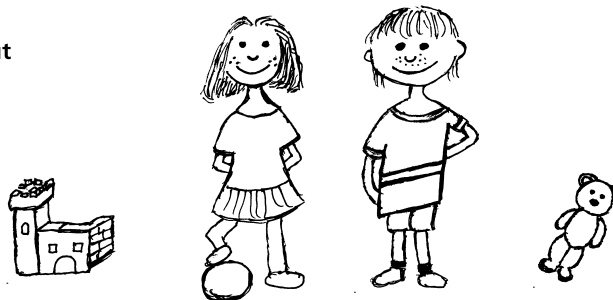




## Wie wachsen Kinder auf? D/R

### Mündlicher Fragebogen für Mütter und alleinerziehende Väter

**Das Interview mit diesem Fragebogen wird durchgeführt mit:**

K. 2

- a der leiblichen Mutter ..... ☐ 1 12
- b dem alleinerziehenden leiblichen Vater ..... ☐ 2
- c der Stiefmutter/Pflegemutter/Adoptivmutter /  
seit mindestens einem Jahr beim Vater lebende neue Partnerin ... ☐ 3

**Vor Interview eintragen:**

Vornamen des Zielkindes: ..... K. 1

Laufende Nummer des Zielkindes: ..... 13-18

Laufende Nummer der Mutter/des Vaters  
(an wen übergeben): ..... 3-8

**Codeziffer des Fragebogens:** ..... 22 K. 1/1-2

| Nr.                                                                       | K. 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 2001.                                                                     | <p>Wie würden Sie Ihr Kind ... <b>(Zielkind nennen = ist das Kind, das auf dem Adressenblatt steht)</b> beschreiben?<br/>Inwieweit treffen die folgenden Aussagen auf Ihr Kind zu?</p> <p> <b>Liste 2001 vorlegen und Vorgaben nacheinander vorlesen!</b></p> <table border="0"> <thead> <tr> <th></th> <th>Trifft voll und ganz zu</th> <th>Trifft eher zu</th> <th>Trifft eher nicht zu</th> <th>Trifft überhaupt nicht zu</th> <th></th> </tr> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th></th> </tr> </thead> <tbody> <tr> <td>Ihr Kind ...</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>● ist gern mit anderen zusammen .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>13</td> </tr> <tr> <td>● rauft gerne .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> 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| ● ist gern mit anderen zusammen .....                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| ● rauft gerne .....                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| ● findet sich o.k. ....                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| ● kann nichts ablenken, wenn es mit etwas angefangen hat .....            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| ● hat Spaß, andere zu ärgern .....                                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| ● merkt, wenn es seinem Freund/seiner Freundin schlecht geht .....        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| ● ist manchmal ängstlich .....                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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<input type="checkbox"/> | <input type="checkbox"/>  | 19                   |                           |  |  |   |   |   |   |  |              |  |  |  |  |  |                                       |                          |                          |                          |                          |    |                     |                          |                          |                          |                          |    |                         |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                    |                          |                          |                          |                          |    |                                                                    |                 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| ● lacht gerne .....                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| ● fällt gelegentlich anderen auf die Nerven .....                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| ● hat viele Ideen .....                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| ● lernt gerne neue Kinder kennen .....                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| ● verliert leicht die Beherrschung .....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| ● mag es lieber, wenn ein anderes Kind sagt, was sie spielen sollen ..... | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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<input type="checkbox"/> | <input type="checkbox"/>  | 30                   |                           |  |  |   |   |   |   |  |              |  |  |  |  |  |                                       |                          |                          |                          |                          |    |                     |                          |                          |                          |                          |    |                         |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                    |                          |                          |                          |                          |    |                                                                    |                 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| ● kann sich gut vorstellen, wie sich andere Kinder so fühlen .....        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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<input type="checkbox"/> | <input type="checkbox"/>  | 31                   |                           |  |  |   |   |   |   |  |              |  |  |  |  |  |                                       |                          |                          |                          |                          |    |                     |                          |                          |                          |                          |    |                         |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                    |                          |                          |                          |                          |    |                                                                    |                 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| ● fängt oft mit jemand Streit an .....                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| ● fühlt sich manchmal unsicher .....                                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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<input type="checkbox"/> | <input type="checkbox"/>  | 33                   |                           |  |  |   |   |   |   |  |              |  |  |  |  |  |                                       |                          |                          |                          |                          |    |                     |                          |                          |                          |                          |    |                         |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                    |                          |                          |                          |                          |    |                                                                    |                 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| ● kann nicht lange stillsitzen .....                                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| ● ist schüchtern .....                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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<input type="checkbox"/> | <input type="checkbox"/>  | 35                   |                           |  |  |   |   |   |   |  |              |  |  |  |  |  |                                       |                          |                          |                          |                          |    |                     |                          |                          |                          |                          |    |                         |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                    |                          |                          |                          |                          |    |                                                                    |                 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| ● probiert gerne neue Sachen aus .....                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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<input type="checkbox"/> | <input type="checkbox"/>  | 36                   |                           |  |  |   |   |   |   |  |              |  |  |  |  |  |                                       |                          |                          |                          |                          |    |                     |                          |                          |                          |                          |    |                         |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                    |                          |                          |                          |                          |    |                                                                    |                 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| ● handelt oft, ohne nachzudenken .....                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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<input type="checkbox"/> | <input type="checkbox"/>  | 37                   |                           |  |  |   |   |   |   |  |              |  |  |  |  |  |                                       |                          |                          |                          |                          |    |                     |                          |                          |                          |                          |    |                         |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                    |                          |                          |                          |                          |    |                                                                    |                 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| ● ist oft wütend auf andere .....                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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<input type="checkbox"/> | <input type="checkbox"/>  | 38                   |                           |  |  |   |   |   |   |  |              |  |  |  |  |  |                                       |                          |                          |                          |                          |    |                     |                          |                          |                          |                          |    |                         |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                    |                          |                          |                          |                          |    |                                                                    |                 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| ● hat manchmal Angst vor fremden Kindern .....                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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<input type="checkbox"/> | <input type="checkbox"/>  | 39                   |                           |  |  |   |   |   |   |  |              |  |  |  |  |  |                                       |                          |                          |                          |                          |    |                     |                          |                          |                          |                          |    |                         |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                    |                          |                          |                          |                          |    |                                                                    |                 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| ● ist oft launisch .....                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| ● setzt sich gegenüber anderen Kindern durch .....                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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<input type="checkbox"/> | <input type="checkbox"/>  | 41                   |                           |  |  |   |   |   |   |  |              |  |  |  |  |  |                                       |                          |                          |                          |                          |    |                     |                          |                          |                          |                          |    |                         |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                    |                          |                          |                          |                          |    |                                                                    |                 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| ● begreift schnell .....                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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<input type="checkbox"/> | <input type="checkbox"/>  | 42                   |                           |  |  |   |   |   |   |  |              |  |  |  |  |  |                                       |                          |                          |                          |                          |    |                     |                          |                          |                          |                          |    |                         |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                    |                          |                          |                          |                          |    |                                                                    |                 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| 2002.                                                                                                            | <p>Inwieweit treffen die folgenden Aussagen auf ... <b>(Zielkind nennen)</b> zu?</p> <p> <b>Liste 2002 vorlegen und Vorgaben nacheinander vorlesen!</b></p> <table border="0"> <thead> <tr> <th></th> <th>Trifft<br/>voll und<br/>ganz zu</th> <th>Trifft<br/>eher<br/>zu</th> <th>Trifft<br/>eher<br/>nicht<br/>zu</th> <th>Trifft<br/>überhaupt<br/>nicht zu</th> <th></th> </tr> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th></th> </tr> </thead> <tbody> <tr> <td>Wenn sich Widerstände auftun, findet mein Kind Mittel und Wege,<br/>um sich durchzusetzen .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>43</td> </tr> <tr> <td>Die Lösung schwieriger Probleme gelingt meinem Kind immer,<br/>wenn es sich darum bemüht .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>44</td> </tr> <tr> <td>Es bereitet meinem Kind keine Schwierigkeiten,<br/>eigene Absichten und Ziele zu verwirklichen .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>45</td> </tr> <tr> <td>In unerwarteten Situationen weiß mein Kind immer,<br/>wie es sich verhalten soll .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>46</td> </tr> <tr> <td>Auch bei überraschenden Ereignissen kommt mein Kind<br/>gut mit diesen zurecht .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>47</td> </tr> <tr> <td>Schwierigkeiten sieht mein Kind gelassen entgegen,<br/>weil es den eigenen Fähigkeiten immer vertrauen kann .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>48</td> </tr> <tr> <td>Mein Kind weiß: Was auch immer passiert,<br/>es wird schon klarkommen .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>49</td> </tr> <tr> <td>Für jedes Problem kann mein Kind eine Lösung finden .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>50</td> </tr> <tr> <td>Wenn eine neue Sache auf mein Kind zukommt,<br/>weiß es, wie es damit umgehen kann .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>51</td> </tr> <tr> <td>Wenn ein Problem auf mein Kind zukommt, hat es meist<br/>mehrere Ideen, wie man es lösen kann .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>52</td> </tr> </tbody> </table> |                             | Trifft<br>voll und<br>ganz zu | Trifft<br>eher<br>zu            | Trifft<br>eher<br>nicht<br>zu | Trifft<br>überhaupt<br>nicht zu |  |  | 1 | 2 | 3 | 4 |  | Wenn sich Widerstände auftun, findet mein Kind Mittel und Wege,<br>um sich durchzusetzen ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 43 | Die Lösung schwieriger Probleme gelingt meinem Kind immer,<br>wenn es sich darum bemüht ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 44 | Es bereitet meinem Kind keine Schwierigkeiten,<br>eigene Absichten und Ziele zu verwirklichen ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45 | In unerwarteten Situationen weiß mein Kind immer,<br>wie es sich verhalten soll ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 46 | Auch bei überraschenden Ereignissen kommt mein Kind<br>gut mit diesen zurecht ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 47 | Schwierigkeiten sieht mein Kind gelassen entgegen,<br>weil es den eigenen Fähigkeiten immer vertrauen kann ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 48 | Mein Kind weiß: Was auch immer passiert,<br>es wird schon klarkommen ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49 | Für jedes Problem kann mein Kind eine Lösung finden ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50 | Wenn eine neue Sache auf mein Kind zukommt,<br>weiß es, wie es damit umgehen kann ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 51 | Wenn ein Problem auf mein Kind zukommt, hat es meist<br>mehrere Ideen, wie man es lösen kann ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 52 |  |
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| Es bereitet meinem Kind keine Schwierigkeiten,<br>eigene Absichten und Ziele zu verwirklichen .....              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| In unerwarteten Situationen weiß mein Kind immer,<br>wie es sich verhalten soll .....                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>    | <input type="checkbox"/>      | <input type="checkbox"/>        | 46                            |                                 |  |  |   |   |   |   |  |                                                                                                |                          |                          |                          |                          |    |                                                                                               |                          |                          |                          |                          |    |                                                                                                     |                          |       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| Auch bei überraschenden Ereignissen kommt mein Kind<br>gut mit diesen zurecht .....                              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Schwierigkeiten sieht mein Kind gelassen entgegen,<br>weil es den eigenen Fähigkeiten immer vertrauen kann ..... | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>    | <input type="checkbox"/>      | <input type="checkbox"/>        | 48                            |                                 |  |  |   |   |   |   |  |                                                                                                |                          |                          |                          |                          |    |                                                                                               |                          |                          |                          |                          |    |                                                                                                     |                          |       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| Mein Kind weiß: Was auch immer passiert,<br>es wird schon klarkommen .....                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Für jedes Problem kann mein Kind eine Lösung finden .....                                                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>    | <input type="checkbox"/>      | <input type="checkbox"/>        | 50                            |                                 |  |  |   |   |   |   |  |                                                                                                |                          |                          |                          |                          |    |                                                                                               |                          |                          |                          |                          |    |                                                                                                     |                          |       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| Wenn eine neue Sache auf mein Kind zukommt,<br>weiß es, wie es damit umgehen kann .....                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Wenn ein Problem auf mein Kind zukommt, hat es meist<br>mehrere Ideen, wie man es lösen kann .....               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| 2003.                                                                                                            | <p>Wie oft ist die Familie vollzählig beim Frühstück, Mittagessen, Abendessen zusammen?</p> <p> <b>Bei Alleinerziehenden sind nur diese und ihr(e) Kinder gemeint.</b></p> <p> <b>Liste 2003 vorlegen und Vorgaben vorlesen!</b></p> <table border="0"> <thead> <tr> <th></th> <th>Täglich</th> <th>Mehrmals<br/>in der<br/>Woche</th> <th>Mehrmals<br/>im<br/>Monat</th> <th>Seltener</th> <th></th> </tr> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th></th> </tr> </thead> <tbody> <tr> <td>Vollzählig beim Frühstück .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>53</td> </tr> <tr> <td>Vollzählig beim Mittagessen .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>54</td> </tr> <tr> <td>Vollzählig beim Abendessen .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>55</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Vollzählig beim Frühstück .....                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Vollzählig beim Mittagessen .....                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Vollzählig beim Abendessen .....                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Nr.                                                                                             | K. 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Weiter mit               |         |           |  |                                                                                                 |                          |                          |    |                                                                     |                          |                          |    |                                                                |                          |                          |    |                                                                               |                          |                          |    |                                                                    |                          |                          |    |                                                               |                          |                          |    |                                                             |                          |                          |    |  |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------|-----------|--|-------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----|---------------------------------------------------------------------|--------------------------|--------------------------|----|----------------------------------------------------------------|--------------------------|--------------------------|----|-------------------------------------------------------------------------------|--------------------------|--------------------------|----|--------------------------------------------------------------------|--------------------------|--------------------------|----|---------------------------------------------------------------|--------------------------|--------------------------|----|-------------------------------------------------------------|--------------------------|--------------------------|----|--|
