your financial situation

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

Financial support from other persons

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

--	--	--	--

Child support → How much:

--	--	--	--

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

--	--	--	--

Income and earnings

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

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

--	--	--	--

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

--	--	--	--

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

--	--	--	--

Support by the state

Unemployment benefit I (Arbeitslosengeld I) → How much:

--	--	--	--

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

--	--	--	--

BAföG, educational grant → How much:

--	--	--	--

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

--	--	--	--

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

--	--	--	--

Child allowance → How much:

--	--	--	--

Other income sources

Scholarship → How much:

--	--	--	--

Other income sources
↓

Please specify:

--

 → How much:

--	--	--	--

Please specify:

--

 → How much:

--	--	--	--

Please specify:

--

 → How much:

--	--	--	--

End

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire:

**Telephone Questionnaire
(English Translation)**

Your current situation

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

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

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

Yes → Go to **3**

No

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

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

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

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

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

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

Yes → Go to **5**

No

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

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

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

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

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

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

Yes → Go to **7**

No

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

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

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

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

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

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

Yes → Go to **9**

No

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

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

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

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

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

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

Yes → Go to **11**

No

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

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

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

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

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

- Yes, both
- Yes, from vocational training
- Yes, from school → **Go to 18**
- No, I haven't graduated from school or vocational training since last interview. → **Go to 21**

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

- Apprenticeship degree (mercantile, operational, industrial, agricultural), apprenticeship diploma (craft certificate), dual training degree
- Degree of health care school
- Vocational technical school degree
- Higher full-time vocational school or higher commercial school degree
- Another technical school degree → Please specify:
- Another degree → Please specify:

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

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

- Yes
- No
- Don't know

15 How long did your vocational training take in total?

- 1 to 1.5 years
- 2 to 2.5 years
- 3 to 3.5 years
- 4 years
- More than 4 years
- Other duration →

Please specify:

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

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

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

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

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

Yes

No →

Go to

21

18 Which educational degree is this?

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

Please specify:

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

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

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

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

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

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

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

21 Have you graduated from university since last interview?

Yes

No →

Go to

24

22 Which university degree is this?

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

Bachelor's degree (teacher's training certificate)

State examination (no teacher's training certificate)

State examination (teacher's training certificate)

Artistic degree

Ecclesiastical degree

Master's degree (no teacher's training certificate)

Master's degree (teacher's training certificate)

Diploma/Magister's degree

Other degree →

Please specify:

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

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

Grade

Credits

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

24 What are you currently doing?

School →

Go to **25**

Apprenticeship (in a company and in school) →

Go to **29**

School-based vocational education →

Studying →

Go to **34**

Full-time or part-time job →

Go to **41**

Vocational preparation year →

Internship →

Unemployed/nothing →

Go to **47**

Something else →

Please specify:

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

25 Which school type do you currently attend?

- Lower secondary school (Hauptschule)
- Intermediate secondary school (Realschule)
- 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:

Go to **27**

- 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 type
- Please specify:

Go to **29**

Combined lower, intermediate and upper secondary school (Kooperative Gesamtschule) → Go to **26**

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

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

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

Month		Year			
<input type="text"/>					

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

28 Which grade do you currently attend?

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

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

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

Month		Year			
<input type="text"/>					

31 How long will your apprenticeship take in total?

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

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

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

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

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

33 Which educational degree is this?

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

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

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

35 Which institution of higher education do you attend?

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

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

37 Where do you study?

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

Major subject 1:

Major subject 2:

Major subject 3:

Minor subject 1:

Minor subject 2:

Minor subject 3:

39 Which degree will you receive with your current studies?

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

Bachelor's degree (teacher's training certificate)

State examination (no teacher's training certificate)

State examination (teacher's training certificate)

Artistic degree

Ecclesiastical degree

Master's degree (no teacher's training certificate)

Master's degree (teacher's training certificate)

Diploma/Magister's degree

Other degree →

Please specify:

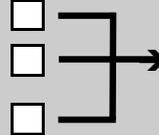
Attention: Remember to check for a "Go to" instruction after you answer the question below.