| 2004.                                                                                           | <p>Sicher kennen Sie diese Art von Konflikt: Sie möchten, dass Ihr Kind etwas machen soll, was es nicht machen will. Wann hatten Sie den letzten Konflikt dieser Art mit ... <b>(Zielkind nennen)?</b></p> <p>War das ...</p> <p> <b>Vorgaben bitte vorlesen!</b></p> <div style="display: flex; justify-content: space-between;"> <div> <ul style="list-style-type: none"> <li>● gestern? ..... <input type="checkbox"/> 1 56</li> <li>● vor ein paar Tagen? ..... <input type="checkbox"/> 2</li> <li>● oder ist das schon länger her? ..... <input type="checkbox"/> 3</li> </ul> <hr/> <p>Ich hatte keinen Konflikt dieser Art ..... <input type="checkbox"/> 4</p> <p>Weiß nicht ..... <input type="checkbox"/> 8</p> </div> <div style="text-align: right;"> <p>2005</p> <hr/> <p>2007</p> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |         |           |  |                                                                                                 |                          |                          |    |                                                                     |                          |                          |    |                                                                |                          |                          |    |                                                                               |                          |                          |    |                                                                    |                          |                          |    |                                                               |                          |                          |    |                                                             |                          |                          |    |  |
| 2005.                                                                                           | <p>Ging es bei diesem Konflikt ...</p> <p> <b>Vorgaben bitte vorlesen!</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Ja<br/>1</th> <th style="text-align: center;">Nein<br/>2</th> <th></th> </tr> </thead> <tbody> <tr> <td>● um das Helfen im Haushalt? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>57</td> </tr> <tr> <td>● um das Aufräumen seines/ihres Zimmers? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>58</td> </tr> <tr> <td>● um das Lernen für die Schule oder um die Hausaufgaben? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>59</td> </tr> <tr> <td>● um die Zeit, wann er/sie ins Bett gehen soll? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>60</td> </tr> <tr> <td>● um die Kleidung, die er/sie anzieht? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>61</td> </tr> <tr> <td>● oder um etwas anderes? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>62</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | Ja<br>1 | Nein<br>2 |  | ● um das Helfen im Haushalt? .....                                                              | <input type="checkbox"/> | <input type="checkbox"/> | 57 | ● um das Aufräumen seines/ihres Zimmers? .....                      | <input type="checkbox"/> | <input type="checkbox"/> | 58 | ● um das Lernen für die Schule oder um die Hausaufgaben? ..... | <input type="checkbox"/> | <input type="checkbox"/> | 59 | ● um die Zeit, wann er/sie ins Bett gehen soll? .....                         | <input type="checkbox"/> | <input type="checkbox"/> | 60 | ● um die Kleidung, die er/sie anzieht? .....                       | <input type="checkbox"/> | <input type="checkbox"/> | 61 | ● oder um etwas anderes? .....                                | <input type="checkbox"/> | <input type="checkbox"/> | 62 |                                                             |                          |                          |    |  |
|                                                                                                 | Ja<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Nein<br>2                |         |           |  |                                                                                                 |                          |                          |    |                                                                     |                          |                          |    |                                                                |                          |                          |    |                                                                               |                          |                          |    |                                                                    |                          |                          |    |                                                               |                          |                          |    |                                                             |                          |                          |    |  |
| ● um das Helfen im Haushalt? .....                                                              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | 57      |           |  |                                                                                                 |                          |                          |    |                                                                     |                          |                          |    |                                                                |                          |                          |    |                                                                               |                          |                          |    |                                                                    |                          |                          |    |                                                               |                          |                          |    |                                                             |                          |                          |    |  |
| ● um das Aufräumen seines/ihres Zimmers? .....                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | 58      |           |  |                                                                                                 |                          |                          |    |                                                                     |                          |                          |    |                                                                |                          |                          |    |                                                                               |                          |                          |    |                                                                    |                          |                          |    |                                                               |                          |                          |    |                                                             |                          |                          |    |  |
| ● um das Lernen für die Schule oder um die Hausaufgaben? .....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | 59      |           |  |                                                                                                 |                          |                          |    |                                                                     |                          |                          |    |                                                                |                          |                          |    |                                                                               |                          |                          |    |                                                                    |                          |                          |    |                                                               |                          |                          |    |                                                             |                          |                          |    |  |
| ● um die Zeit, wann er/sie ins Bett gehen soll? .....                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | 60      |           |  |                                                                                                 |                          |                          |    |                                                                     |                          |                          |    |                                                                |                          |                          |    |                                                                               |                          |                          |    |                                                                    |                          |                          |    |                                                               |                          |                          |    |                                                             |                          |                          |    |  |
| ● um die Kleidung, die er/sie anzieht? .....                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | 61      |           |  |                                                                                                 |                          |                          |    |                                                                     |                          |                          |    |                                                                |                          |                          |    |                                                                               |                          |                          |    |                                                                    |                          |                          |    |                                                               |                          |                          |    |                                                             |                          |                          |    |  |
| ● oder um etwas anderes? .....                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | 62      |           |  |                                                                                                 |                          |                          |    |                                                                     |                          |                          |    |                                                                |                          |                          |    |                                                                               |                          |                          |    |                                                                    |                          |                          |    |                                                               |                          |                          |    |                                                             |                          |                          |    |  |
| 2006.                                                                                           | <p>Und wie haben Sie sich bei diesem Konflikt mit ... <b>(Zielkind)</b> verhalten?</p> <p> <b>Vorgaben bitte vorlesen!</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Ja<br/>1</th> <th style="text-align: center;">Nein<br/>2</th> <th></th> </tr> </thead> <tbody> <tr> <td>Haben Sie versucht, Ihrem Kind ganz vernünftig zu erklären, warum Sie das von ihm wollen? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>63</td> </tr> <tr> <td>Sind Sie wütend geworden und haben mit Ihrem Kind geschimpft? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>64</td> </tr> <tr> <td>Waren Sie einfach sauer und sind weggegangen? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>65</td> </tr> <tr> <td>Haben Sie versucht zu verstehen, warum Ihr Kind es nicht machen wollte? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>66</td> </tr> <tr> <td>Haben Sie eingesehen, warum Ihr Kind es nicht machen wollte? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>67</td> </tr> <tr> <td>Haben Sie nachgegeben, um weiteren Streit zu vermeiden? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>68</td> </tr> <tr> <td>Waren Sie traurig, dass Ihr Kind nicht folgen wollte? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>69</td> </tr> </tbody> </table> |                          | Ja<br>1 | Nein<br>2 |  | Haben Sie versucht, Ihrem Kind ganz vernünftig zu erklären, warum Sie das von ihm wollen? ..... | <input type="checkbox"/> | <input type="checkbox"/> | 63 | Sind Sie wütend geworden und haben mit Ihrem Kind geschimpft? ..... | <input type="checkbox"/> | <input type="checkbox"/> | 64 | Waren Sie einfach sauer und sind weggegangen? .....            | <input type="checkbox"/> | <input type="checkbox"/> | 65 | Haben Sie versucht zu verstehen, warum Ihr Kind es nicht machen wollte? ..... | <input type="checkbox"/> | <input type="checkbox"/> | 66 | Haben Sie eingesehen, warum Ihr Kind es nicht machen wollte? ..... | <input type="checkbox"/> | <input type="checkbox"/> | 67 | Haben Sie nachgegeben, um weiteren Streit zu vermeiden? ..... | <input type="checkbox"/> | <input type="checkbox"/> | 68 | Waren Sie traurig, dass Ihr Kind nicht folgen wollte? ..... | <input type="checkbox"/> | <input type="checkbox"/> | 69 |  |
|                                                                                                 | Ja<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Nein<br>2                |         |           |  |                                                                                                 |                          |                          |    |                                                                     |                          |                          |    |                                                                |                          |                          |    |                                                                               |                          |                          |    |                                                                    |                          |                          |    |                                                               |                          |                          |    |                                                             |                          |                          |    |  |
| Haben Sie versucht, Ihrem Kind ganz vernünftig zu erklären, warum Sie das von ihm wollen? ..... | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | 63      |           |  |                                                                                                 |                          |                          |    |                                                                     |                          |                          |    |                                                                |                          |                          |    |                                                                               |                          |                          |    |                                                                    |                          |                          |    |                                                               |                          |                          |    |                                                             |                          |                          |    |  |
| Sind Sie wütend geworden und haben mit Ihrem Kind geschimpft? .....                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | 64      |           |  |                                                                                                 |                          |                          |    |                                                                     |                          |                          |    |                                                                |                          |                          |    |                                                                               |                          |                          |    |                                                                    |                          |                          |    |                                                               |                          |                          |    |                                                             |                          |                          |    |  |
| Waren Sie einfach sauer und sind weggegangen? .....                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | 65      |           |  |                                                                                                 |                          |                          |    |                                                                     |                          |                          |    |                                                                |                          |                          |    |                                                                               |                          |                          |    |                                                                    |                          |                          |    |                                                               |                          |                          |    |                                                             |                          |                          |    |  |
| Haben Sie versucht zu verstehen, warum Ihr Kind es nicht machen wollte? .....                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | 66      |           |  |                                                                                                 |                          |                          |    |                                                                     |                          |                          |    |                                                                |                          |                          |    |                                                                               |                          |                          |    |                                                                    |                          |                          |    |                                                               |                          |                          |    |                                                             |                          |                          |    |  |
| Haben Sie eingesehen, warum Ihr Kind es nicht machen wollte? .....                              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | 67      |           |  |                                                                                                 |                          |                          |    |                                                                     |                          |                          |    |                                                                |                          |                          |    |                                                                               |                          |                          |    |                                                                    |                          |                          |    |                                                               |                          |                          |    |                                                             |                          |                          |    |  |
| Haben Sie nachgegeben, um weiteren Streit zu vermeiden? .....                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | 68      |           |  |                                                                                                 |                          |                          |    |                                                                     |                          |                          |    |                                                                |                          |                          |    |                                                                               |                          |                          |    |                                                                    |                          |                          |    |                                                               |                          |                          |    |                                                             |                          |                          |    |  |
| Waren Sie traurig, dass Ihr Kind nicht folgen wollte? .....                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | 69      |           |  |                                                                                                 |                          |                          |    |                                                                     |                          |                          |    |                                                                |                          |                          |    |                                                                               |                          |                          |    |                                                                    |                          |                          |    |                                                               |                          |                          |    |                                                             |                          |                          |    |  |

| Nr.                                                                                                                        | K. 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| 2007.                                                                                                                      | <p>Ich lese Ihnen nun einige Ereignisse vor, die das Leben stark verändern können.</p> <p>Bitte sagen Sie mir jeweils, ob ein solches Ereignis in den letzten 12 Monaten in Ihrer Familie vorgekommen ist und wenn ja, ob ... <b>(Zielkind)</b> dieses Ereignis <b>derzeit</b> als sehr belastend, als belastend oder nicht belastend erlebt.</p> <p> <b>Liste 2007 vorlegen!</b></p> <table border="1"> <thead> <tr> <th data-bbox="178 344 790 434"></th> <th colspan="2" data-bbox="790 344 997 434">In den letzten 12 Monaten vorgekommen</th> <th colspan="4" data-bbox="997 344 1390 434">Zielkind erlebt es derzeit als ...</th> </tr> <tr> <th data-bbox="178 434 790 539"></th> <th data-bbox="790 434 917 539">Nein<br/>1</th> <th data-bbox="917 434 997 539">Ja<br/>2</th> <th data-bbox="997 434 1109 539">sehr belastend<br/>1</th> <th data-bbox="1109 434 1220 539">etwas belastend<br/>2</th> <th data-bbox="1220 434 1332 539">nicht belastend<br/>3</th> <th data-bbox="1332 434 1390 539">Weiß nicht<br/>8</th> </tr> </thead> <tbody> <tr> <td data-bbox="178 539 790 629">Familienzuwachs durch Geburt eines weiteren Kindes ....</td> <td data-bbox="790 539 917 629"><input type="checkbox"/></td> <td data-bbox="917 539 997 629"><input type="checkbox"/></td> <td data-bbox="997 539 1109 629"><input type="checkbox"/></td> <td data-bbox="1109 539 1220 629"><input type="checkbox"/></td> <td data-bbox="1220 539 1332 629"><input type="checkbox"/></td> <td data-bbox="1332 539 1390 629"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="178 629 790 707">Familienzuwachs durch weitere Familienmitglieder, z.B. durch neue Partnerschaft .....</td> <td data-bbox="790 629 917 707"><input type="checkbox"/></td> <td data-bbox="917 629 997 707"><input type="checkbox"/></td> <td data-bbox="997 629 1109 707"><input type="checkbox"/></td> <td data-bbox="1109 629 1220 707"><input type="checkbox"/></td> <td data-bbox="1220 629 1332 707"><input type="checkbox"/></td> <td data-bbox="1332 629 1390 707"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="178 707 790 819">Längere Trennung von mindestens einem Elternteil von Ihrem Kind (z.B. wegen Kur oder längerer Krankheit) .....</td> <td data-bbox="790 707 917 819"><input type="checkbox"/></td> <td data-bbox="917 707 997 819"><input type="checkbox"/></td> <td data-bbox="997 707 1109 819"><input type="checkbox"/></td> <td data-bbox="1109 707 1220 819"><input type="checkbox"/></td> <td data-bbox="1220 707 1332 819"><input type="checkbox"/></td> <td data-bbox="1332 707 1390 819"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="178 819 790 864">Schwere Krankheit eines Elternteils von Ihrem Kind .....</td> <td data-bbox="790 819 917 864"><input type="checkbox"/></td> <td data-bbox="917 819 997 864"><input type="checkbox"/></td> <td data-bbox="997 819 1109 864"><input type="checkbox"/></td> <td data-bbox="1109 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type="checkbox"/></td> <td data-bbox="1220 943 1332 987"><input type="checkbox"/></td> <td data-bbox="1332 943 1390 987"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="178 987 790 1032">Auszug eines anderen Familienmitglieds .....</td> <td data-bbox="790 987 917 1032"><input type="checkbox"/></td> <td data-bbox="917 987 997 1032"><input type="checkbox"/></td> <td data-bbox="997 987 1109 1032"><input type="checkbox"/></td> <td data-bbox="1109 987 1220 1032"><input type="checkbox"/></td> <td data-bbox="1220 987 1332 1032"><input type="checkbox"/></td> <td data-bbox="1332 987 1390 1032"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="178 1032 790 1111">Wiedereinstieg von Ihnen oder Ihrem Partner in den Beruf .....</td> <td data-bbox="790 1032 917 1111"><input type="checkbox"/></td> <td data-bbox="917 1032 997 1111"><input type="checkbox"/></td> <td data-bbox="997 1032 1109 1111"><input type="checkbox"/></td> <td data-bbox="1109 1032 1220 1111"><input type="checkbox"/></td> <td data-bbox="1220 1032 1332 1111"><input type="checkbox"/></td> <td data-bbox="1332 1032 1390 1111"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="178 1111 790 1155">Arbeitslosigkeit von Ihnen oder Ihrem Partner .....</td> <td data-bbox="790 1111 917 1155"><input type="checkbox"/></td> <td data-bbox="917 1111 997 1155"><input type="checkbox"/></td> <td data-bbox="997 1111 1109 1155"><input type="checkbox"/></td> <td data-bbox="1109 1111 1220 1155"><input type="checkbox"/></td> <td data-bbox="1220 1111 1332 1155"><input type="checkbox"/></td> <td data-bbox="1332 1111 1390 1155"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="178 1155 790 1200">Sie bzw. die Familie sind umgezogen .....</td> <td data-bbox="790 1155 917 1200"><input type="checkbox"/></td> <td data-bbox="917 1155 997 1200"><input type="checkbox"/></td> <td data-bbox="997 1155 1109 1200"><input type="checkbox"/></td> <td data-bbox="1109 1155 1220 1200"><input type="checkbox"/></td> 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            | <input type="checkbox"/> | <input type="checkbox"/> | Familienzuwachs durch weitere Familienmitglieder, z.B. durch neue Partnerschaft ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                        | Längere Trennung von mindestens einem Elternteil von Ihrem Kind (z.B. wegen Kur oder längerer Krankheit) ..... | <input type="checkbox"/> | <input type="checkbox"/>                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/> | Schwere Krankheit eines Elternteils von Ihrem Kind ..... | <input type="checkbox"/>                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                            | <input type="checkbox"/> | <input type="checkbox"/> | Schwere Krankheit oder Tod eines anderen Familienmitglieds .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Auszug eines Elternteils, Trennung oder Scheidung ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Auszug eines anderen Familienmitglieds ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiedereinstieg von Ihnen oder Ihrem Partner in den Beruf ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Arbeitslosigkeit von Ihnen oder Ihrem Partner ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sie bzw. die Familie sind umgezogen ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Schwere Krankheit oder Tod einer Freundin oder eines Freundes Ihres Kindes ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Krankheit oder Tod eines Haustiers ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
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| Familienzuwachs durch Geburt eines weiteren Kindes ....                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Familienzuwachs durch weitere Familienmitglieder, z.B. durch neue Partnerschaft .....                                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Längere Trennung von mindestens einem Elternteil von Ihrem Kind (z.B. wegen Kur oder längerer Krankheit) .....             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Schwere Krankheit eines Elternteils von Ihrem Kind .....                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Schwere Krankheit oder Tod eines anderen Familienmitglieds .....                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Auszug eines Elternteils, Trennung oder Scheidung .....                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Auszug eines anderen Familienmitglieds .....                                                                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Wiedereinstieg von Ihnen oder Ihrem Partner in den Beruf .....                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Arbeitslosigkeit von Ihnen oder Ihrem Partner .....                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Schwere Krankheit oder Tod einer Freundin oder eines Freundes Ihres Kindes .....                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Krankheit oder Tod eines Haustiers .....                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| 2008.                                                                                                                      | <p>Gab es in den letzten 12 Monaten durch folgende Ereignisse Probleme in Ihrer Familie?</p> <p> <b>Vorgaben bitte vorlesen!</b></p> <table border="1"> <thead> <tr> <th data-bbox="178 1420 1236 1464"></th> <th data-bbox="1236 1420 1332 1464">Ja<br/>1</th> <th data-bbox="1332 1420 1434 1464">Nein<br/>2</th> </tr> </thead> <tbody> <tr> <td data-bbox="178 1464 1236 1509">Probleme durch unerledigte Aufgaben im Haushalt .....</td> <td data-bbox="1236 1464 1332 1509"><input type="checkbox"/></td> <td data-bbox="1332 1464 1434 1509"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="178 1509 1236 1554">Konflikt und Streit zwischen Ihnen und Ihrem Partner .....</td> <td data-bbox="1236 1509 1332 1554"><input type="checkbox"/></td> <td data-bbox="1332 1509 1434 1554"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="178 1554 1236 1599">Probleme durch angespannte Stimmung oder Hektik im Alltag .....</td> <td data-bbox="1236 1554 1332 1599"><input type="checkbox"/></td> <td data-bbox="1332 1554 1434 1599"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="178 1599 1236 1677">Probleme durch körperliche Krankheit oder Tod eines nahen Familienmitglieds, auch wenn dieses nicht im Haushalt lebt .....</td> <td data-bbox="1236 1599 1332 1677"><input type="checkbox"/></td> <td data-bbox="1332 1599 1434 1677"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="178 1677 1236 1722">Verhaltensprobleme eines oder mehrerer Ihrer Kinder .....</td> <td data-bbox="1236 1677 1332 1722"><input type="checkbox"/></td> <td data-bbox="1332 1677 1434 1722"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="178 1722 1236 1767">Probleme durch das Verhalten Ihrer Eltern oder Schwiegereltern .....</td> <td data-bbox="1236 1722 1332 1767"><input type="checkbox"/></td> <td data-bbox="1332 1722 1434 1767"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="178 1767 1236 1812">Schulprobleme .....</td> <td data-bbox="1236 1767 1332 1812"><input type="checkbox"/></td> <td data-bbox="1332 1767 1434 1812"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="178 1812 1236 1856">Probleme durch zu wenig Geld in der Familienkasse .....</td> <td data-bbox="1236 1812 1332 1856"><input type="checkbox"/></td> <td data-bbox="1332 1812 1434 1856"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="178 1856 1236 1901">Probleme bei Ihnen oder Ihrem Partner, z.B. Alkohol oder Gerichtsprozesse .....</td> <td data-bbox="1236 1856 1332 1901"><input type="checkbox"/></td> <td data-bbox="1332 1856 1434 1901"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="178 1901 1236 1946">Gesundheitliche Probleme eines oder mehrerer Ihrer Kinder .....</td> <td data-bbox="1236 1901 1332 1946"><input type="checkbox"/></td> <td data-bbox="1332 1901 1434 1946"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="178 1946 1236 1991">Probleme, miteinander zurechtzukommen .....</td> <td data-bbox="1236 1946 1332 1991"><input type="checkbox"/></td> <td data-bbox="1332 1946 1434 1991"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="178 1991 1236 2036">Probleme bezüglich der Frage, wer welche Aufgaben im Haushalt übernimmt .....</td> <td data-bbox="1236 1991 1332 2036"><input type="checkbox"/></td> <td data-bbox="1332 1991 1434 2036"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="178 2036 1236 2080">Probleme durch beruflichen Streß bei Ihnen 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<input type="checkbox"/> | <input type="checkbox"/> | Probleme durch körperliche Krankheit oder Tod eines nahen Familienmitglieds, auch wenn dieses nicht im Haushalt lebt ..... | <input type="checkbox"/> | <input type="checkbox"/>                                | Verhaltensprobleme eines oder mehrerer Ihrer Kinder ..... | <input type="checkbox"/> | <input type="checkbox"/> | Probleme durch das Verhalten Ihrer Eltern oder Schwiegereltern ..... | <input type="checkbox"/> | <input type="checkbox"/> | Schulprobleme .....                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | Probleme durch zu wenig Geld in der Familienkasse ..... | <input type="checkbox"/> | <input type="checkbox"/> | Probleme bei Ihnen oder Ihrem Partner, z.B. Alkohol oder Gerichtsprozesse ..... | <input type="checkbox"/>                                                                                       | <input type="checkbox"/> | Gesundheitliche Probleme eines oder mehrerer Ihrer Kinder ..... | <input type="checkbox"/> | <input type="checkbox"/> | Probleme, miteinander zurechtzukommen ..... | <input type="checkbox"/> | <input type="checkbox"/>                                 | Probleme bezüglich der Frage, wer welche Aufgaben im Haushalt übernimmt ..... | <input type="checkbox"/> | <input type="checkbox"/> | Probleme durch beruflichen Streß bei Ihnen oder Ihrem Partner ..... | <input type="checkbox"/> | <input type="checkbox"/> | Probleme durch Mangel an Zeit zum Entspannen und Abschalten ..... | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                                                         |                          |                          |                          |                          |                          |                          |                                              |                          |                          |                          |                          |                          |                          |                                                                |                          |                          |                          |                          |                          |                          |                                                     |                          |                          |                          |                          |                          |                          |                                           |                          |                          |                          |                          |                          |                          |                                                                                  |                          |                          |                          |                          |                          |                          |                                          |                          |                          |                          |                          |                          |                          |  |
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| Konflikt und Streit zwischen Ihnen und Ihrem Partner .....                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Verhaltensprobleme eines oder mehrerer Ihrer Kinder .....                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Probleme durch das Verhalten Ihrer Eltern oder Schwiegereltern .....                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Probleme bei Ihnen oder Ihrem Partner, z.B. 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| Gesundheitliche Probleme eines oder mehrerer Ihrer Kinder .....                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Probleme, miteinander zurechtzukommen .....                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Probleme bezüglich der Frage, wer welche Aufgaben im Haushalt übernimmt .....                                              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Probleme durch beruflichen Streß bei Ihnen oder Ihrem Partner .....                                                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Probleme durch Mangel an Zeit zum Entspannen und Abschalten .....                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Nr.   | K. 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Weiter mit                     |
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| 2009. | <p>Haben Sie in den letzten 12 Monaten eine oder mehrere der folgenden Angebote oder Einrichtungen in Anspruch genommen?</p> <p style="text-align: right;"><b>Ja</b>      <b>Nein</b></p> <p style="text-align: center;">1                      2</p> <p> <b>Vorgaben bitte vorlesen!</b></p> <p>Angebot einer Familienbildungsstätte ..... <input type="checkbox"/> ..... <input type="checkbox"/> 108</p> <p>Beratung in Partnerschafts-, Familien- oder Erziehungsfragen ..... <input type="checkbox"/> ..... <input type="checkbox"/> 109</p> <p>Wirtschaftliche Hilfen des Jugendamtes ..... <input type="checkbox"/> ..... <input type="checkbox"/> 110</p> <p>Sozialpädagogische Familienhilfe ..... <input type="checkbox"/> ..... <input type="checkbox"/> 111</p> <p>Sozialpädagogische Tagesgruppe für Kinder ..... <input type="checkbox"/> ..... <input type="checkbox"/> 112</p> <p>Beratung durch Erzieherinnen in Kindergarten oder Hort ..... <input type="checkbox"/> ..... <input type="checkbox"/> 113</p> <p>Schulpsychologe, Kindertherapeut ..... <input type="checkbox"/> ..... <input type="checkbox"/> 114</p> <p>Beratung durch Lehrer, Lehrerinnen bzw. Schule ..... <input type="checkbox"/> ..... <input type="checkbox"/> 115</p> <p>Andere Beratung oder Hilfe durch das Jugendamt ..... <input type="checkbox"/> ..... <input type="checkbox"/> 116</p> <p>Sonstige Hilfe ..... <input type="checkbox"/> ..... <input type="checkbox"/> 117</p> |                                |
| 2010. | <p>Jetzt geht es um Taschengeld.<br/>Bekommt ... (<b>Zielkind nennen</b>) Taschengeld, das er/sie ganz für sich allein verwenden kann?</p> <p style="text-align: right;">Ja ..... <input type="checkbox"/> 1 118</p> <hr/> <p style="text-align: right;">Nein ..... <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>2011</p> <p><b>2101</b></p> |
| 2011. | <p>Ist das immer ein fester Betrag?</p> <p style="text-align: right;">Ja ..... <input type="checkbox"/> 1 119</p> <hr/> <p style="text-align: right;">Nein ..... <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p>2012</p> <p><b>2101</b></p> |
| 2012. | <p>Wie hoch ist dieser Betrag? Bitte sagen Sie mir dazu, ob das pro Tag, pro Woche oder pro Monat ist.</p> <p style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> Euro    <input type="text"/> <input type="text"/> <input type="text"/> Cent<br/> <small>120-122                      123-124</small> </p> <p> <b>Bitte zusätzlich ankreuzen:</b></p> <p>pro Tag ..... <input type="checkbox"/> 1 125</p> <p>pro Woche ..... <input type="checkbox"/> 2</p> <p>pro Monat ..... <input type="checkbox"/> 3</p> <p>Kind bekommt Taschengeld unregelmäßig ..... <input type="checkbox"/> 4</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |