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

Yes

No

Don't know



Go to **49**

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

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

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

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

Hours per week:

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

Month Year

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

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

Yes → Go to **49**
No

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

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

→ Go to **49**

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

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

Yes
No → Go to **49**

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

Your financial situation

49

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

Financial support from other persons

- Pocket money and regular money from parents, relatives, or others persons close to you → How much:
- Child support → How much:
- Post-marital spouse support, separation support → How much:

Income and earnings

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

- Own income from regular job, full-time or part-time → How much:
- Own income from side job(s) → How much:
- Service pay, expense allowance for Voluntary Year of Social/Ecological Service or Federal Voluntary Service → How much:

Support by the state

- Unemployment benefit I (Arbeitslosengeld I) → How much:
- Unemployment benefit II (Arbeitslosengeld II; Hartz IV, Sozialgeld) → How much:
- BAföG, educational grant → How much:
- Orphan's pension, widow's pension → How much:
- Maternity benefit during maternity leave, parental or child-raising allowance → How much:
- Child allowance → How much:

Other income sources

Scholarship → How much:

Other income sources
↓

Please specify: → How much:

Please specify: → How much:

Please specify: → How much:

Questions about you

50 Are you male or female?

Male
Female

51 When were you born?

Day Month Year
 1 9

52 How well do you think you can...

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

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

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

Yes

No →

Go to

57

54 Which language is this?

Italian
Polish
Russian
Turkish

Other language →

Please specify:

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

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

56

In this language, how often do you...

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

57

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

<u>Family/Partner</u>	
Mother (biological, adoptive, step- or foster mother)	<input type="checkbox"/>
Father (biological, adoptive, step- or foster father)	<input type="checkbox"/>
Brothers (including step- and half-brothers)	<input type="checkbox"/>
Sisters (including step- and half-sisters)	<input type="checkbox"/>
Grandparents	<input type="checkbox"/>
Other family members	<input type="checkbox"/>
Partner, husband/wife, boyfriend/girlfriend	<input type="checkbox"/>
Biological, foster, or adoptive children	<input type="checkbox"/>
Partner's biological, foster, or adoptive children	<input type="checkbox"/>
Mother-/father-/parents-in-law	<input type="checkbox"/>
<u>Outside the family</u>	
Flat share	<input type="checkbox"/>
(Student) residential home	<input type="checkbox"/>
Another arrangement	<input type="checkbox"/> → Please specify: <input style="width: 150px; height: 40px;" type="text"/>
<u>Alone</u>	
With no one, I'm living alone.	<input type="checkbox"/>

58

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

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

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

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

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

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

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

Yes

No → **Go to 67**

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

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

62 How old is he/she?

Age in years:

63 What is he/she currently doing?

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

Please specify:

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

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

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

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

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

Please specify:

66 What is his/her background?

German

Italian

Polish

Russian

Turkish

Other background →

Please specify:

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

67 Are you married?

Yes

No →

Go to 69

68 When did you marry?

Month

Year

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

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

Yes

No →

Go to 71

70 How many children do you have?

1

2

3

4

5

More than 5

70a

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

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

Only for respondents with two or more children.

70b

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

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

Only for respondents with three or more children.

70c

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

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

Only for respondents with four or more children.

70d

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

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

Only for respondents with five or more children.

70e

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

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

Your family

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

74 Was your biological mother born abroad?

No → **Go to 76**

Yes

Biological mother unknown → **Go to 77**

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

Yes, twice or more

Yes, once

No

76 Does your mother currently have a job?

Yes

No

Biological mother already deceased

Don't know

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

77 Was your biological father born abroad?

No → **Go to 79**

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

Yes, but different country as my mother

Biological father unknown → **Go to 80**

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

Yes, twice or more

Yes, once

No

79 Does your father currently have a job?

Yes

No

Biological father already deceased

Don't know

Your feelings and attitudes

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

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

81 How strongly do you feel German?

Very strongly

Fairly strongly

Not very strongly

Not at all strongly

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

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

No other group → **Go to** **85**

Italian

Polish

Russian

Turkish

Other group → Please specify:

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

Very strongly

Fairly strongly

Not very strongly

Not at all strongly

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

Very important

Fairly important

Not very important

Not at all important

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

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

86 What is your religion?

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

87 How important is religion to you?

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

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

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

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

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

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

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

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

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

Activities and health

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

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

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

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

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

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

96 How often do you...

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

97 What is your height?

Height in cm:

98 What is your weight?

Weight in kg:

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

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