| Nr.                                                        | K. 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| 2101.                                                      | <p>Auf welche Schule geht ... <i>(Zielkind nennen)</i>?</p> <p>Grundschule ..... <input type="checkbox"/> 1 12</p> <p>Förderschule, Sonderschule, Sprachheilschule ..... <input type="checkbox"/> 2</p> <p>Grundschule mit einem besonderen pädagogischen Konzept, z.B. Montessori, Waldorf ..... <input type="checkbox"/> 3</p> <p>Sonstige Schule ..... <input type="checkbox"/> 4</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 2102.                                                      | <p>In welchem Jahr wurde ... <i>(Zielkind)</i> eingeschult? <span style="float: right;"> _ _ _ _  13-16</span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 2103.                                                      | <p>In welcher Betreuungsform war ... <i>(Zielkind)</i> vorher?</p> <p> <b>Vorgaben bitte vorlesen!</b></p> <table style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Ja<br/>1</th> <th style="text-align: center;">Nein<br/>2</th> <th></th> </tr> </thead> <tbody> <tr> <td>In einer Krippe .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>17</td> </tr> <tr> <td>In einer Kleinkindergruppe mit mindestens 5 Kindern .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>18</td> </tr> <tr> <td>In einem Kindergarten .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>19</td> </tr> <tr> <td>In einer Vorschule .....</td> <td style="text-align: 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type="checkbox"/> | 18                       | In einem Kindergarten .....                               | <input type="checkbox"/> | <input type="checkbox"/> | 19    | In einer Vorschule ..... | <input type="checkbox"/> | <input type="checkbox"/> | 20                       | Bei einer Tagesmutter ..... | <input type="checkbox"/> | <input type="checkbox"/> | 21    | Bei einer anderen Betreuungsperson ..... | <input type="checkbox"/> | <input type="checkbox"/> | 22                       |                          |                          |                          |       |             |                          |                          |                          |                          |                          |                          |       |             |                          |                          |                          |                          |                          |                          |       |                        |                          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| In einer Kleinkindergruppe mit mindestens 5 Kindern .....  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| In einem Kindergarten .....                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Bei einer Tagesmutter .....                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Bei einer anderen Betreuungsperson .....                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| 2104.                                                      | <p> <b>Fragen bitte vorlesen:</b></p> <table style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Ja<br/>1</th> <th style="text-align: center;">Nein<br/>2</th> <th></th> </tr> </thead> <tbody> <tr> <td>● Wurde ... <i>(Zielkind)</i> vorzeitig eingeschult? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>23</td> </tr> <tr> <td>● Wurde ... <i>(Zielkind)</i> zurückgestellt? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>24</td> </tr> <tr> <td>● Hat ... <i>(Zielkind)</i> eine Klasse wiederholt? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>25</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | Ja<br>1                  | Nein<br>2                |                          | ● Wurde ... <i>(Zielkind)</i> vorzeitig eingeschult? ..... | <input type="checkbox"/> | <input type="checkbox"/>        | 23                       | ● Wurde ... <i>(Zielkind)</i> zurückgestellt? .....       | <input type="checkbox"/>       | <input type="checkbox"/> | 24                       | ● Hat ... <i>(Zielkind)</i> eine Klasse wiederholt? ..... | <input type="checkbox"/> | <input type="checkbox"/> | 25    |                          |                          |                          |                          |                             |                          |                          |       |                                          |                          |                          |                          |                          |                          |                          |       |             |                          |                          |                          |                          |                          |                          |       |             |                          |                          |                          |                          |                          |                          |       |                        |                          |                          |                          |                          |                          |                          |       |                                   |                          |                          |                          |                          |                          |                          |       |  |
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| ● Wurde ... <i>(Zielkind)</i> vorzeitig eingeschult? ..... | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| ● Wurde ... <i>(Zielkind)</i> zurückgestellt? .....        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| ● Hat ... <i>(Zielkind)</i> eine Klasse wiederholt? .....  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| 2105.                                                      | <p>Wie zufrieden sind Sie insgesamt mit den schulischen Leistungen von ... <i>(Zielkind)</i>?</p> <p> <b>Vorgaben bitte vorlesen!</b></p> <table style="width: 100%;"> <tbody> <tr> <td>● Sehr zufrieden? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>1 26</td> </tr> <tr> <td>● eher zufrieden? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>● eher unzufrieden? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>3</td> </tr> <tr> <td>● oder sehr unzufrieden? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>4</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ● Sehr zufrieden? 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| ● eher zufrieden? .....                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| ● oder sehr unzufrieden? .....                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| 2106.                                                      | <p>Wie gut ist ... <i>(Zielkind)</i> in den einzelnen Fächern?</p> <p> <b>Liste 2106 vorlegen und Vorgaben vorlesen!</b></p> <table style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Sehr gut<br/>1</th> <th style="text-align: center;">Gut<br/>2</th> <th style="text-align: center;">Nicht so gut<br/>3</th> <th style="text-align: center;">Überhaupt nicht gut<br/>4</th> <th style="text-align: center;">Weiß nicht<br/>8</th> <th style="text-align: center;">Kind hat dieses Fach nicht<br/>6</th> <th></th> </tr> </thead> <tbody> <tr> <td>Rechnen / Mathematik .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: 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style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>33-34</td> </tr> <tr> <td>Musik .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>35-36</td> </tr> <tr> <td>Zeichnen / Kunst .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: 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<input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> | 27-28 | Rechtschreiben .....     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | 29-30 | Lesen .....                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31-32 | Sport ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33-34 | Musik ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35-36 | Zeichnen / Kunst ..... | <input 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|                                                            | Sehr gut<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 2107.                                                                                                            | <p>Wie häufig haben Sie im letzten Schuljahr mit dem Lehrer oder der Lehrerin von ... <b>(Zielkind nennen)</b> Gespräche geführt?</p> <p>Nie ..... <input type="checkbox"/> 1 41</p> <p>1- bis 2-mal ..... <input type="checkbox"/> 2</p> <p>Öfters ..... <input type="checkbox"/> 3</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                              |                                |                           |                                |                      |                          |                                                                                 |                          |                          |                          |                          |                          |    |                                                                                                                  |                          |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |                          |    |                                                                                          |                          |                          |                          |                          |                          |    |  |
| 2108.                                                                                                            | <p>Inwieweit treffen die folgenden Aussagen auf ... <b>(Zielkind)</b> zu?</p> <p> <b>Liste 2108 vorlegen und Vorgaben vorlesen!</b></p> <table border="0"> <thead> <tr> <th></th> <th>Trifft voll und ganz zu<br/>1</th> <th>Trifft eher zu<br/>2</th> <th>Trifft eher nicht zu<br/>3</th> <th>Trifft überhaupt nicht zu<br/>4</th> <th>Weiß nicht<br/>8</th> <th></th> </tr> </thead> <tbody> <tr> <td>... <b>(Zielkind)</b> versteht sich gut mit seinen/ihren Klassenkameraden .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>42</td> </tr> <tr> <td>... <b>(Zielkind)</b> geht gerne in die Schule .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>43</td> </tr> <tr> <td>... <b>(Zielkind)</b> kommt im Unterricht gut mit .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>44</td> </tr> <tr> <td>... <b>(Zielkind)</b> kommt mit dem jetzigen Lehrer oder der Lehrerin gut aus .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>45</td> </tr> </tbody> </table>                                                                                                                                 |                          | Trifft voll und ganz zu<br>1 | Trifft eher zu<br>2            | Trifft eher nicht zu<br>3 | Trifft überhaupt nicht zu<br>4 | Weiß nicht<br>8      |                          | ... <b>(Zielkind)</b> versteht sich gut mit seinen/ihren Klassenkameraden ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 42 | ... <b>(Zielkind)</b> geht gerne in die Schule .....                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 43 | ... <b>(Zielkind)</b> kommt im Unterricht gut mit .....                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 44 | ... <b>(Zielkind)</b> kommt mit dem jetzigen Lehrer oder der Lehrerin gut aus .....      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45 |  |
|                                                                                                                  | Trifft voll und ganz zu<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Trifft eher zu<br>2      | Trifft eher nicht zu<br>3    | Trifft überhaupt nicht zu<br>4 | Weiß nicht<br>8           |                                |                      |                          |                                                                                 |                          |                          |                          |                          |                          |    |                                                                                                                  |                          |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |                          |    |                                                                                          |                          |                          |                          |                          |                          |    |  |
| ... <b>(Zielkind)</b> versteht sich gut mit seinen/ihren Klassenkameraden .....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>       | <input type="checkbox"/>  | 42                             |                      |                          |                                                                                 |                          |                          |                          |                          |                          |    |                                                                                                                  |                          |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |                          |    |                                                                                          |                          |                          |                          |                          |                          |    |  |
| ... <b>(Zielkind)</b> geht gerne in die Schule .....                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>       | <input type="checkbox"/>  | 43                             |                      |                          |                                                                                 |                          |                          |                          |                          |                          |    |                                                                                                                  |                          |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |                          |    |                                                                                          |                          |                          |                          |                          |                          |    |  |
| ... <b>(Zielkind)</b> kommt im Unterricht gut mit .....                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>       | <input type="checkbox"/>  | 44                             |                      |                          |                                                                                 |                          |                          |                          |                          |                          |    |                                                                                                                  |                          |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |                          |    |                                                                                          |                          |                          |                          |                          |                          |    |  |
| ... <b>(Zielkind)</b> kommt mit dem jetzigen Lehrer oder der Lehrerin gut aus .....                              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>       | <input type="checkbox"/>  | 45                             |                      |                          |                                                                                 |                          |                          |                          |                          |                          |    |                                                                                                                  |                          |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |                          |    |                                                                                          |                          |                          |                          |                          |                          |    |  |
| 2109.                                                                                                            | <p>Manche Kinder haben in der Schule Probleme. Inwieweit treffen die folgenden Aussagen auf ... <b>(Zielkind)</b> zu?</p> <p> <b>Liste 2109 vorlegen und Vorgaben vorlesen!</b></p> <table border="0"> <thead> <tr> <th></th> <th>Trifft voll und ganz zu<br/>1</th> <th>Trifft eher zu<br/>2</th> <th>Trifft eher nicht zu<br/>3</th> <th>Trifft überhaupt nicht zu<br/>4</th> <th>Weiß nicht<br/>8</th> <th></th> </tr> </thead> <tbody> <tr> <td>... <b>(Zielkind)</b> ist sehr aufgeregt, wenn es im Unterricht drankommt .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>46</td> </tr> <tr> <td>... <b>(Zielkind)</b> macht sich Sorgen darüber, wie er/sie am nächsten Tag in der Schule abschneiden wird .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>47</td> </tr> <tr> <td>... <b>(Zielkind)</b> hat Angst vor der Lehrerin oder vor dem Lehrer .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>48</td> </tr> <tr> <td>... <b>(Zielkind)</b> klagt vor Tests oder Arbeiten über Kopf- oder Bauchschmerzen .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>49</td> </tr> </tbody> </table> |                          | Trifft voll und ganz zu<br>1 | Trifft eher zu<br>2            | Trifft eher nicht zu<br>3 | Trifft überhaupt nicht zu<br>4 | Weiß nicht<br>8      |                          | ... <b>(Zielkind)</b> ist sehr aufgeregt, wenn es im Unterricht drankommt ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 46 | ... <b>(Zielkind)</b> macht sich Sorgen darüber, wie er/sie am nächsten Tag in der Schule abschneiden wird ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 47 | ... <b>(Zielkind)</b> hat Angst vor der Lehrerin oder vor dem Lehrer ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 48 | ... <b>(Zielkind)</b> klagt vor Tests oder Arbeiten über Kopf- oder Bauchschmerzen ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49 |  |
|                                                                                                                  | Trifft voll und ganz zu<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Trifft eher zu<br>2      | Trifft eher nicht zu<br>3    | Trifft überhaupt nicht zu<br>4 | Weiß nicht<br>8           |                                |                      |                          |                                                                                 |                          |                          |                          |                          |                          |    |                                                                                                                  |                          |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |                          |    |                                                                                          |                          |                          |                          |                          |                          |    |  |
| ... <b>(Zielkind)</b> ist sehr aufgeregt, wenn es im Unterricht drankommt .....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>       | <input type="checkbox"/>  | 46                             |                      |                          |                                                                                 |                          |                          |                          |                          |                          |    |                                                                                                                  |                          |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |                          |    |                                                                                          |                          |                          |                          |                          |                          |    |  |
| ... <b>(Zielkind)</b> macht sich Sorgen darüber, wie er/sie am nächsten Tag in der Schule abschneiden wird ..... | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>       | <input type="checkbox"/>  | 47                             |                      |                          |                                                                                 |                          |                          |                          |                          |                          |    |                                                                                                                  |                          |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |                          |    |                                                                                          |                          |                          |                          |                          |                          |    |  |
| ... <b>(Zielkind)</b> hat Angst vor der Lehrerin oder vor dem Lehrer .....                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>       | <input type="checkbox"/>  | 48                             |                      |                          |                                                                                 |                          |                          |                          |                          |                          |    |                                                                                                                  |                          |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |                          |    |                                                                                          |                          |                          |                          |                          |                          |    |  |
| ... <b>(Zielkind)</b> klagt vor Tests oder Arbeiten über Kopf- oder Bauchschmerzen .....                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>       | <input type="checkbox"/>  | 49                             |                      |                          |                                                                                 |                          |                          |                          |                          |                          |    |                                                                                                                  |                          |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |                          |    |                                                                                          |                          |                          |                          |                          |                          |    |  |
| 2110.                                                                                                            | <p>Wie oft haben Sie in den letzten 12 Monaten einen Elternabend besucht?</p> <p>Nie ..... <input type="checkbox"/> 1 54</p> <p>Einmal ..... <input type="checkbox"/> 2</p> <p>Zweimal ..... <input type="checkbox"/> 3</p> <p>Öfters ..... <input type="checkbox"/> 4</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                              |                                |                           |                                |                      |                          |                                                                                 |                          |                          |                          |                          |                          |    |                                                                                                                  |                          |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |                          |    |                                                                                          |                          |                          |                          |                          |                          |    |  |
| 2111.                                                                                                            | <p>Haben Sie in den letzten 12 Monaten bei Aktivitäten in der Schule mitgewirkt, z.B. bei Sommerfesten, Wandertagen etc.?</p> <p>Ja ..... <input type="checkbox"/> 1 55-56</p> <p>Nein ..... <input type="checkbox"/> 2</p> <p>Es gab keine Aktivitäten, bei denen die Eltern mitwirken konnten .... <input type="checkbox"/> 6</p> <p>Ich weiß nicht, ob es so was gibt ..... <input type="checkbox"/> 8</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                              |                                |                           |                                |                      |                          |                                                                                 |                          |                          |                          |                          |                          |    |                                                                                                                  |                          |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |                          |    |                                                                                          |                          |                          |                          |                          |                          |    |  |
| 2112.                                                                                                            | <p>Welche Note würden Sie der Schule insgesamt geben?</p> <p> <b>Liste 2112 vorlegen!</b></p> <table border="0"> <thead> <tr> <th>Sehr gut<br/>1</th> <th>Gut<br/>2</th> <th>Befriedigend<br/>3</th> <th>Ausreichend<br/>4</th> <th>Mangelhaft<br/>5</th> <th>Un-<br/>genügend<br/>6</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Sehr gut<br>1            | Gut<br>2                     | Befriedigend<br>3              | Ausreichend<br>4          | Mangelhaft<br>5                | Un-<br>genügend<br>6 | <input type="checkbox"/> | <input type="checkbox"/>                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 57-58                    |    |                                                                                                                  |                          |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |                          |    |                                                                                          |                          |                          |                          |                          |                          |    |  |
| Sehr gut<br>1                                                                                                    | Gut<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Befriedigend<br>3        | Ausreichend<br>4             | Mangelhaft<br>5                | Un-<br>genügend<br>6      |                                |                      |                          |                                                                                 |                          |                          |                          |                          |                          |    |                                                                                                                  |                          |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |                          |    |                                                                                          |                          |                          |                          |                          |                          |    |  |
| <input type="checkbox"/>                                                                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>       | <input type="checkbox"/>  |                                |                      |                          |                                                                                 |                          |                          |                          |                          |                          |    |                                                                                                                  |                          |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |                          |    |                                                                                          |                          |                          |                          |                          |                          |    |  |



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|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 2113. | <p style="text-align: right;">K. 3</p> <p>Ich lese Ihnen nun Einrichtungen zur Betreuung von Kindern vor.<br/>Sagen Sie mir bitte jeweils,</p> <ul style="list-style-type: none"> <li>● ob es eine solche Einrichtung in Ihrer Nähe gibt, und wenn es diese gibt,</li> <li>● ob ... (<b>Zielkind nennen</b>) diese Einrichtung besucht.</li> </ul> <p> <b>Vorgaben bitte vorlesen!</b></p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Gibt es</div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">Ja<br/>1</div> <div style="text-align: center;">Nein<br/>2</div> </div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Wird von Kind besucht</div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">Ja<br/>1</div> <div style="text-align: center;">Nein<br/>2</div> </div> </div> </div> <p style="margin-left: 100px;">Gibt es bzw. besucht ... (<b>Zielkind</b>):</p> <ul style="list-style-type: none"> <li>● eine Ganztagschule? ..... <input type="checkbox"/> ..... <input type="checkbox"/> 59 ..... <input type="checkbox"/> ..... <input type="checkbox"/> 60</li> <li>● eine Mittagsbetreuung? ..... <input type="checkbox"/> ..... <input type="checkbox"/> 61 ..... <input type="checkbox"/> ..... <input type="checkbox"/> 62</li> <li>● eine offene Nachmittagsbetreuung ..... <input type="checkbox"/> ..... <input type="checkbox"/> 63 ..... <input type="checkbox"/> ..... <input type="checkbox"/> 64</li> <li>● eine Hausaufgabenbetreuung ..... <input type="checkbox"/> ..... <input type="checkbox"/> 65 ..... <input type="checkbox"/> ..... <input type="checkbox"/> 66</li> </ul> |                                |
| 2114. | <p>Besucht ... (<b>Zielkind</b>) einen Hort?</p> <div style="text-align: right;"> <p>Ja ..... <input type="checkbox"/> 1 67</p> <p>Nein ..... <input type="checkbox"/> 2</p> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>2115</p> <p><b>2123</b></p> |
| 2115. | <p>Und warum besucht ... (<b>Zielkind</b>) einen Hort?<br/>Welche Gründe treffen eher zu, und welche treffen eher nicht zu?</p> <p> <b>Vorgaben bitte vorlesen!</b></p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>Haben Sie sich für den Hort entschieden ...</p> </div> <div style="text-align: center;"> <div style="display: flex; flex-direction: column;"> <div>Trifft eher zu</div> <div>1</div> </div> <div style="display: flex; flex-direction: column;"> <div>Trifft eher nicht zu</div> <div>2</div> </div> </div> <ul style="list-style-type: none"> <li>● weil Sie berufstätig sind? ..... <input type="checkbox"/> ..... <input type="checkbox"/> 68</li> <li>● weil Ihr Kind mit anderen Kindern zusammenkommt? ..... <input type="checkbox"/> ..... <input type="checkbox"/> 69</li> <li>● weil Sie möchten, dass Ihr Kind bei den Hausaufgaben betreut wird? ..... <input type="checkbox"/> ..... <input type="checkbox"/> 70</li> <li>● weil die Einrichtung Ihrem Kind mehr Lernmöglichkeiten bieten kann als die Familie? ... <input type="checkbox"/> ..... <input type="checkbox"/> 71</li> <li>● weil Sie finden, dass Ihr Kind dort manchmal besser aufgehoben ist als zu Hause? ..... <input type="checkbox"/> ..... <input type="checkbox"/> 72</li> <li>● weil es zu Hause zu hektisch ist und es zu viele Probleme gibt? ..... <input type="checkbox"/> ..... <input type="checkbox"/> 73</li> <li>● weil den Kindern dort beigebracht wird, diszipliniert zu sein? ..... <input type="checkbox"/> ..... <input type="checkbox"/> 74</li> <li>● weil dort das Selbstwertgefühl und die Selbständigkeit Ihres Kindes gefördert wird? ..... <input type="checkbox"/> ..... <input type="checkbox"/> 75</li> </ul> </div>                                                                                              |                                |
| 2116. | <p>Wie gerne geht ... (<b>Zielkind</b>) in den Hort?</p> <p> <b>Vorgaben bitte vorlesen!</b></p> <ul style="list-style-type: none"> <li>● Sehr gerne? ..... <input type="checkbox"/> 1 76</li> <li>● eher gerne? ..... <input type="checkbox"/> 2</li> <li>● eher ungern? ..... <input type="checkbox"/> 3</li> <li>● oder überhaupt nicht gern? .. <input type="checkbox"/> 4</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |
| 2117. | <p>Wie heißt dieser Hort?</p> <p>Bitte nennen Sie mir den genauen Namen. _____</p> <p style="text-align: right;">K. 49<br/>112-211</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |

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| 2118.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p>Wo liegt die Einrichtung? Nennen Sie mir bitte die Postleitzahl;<br/>falls Sie die Postleitzahl nicht kennen, nennen Sie bitte den Ort und gegebenenfalls den Stadtteil.</p> <p>Postleitzahl: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>      Ort: _____</p> <p style="text-align: center; margin-left: 100px;">K. 3    77-81</p> <p style="text-align: right; margin-right: 100px;">K. 49<br/>212-311</p> <p style="text-align: right; margin-right: 100px;">Stadtteil: _____      312-411</p>                                                                                                                                                                                                                                            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| 2120.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p>Wie zufrieden sind Sie mit den folgenden Rahmenbedingungen in der Einrichtung?</p> <p> <b>Liste 2120 vorlegen und Vorgaben bitte vorlesen!</b></p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 10%; text-align: center;">Sehr<br/>zufrieden</th> <th style="width: 10%; text-align: center;">Eher<br/>zufrieden</th> <th style="width: 10%; text-align: center;">Eher<br/>nicht<br/>zufrieden</th> <th style="width: 10%; text-align: center;">Überhaupt<br/>nicht<br/>zufrieden</th> <th style="width: 10%; text-align: center;">Trifft<br/>nicht<br/>zu</th> <th style="width: 10%;"></th> </tr> <tr> <th style="text-align: left;">Wie zufrieden sind Sie ...</th> <th style="text-align: center;">1</th> <th style="text-align: center;">2</th> <th style="text-align: center;">3</th> <th style="text-align: center;">4</th> <th style="text-align: center;">6</th> <th></th> </tr> </thead> <tbody> <tr> <td>● mit den täglichen Öffnungszeiten? 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| ● mit der Entfernung zu Ihrer Wohnung? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| ● mit der Entfernung zu Ihrem Arbeitsplatz? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| ● mit den Kosten? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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type="checkbox"/>   | 102-103                         |                       |   |                            |   |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| ● mit der Entfernung zur Schule Ihres Kindes? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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type="checkbox"/>   | 104-105                         |                       |   |                            |   |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 2121.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p>Wenn Sie alles zusammennehmen, welche Schulnote würden Sie dem Hort insgesamt geben?</p> <p> <b>Bitte Liste 2121 vorlegen!</b></p> <table border="0" style="width: 100%; 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| 2122.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p>Und wenn Sie nun an die Vereinbarkeit von Familie und Beruf denken:<br/>Wie gut glauben Sie, wird die Vereinbarkeit von Familie und Beruf durch diese Einrichtung unterstützt?<br/>Nennen Sie mir bitte wieder eine Schulnote.</p> <p> <b>Bitte Liste 2122 vorlegen!</b></p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 16.6%;">Sehr<br/>gut</td> <td style="width: 16.6%;">Gut</td> <td style="width: 16.6%;">Befrie-<br/>digend</td> <td style="width: 16.6%;">Aus-<br/>reichend</td> <td style="width: 16.6%;">Mangel-<br/>haft</td> <td style="width: 16.6%;">Un-<br/>genügend</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td colspan="6"> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; width: 100%;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; width: 100%;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; width: 100%;"></div> <div style="border: 1px solid black; 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| <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; width: 100%;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; width: 100%;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; width: 100%;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; width: 100%;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; width: 100%;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; width: 100%;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 2123.                                 | <p>Wie schätzen Sie Ihre Deutschkenntnisse ein?</p> <p> <b>Liste 2123 vorlegen!</b></p> <table border="0"> <thead> <tr> <th></th> <th>Sehr gut</th> <th>Eher gut</th> <th>Eher schlecht</th> <th>Sehr schlecht</th> <th></th> </tr> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th></th> </tr> </thead> <tbody> <tr> <td>Wie gut ...</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• verstehen Sie deutsch? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>12</td> </tr> <tr> <td>• sprechen Sie deutsch? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>13</td> </tr> <tr> <td>• können Sie deutsch lesen? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>14</td> </tr> <tr> <td>• können Sie deutsch schreiben? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>15</td> </tr> </tbody> </table> |                          | Sehr gut                 | Eher gut                 | Eher schlecht | Sehr schlecht |  |  | 1 | 2 | 3 | 4 |  | Wie gut ... |  |  |  |  |  | • verstehen Sie deutsch? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12 | • sprechen Sie deutsch? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13 | • können Sie deutsch lesen? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14 | • können Sie deutsch schreiben? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15 |  |
|                                       | Sehr gut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Eher gut                 | Eher schlecht            | Sehr schlecht            |               |               |  |  |   |   |   |   |  |             |  |  |  |  |  |                                |                          |                          |                          |                          |    |                               |                          |                          |                          |                          |    |                                   |                          |                          |                          |                          |    |                                       |                          |                          |                          |                          |    |  |
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| Wie gut ...                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                          |                          |               |               |  |  |   |   |   |   |  |             |  |  |  |  |  |                                |                          |                          |                          |                          |    |                               |                          |                          |                          |                          |    |                                   |                          |                          |                          |                          |    |                                       |                          |                          |                          |                          |    |  |
| • verstehen Sie deutsch? .....        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12            |               |  |  |   |   |   |   |  |             |  |  |  |  |  |                                |                          |                          |                          |                          |    |                               |                          |                          |                          |                          |    |                                   |                          |                          |                          |                          |    |                                       |                          |                          |                          |                          |    |  |
| • sprechen Sie deutsch? .....         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13            |               |  |  |   |   |   |   |  |             |  |  |  |  |  |                                |                          |                          |                          |                          |    |                               |                          |                          |                          |                          |    |                                   |                          |                          |                          |                          |    |                                       |                          |                          |                          |                          |    |  |
| • können Sie deutsch lesen? .....     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14            |               |  |  |   |   |   |   |  |             |  |  |  |  |  |                                |                          |                          |                          |                          |    |                               |                          |                          |                          |                          |    |                                   |                          |                          |                          |                          |    |                                       |                          |                          |                          |                          |    |  |
| • können Sie deutsch schreiben? ..... | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15            |               |  |  |   |   |   |   |  |             |  |  |  |  |  |                                |                          |                          |                          |                          |    |                               |                          |                          |                          |                          |    |                                   |                          |                          |                          |                          |    |                                       |                          |                          |                          |                          |    |  |
| 2124.                                 | <p>Wann haben Sie zum letzten Mal ein Buch in deutsch gelesen? <span style="float: right;">16-17</span></p> <p> <b>Vorgaben bitte vorlesen!</b></p> <ul style="list-style-type: none"> <li>• Vor weniger als 2 Wochen ..... <input type="checkbox"/> 1</li> <li>• vor 2 Wochen bis unter 1 Monat ..... <input type="checkbox"/> 2</li> <li>• vor 1 Monat bis unter 1/2 Jahr ..... <input type="checkbox"/> 3</li> <li>• vor 1/2 Jahr bis unter 1 Jahr ..... <input type="checkbox"/> 4</li> <li>• vor 1 Jahr oder länger? ..... <input type="checkbox"/> 5</li> <li>Ich lese keine deutschen Bücher ..... <input type="checkbox"/> 6</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |               |               |  |  |   |   |   |   |  |             |  |  |  |  |  |                                |                          |                          |                          |                          |    |                               |                          |                          |                          |                          |    |                                   |                          |                          |                          |                          |    |                                       |                          |                          |                          |                          |    |  |
| 2125.                                 | <p>Wie oft lesen Sie deutsche Tageszeitungen? <span style="float: right;">18</span></p> <p> <b>Vorgaben bitte vorlesen!</b></p> <ul style="list-style-type: none"> <li>• Täglich ..... <input type="checkbox"/> 1</li> <li>• mehrmals in der Woche ..... <input type="checkbox"/> 2</li> <li>• mehrmals im Monat ..... <input type="checkbox"/> 3</li> <li>• mehrmals im Jahr? ..... <input type="checkbox"/> 4</li> <li>Ich lese keine deutschen Tageszeitungen ... <input type="checkbox"/> 5</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                          |                          |               |               |  |  |   |   |   |   |  |             |  |  |  |  |  |                                |                          |                          |                          |                          |    |                               |                          |                          |                          |                          |    |                                   |                          |                          |                          |                          |    |                                       |                          |                          |                          |                          |    |  |
| 2126.                                 | <p>Wie oft hören Sie deutsche Radiosender? <span style="float: right;">19</span></p> <p> <b>Vorgaben bitte vorlesen!</b></p> <ul style="list-style-type: none"> <li>• Täglich ..... <input type="checkbox"/> 1</li> <li>• mehrmals in der Woche ..... <input type="checkbox"/> 2</li> <li>• mehrmals im Monat ..... <input type="checkbox"/> 3</li> <li>• mehrmals im Jahr? ..... <input type="checkbox"/> 4</li> <li>Ich höre keine deutschen Radiosender ..... <input type="checkbox"/> 5</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                          |                          |               |               |  |  |   |   |   |   |  |             |  |  |  |  |  |                                |                          |                          |                          |                          |    |                               |                          |                          |                          |                          |    |                                   |                          |                          |                          |                          |    |                                       |                          |                          |                          |                          |    |  |
| 2127.                                 | <p>Wie oft sehen Sie deutsche Fernsehsender? <span style="float: right;">20</span></p> <p> <b>Vorgaben bitte vorlesen!</b></p> <ul style="list-style-type: none"> <li>• Täglich ..... <input type="checkbox"/> 1</li> <li>• mehrmals in der Woche ..... <input type="checkbox"/> 2</li> <li>• mehrmals im Monat ..... <input type="checkbox"/> 3</li> <li>• mehrmals im Jahr? ..... <input type="checkbox"/> 4</li> <li>Ich sehe keine deutschen Fernsehsender ... <input type="checkbox"/> 5</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                          |                          |               |               |  |  |   |   |   |   |  |             |  |  |  |  |  |                                |                          |                          |                          |                          |    |                               |                          |                          |                          |                          |    |                                   |                          |                          |                          |                          |    |                                       |                          |                          |                          |                          |    |  |
| 2128.                                 | <p>Wann haben Sie zuletzt eine Veranstaltung von deutschen Künstlern besucht (z.B. ein Konzert, Schauspiel oder eine Show)? <span style="float: right;">21</span></p> <p> <b>Vorgaben bitte vorlesen!</b></p> <ul style="list-style-type: none"> <li>• Im letzten Monat ..... <input type="checkbox"/> 1</li> <li>• vor 1 Monat bis unter 1/2 Jahr ..... <input type="checkbox"/> 2</li> <li>• vor 1/2 Jahr bis unter 1 Jahr ..... <input type="checkbox"/> 3</li> <li>• vor 1 Jahr oder länger ..... <input type="checkbox"/> 4</li> <li>Ich besuche keine Veranstaltungen deutscher Künstler ..... <input type="checkbox"/> 5</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                          |                          |               |               |  |  |   |   |   |   |  |             |  |  |  |  |  |                                |                          |                          |                          |                          |    |                               |                          |                          |                          |                          |    |                                   |                          |                          |                          |                          |    |                                       |                          |                          |                          |                          |    |  |

| Nr.                                    | K. 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Weiter mit               |                          |                          |               |               |  |  |   |   |   |   |  |             |  |  |  |  |  |                                 |                          |                          |                          |                          |    |                                |                          |                          |                          |                          |    |                                    |                          |                          |                          |                          |    |                                        |                          |                          |                          |                          |    |  |
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| 2129.                                  | <p>Wie schätzen Sie Ihre Russischkenntnisse ein?</p> <p> <b>Liste 2129 vorlegen!</b></p> <table border="0"> <thead> <tr> <th></th> <th>Sehr gut</th> <th>Eher gut</th> <th>Eher schlecht</th> <th>Sehr schlecht</th> <th></th> </tr> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th></th> </tr> </thead> <tbody> <tr> <td>Wie gut ...</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• verstehen Sie russisch? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>22</td> </tr> <tr> <td>• sprechen Sie russisch? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>23</td> </tr> <tr> <td>• können Sie russisch lesen? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>24</td> </tr> <tr> <td>• können Sie russisch schreiben? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>25</td> </tr> </tbody> </table> |                          | Sehr gut                 | Eher gut                 | Eher schlecht | Sehr schlecht |  |  | 1 | 2 | 3 | 4 |  | Wie gut ... |  |  |  |  |  | • verstehen Sie russisch? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22 | • sprechen Sie russisch? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23 | • können Sie russisch lesen? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24 | • können Sie russisch schreiben? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25 |  |
|                                        | Sehr gut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Eher gut                 | Eher schlecht            | Sehr schlecht            |               |               |  |  |   |   |   |   |  |             |  |  |  |  |  |                                 |                          |                          |                          |                          |    |                                |                          |                          |                          |                          |    |                                    |                          |                          |                          |                          |    |                                        |                          |                          |                          |                          |    |  |
|                                        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2                        | 3                        | 4                        |               |               |  |  |   |   |   |   |  |             |  |  |  |  |  |                                 |                          |                          |                          |                          |    |                                |                          |                          |                          |                          |    |                                    |                          |                          |                          |                          |    |                                        |                          |                          |                          |                          |    |  |
| Wie gut ...                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                          |                          |               |               |  |  |   |   |   |   |  |             |  |  |  |  |  |                                 |                          |                          |                          |                          |    |                                |                          |                          |                          |                          |    |                                    |                          |                          |                          |                          |    |                                        |                          |                          |                          |                          |    |  |
| • verstehen Sie russisch? .....        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22            |               |  |  |   |   |   |   |  |             |  |  |  |  |  |                                 |                          |                          |                          |                          |    |                                |                          |                          |                          |                          |    |                                    |                          |                          |                          |                          |    |                                        |                          |                          |                          |                          |    |  |
| • sprechen Sie russisch? .....         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23            |               |  |  |   |   |   |   |  |             |  |  |  |  |  |                                 |                          |                          |                          |                          |    |                                |                          |                          |                          |                          |    |                                    |                          |                          |                          |                          |    |                                        |                          |                          |                          |                          |    |  |
| • können Sie russisch lesen? .....     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24            |               |  |  |   |   |   |   |  |             |  |  |  |  |  |                                 |                          |                          |                          |                          |    |                                |                          |                          |                          |                          |    |                                    |                          |                          |                          |                          |    |                                        |                          |                          |                          |                          |    |  |
| • können Sie russisch schreiben? ..... | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25            |               |  |  |   |   |   |   |  |             |  |  |  |  |  |                                 |                          |                          |                          |                          |    |                                |                          |                          |                          |                          |    |                                    |                          |                          |                          |                          |    |                                        |                          |                          |                          |                          |    |  |
| 2130.                                  | <p>Wann haben Sie zum letzten Mal ein Buch in russisch gelesen? <span style="float: right;">26-27</span></p> <p> <b>Vorgaben bitte vorlesen!</b></p> <ul style="list-style-type: none"> <li>• Vor weniger als 2 Wochen ..... <input type="checkbox"/> 1</li> <li>• vor 2 Wochen bis unter 1 Monat ..... <input type="checkbox"/> 2</li> <li>• vor 1 Monat bis unter 1/2 Jahr ..... <input type="checkbox"/> 3</li> <li>• vor 1/2 Jahr bis unter 1 Jahr ..... <input type="checkbox"/> 4</li> <li>• vor 1 Jahr oder länger? ..... <input type="checkbox"/> 5</li> <li>Ich lese keine russischen Bücher ..... <input type="checkbox"/> 6</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                          |                          |               |               |  |  |   |   |   |   |  |             |  |  |  |  |  |                                 |                          |                          |                          |                          |    |                                |                          |                          |                          |                          |    |                                    |                          |                          |                          |                          |    |                                        |                          |                          |                          |                          |    |  |
| 2131.                                  | <p>Wie oft lesen Sie russische Tageszeitungen? <span style="float: right;">28</span></p> <p> <b>Vorgaben bitte vorlesen!</b></p> <ul style="list-style-type: none"> <li>• Täglich ..... <input type="checkbox"/> 1</li> <li>• mehrmals in der Woche ..... <input type="checkbox"/> 2</li> <li>• mehrmals im Monat ..... <input type="checkbox"/> 3</li> <li>• mehrmals im Jahr? ..... <input type="checkbox"/> 4</li> <li>Ich lese keine russischen Tageszeitungen .. <input type="checkbox"/> 5</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                          |               |               |  |  |   |   |   |   |  |             |  |  |  |  |  |                                 |                          |                          |                          |                          |    |                                |                          |                          |                          |                          |    |                                    |                          |                          |                          |                          |    |                                        |                          |                          |                          |                          |    |  |
| 2132.                                  | <p>Wie oft hören Sie russische Radiosender? <span style="float: right;">29</span></p> <p> <b>Vorgaben bitte vorlesen!</b></p> <ul style="list-style-type: none"> <li>• Täglich ..... <input type="checkbox"/> 1</li> <li>• mehrmals in der Woche ..... <input type="checkbox"/> 2</li> <li>• mehrmals im Monat ..... <input type="checkbox"/> 3</li> <li>• mehrmals im Jahr? ..... <input type="checkbox"/> 4</li> <li>Ich höre keine russischen Radiosender ..... <input type="checkbox"/> 5</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                          |                          |               |               |  |  |   |   |   |   |  |             |  |  |  |  |  |                                 |                          |                          |                          |                          |    |                                |                          |                          |                          |                          |    |                                    |                          |                          |                          |                          |    |                                        |                          |                          |                          |                          |    |  |
| 2133.                                  | <p>Wie oft sehen Sie russische Fernsehsender? <span style="float: right;">30</span></p> <p> <b>Vorgaben bitte vorlesen!</b></p> <ul style="list-style-type: none"> <li>• Täglich ..... <input type="checkbox"/> 1</li> <li>• mehrmals in der Woche ..... <input type="checkbox"/> 2</li> <li>• mehrmals im Monat ..... <input type="checkbox"/> 3</li> <li>• mehrmals im Jahr? ..... <input type="checkbox"/> 4</li> <li>Ich sehe keine russischen Fernsehsender .. <input type="checkbox"/> 5</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                          |               |               |  |  |   |   |   |   |  |             |  |  |  |  |  |                                 |                          |                          |                          |                          |    |                                |                          |                          |                          |                          |    |                                    |                          |                          |                          |                          |    |                                        |                          |                          |                          |                          |    |  |
| 2134.                                  | <p>Wann haben Sie zuletzt eine Veranstaltung von russischen Künstlern besucht (z.B. ein Konzert, Schauspiel oder eine Show)? <span style="float: right;">31</span></p> <p> <b>Vorgaben bitte vorlesen!</b></p> <ul style="list-style-type: none"> <li>• Im letzten Monat ..... <input type="checkbox"/> 1</li> <li>• vor 1 Monat bis unter 1/2 Jahr ..... <input type="checkbox"/> 2</li> <li>• vor 1/2 Jahr bis unter 1 Jahr ..... <input type="checkbox"/> 3</li> <li>• vor 1 Jahr oder länger ..... <input type="checkbox"/> 4</li> <li>Ich besuche keine Veranstaltungen russischer Künstler ..... <input type="checkbox"/> 5</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                          |                          |               |               |  |  |   |   |   |   |  |             |  |  |  |  |  |                                 |                          |                          |                          |                          |    |                                |                          |                          |                          |                          |    |                                    |                          |                          |                          |                          |    |                                        |                          |                          |                          |                          |    |  |

| Nr.                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | K. 12                                           | Weiter mit               |                           |                          |                           |                   |                             |                                                 |                         |                          |                                                                 |                             |                                                 |                          |                          |                                          |                             |                                                 |                          |                          |                                        |                             |                                                 |       |                                                    |                                    |                             |                                                 |                          |                          |                          |       |                               |                          |                          |                          |                          |                          |                          |       |                   |                          |                          |                          |                          |                          |                          |       |  |  |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------|---------------------------|--------------------------|---------------------------|-------------------|-----------------------------|-------------------------------------------------|-------------------------|--------------------------|-----------------------------------------------------------------|-----------------------------|-------------------------------------------------|--------------------------|--------------------------|------------------------------------------|-----------------------------|-------------------------------------------------|--------------------------|--------------------------|----------------------------------------|-----------------------------|-------------------------------------------------|-------|----------------------------------------------------|------------------------------------|-----------------------------|-------------------------------------------------|--------------------------|--------------------------|--------------------------|-------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|--|--|
| 2301.                                                           | <p>Was würden Sie sagen: wie wohl fühlt sich ... (<b>Zielkind nennen</b>) ...</p> <p> <b>Liste 2301 vorlegen und Vorgaben vorlesen!</b></p> <table border="0"> <thead> <tr> <th></th> <th>Sehr wohl<br/>1</th> <th>Eher wohl<br/>2</th> <th>Eher nicht wohl<br/>3</th> <th>Überhaupt nicht wohl<br/>4</th> <th>Weiß nicht<br/>8</th> <th>Trifft nicht zu<br/>6</th> <th></th> </tr> </thead> <tbody> <tr> <td>● in der Familie? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>12-13</td> </tr> <tr> <td>● in der Schule? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>14-15</td> </tr> <tr> <td>● mit seinen/ihren Freunden und Freundinnen? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>16-17</td> </tr> <tr> <td>● in der Nachbarschaft? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>18-19</td> </tr> <tr> <td>● insgesamt .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>20-21</td> </tr> </tbody> </table> |                                                 | Sehr wohl<br>1           | Eher wohl<br>2            | Eher nicht wohl<br>3     | Überhaupt nicht wohl<br>4 | Weiß nicht<br>8   | Trifft nicht zu<br>6        |                                                 | ● in der Familie? ..... | <input type="checkbox"/> | <input type="checkbox"/>                                        | <input type="checkbox"/>    | <input type="checkbox"/>                        | <input type="checkbox"/> | <input type="checkbox"/> | 12-13                                    | ● in der Schule? .....      | <input type="checkbox"/>                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>               | <input type="checkbox"/>    | <input type="checkbox"/>                        | 14-15 | ● mit seinen/ihren Freunden und Freundinnen? ..... | <input type="checkbox"/>           | <input type="checkbox"/>    | <input type="checkbox"/>                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16-17 | ● in der Nachbarschaft? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18-19 | ● insgesamt ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20-21 |  |  |
|                                                                 | Sehr wohl<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Eher wohl<br>2                                  | Eher nicht wohl<br>3     | Überhaupt nicht wohl<br>4 | Weiß nicht<br>8          | Trifft nicht zu<br>6      |                   |                             |                                                 |                         |                          |                                                                 |                             |                                                 |                          |                          |                                          |                             |                                                 |                          |                          |                                        |                             |                                                 |       |                                                    |                                    |                             |                                                 |                          |                          |                          |       |                               |                          |                          |                          |                          |                          |                          |       |                   |                          |                          |                          |                          |                          |                          |       |  |  |
| ● in der Familie? .....                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                        | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | 12-13             |                             |                                                 |                         |                          |                                                                 |                             |                                                 |                          |                          |                                          |                             |                                                 |                          |                          |                                        |                             |                                                 |       |                                                    |                                    |                             |                                                 |                          |                          |                          |       |                               |                          |                          |                          |                          |                          |                          |       |                   |                          |                          |                          |                          |                          |                          |       |  |  |
| ● in der Schule? .....                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                        | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | 14-15             |                             |                                                 |                         |                          |                                                                 |                             |                                                 |                          |                          |                                          |                             |                                                 |                          |                          |                                        |                             |                                                 |       |                                                    |                                    |                             |                                                 |                          |                          |                          |       |                               |                          |                          |                          |                          |                          |                          |       |                   |                          |                          |                          |                          |                          |                          |       |  |  |
| ● mit seinen/ihren Freunden und Freundinnen? .....              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                        | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | 16-17             |                             |                                                 |                         |                          |                                                                 |                             |                                                 |                          |                          |                                          |                             |                                                 |                          |                          |                                        |                             |                                                 |       |                                                    |                                    |                             |                                                 |                          |                          |                          |       |                               |                          |                          |                          |                          |                          |                          |       |                   |                          |                          |                          |                          |                          |                          |       |  |  |
| ● in der Nachbarschaft? .....                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                        | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | 18-19             |                             |                                                 |                         |                          |                                                                 |                             |                                                 |                          |                          |                                          |                             |                                                 |                          |                          |                                        |                             |                                                 |       |                                                    |                                    |                             |                                                 |                          |                          |                          |       |                               |                          |                          |                          |                          |                          |                          |       |                   |                          |                          |                          |                          |                          |                          |       |  |  |
| ● insgesamt .....                                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                        | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | 20-21             |                             |                                                 |                         |                          |                                                                 |                             |                                                 |                          |                          |                                          |                             |                                                 |                          |                          |                                        |                             |                                                 |       |                                                    |                                    |                             |                                                 |                          |                          |                          |       |                               |                          |                          |                          |                          |                          |                          |       |                   |                          |                          |                          |                          |                          |                          |       |  |  |
| 2302.                                                           | <p>Wie kommen die Kontakte von ... (<b>Zielkind</b>) mit anderen Kindern überwiegend zustande?</p> <p> <b>Vorgaben bitte vorlesen!</b></p> <ul style="list-style-type: none"> <li>● Regen Sie die Kontakte überwiegend an? ..... <input type="checkbox"/> 1 22</li> <li>● oder verabredet sich Ihr Kind überwiegend selbst? ..... <input type="checkbox"/> 2</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                 |                          |                           |                          |                           |                   |                             |                                                 |                         |                          |                                                                 |                             |                                                 |                          |                          |                                          |                             |                                                 |                          |                          |                                        |                             |                                                 |       |                                                    |                                    |                             |                                                 |                          |                          |                          |       |                               |                          |                          |                          |                          |                          |                          |       |                   |                          |                          |                          |                          |                          |                          |       |  |  |
| 2303.                                                           | <p>Halten Sie Ihre Wohnung dafür geeignet, damit Kinder auch mal ausgelassen spielen können?<br/>(<b>Wenn Zielperson in einem Haus wohnt:</b>) Wenn Sie das Haus gemietet haben bzw. es Ihnen gehört, beziehen Sie Ihre Antwort bitte auf das ganze Haus.</p> <p>Ja ..... <input type="checkbox"/> 1 23</p> <p>Nein ..... <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                 |                          |                           |                          |                           |                   |                             |                                                 |                         |                          |                                                                 |                             |                                                 |                          |                          |                                          |                             |                                                 |                          |                          |                                        |                             |                                                 |       |                                                    |                                    |                             |                                                 |                          |                          |                          |       |                               |                          |                          |                          |                          |                          |                          |       |                   |                          |                          |                          |                          |                          |                          |       |  |  |
| 2304.                                                           | <p>Gibt es in Ihrer Wohnumgebung genug Orte oder Plätze, wo ... (<b>Zielkind</b>) ungefährdet spielen kann?</p> <p>Ja ..... <input type="checkbox"/> 1 24</p> <p>Nein ..... <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                 |                          |                           |                          |                           |                   |                             |                                                 |                         |                          |                                                                 |                             |                                                 |                          |                          |                                          |                             |                                                 |                          |                          |                                        |                             |                                                 |       |                                                    |                                    |                             |                                                 |                          |                          |                          |       |                               |                          |                          |                          |                          |                          |                          |       |                   |                          |                          |                          |                          |                          |                          |       |  |  |
| 2305.                                                           | <p>Ist ... (<b>Zielkind</b>) in einem Verein oder einer festen Gruppe?</p> <p>Ja ..... <input type="checkbox"/> 1 25</p> <p>Nein ..... <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 | 2306                     |                           |                          |                           |                   |                             |                                                 |                         |                          |                                                                 |                             |                                                 |                          |                          |                                          |                             |                                                 |                          |                          |                                        |                             |                                                 |       |                                                    |                                    |                             |                                                 |                          |                          |                          |       |                               |                          |                          |                          |                          |                          |                          |       |                   |                          |                          |                          |                          |                          |                          |       |  |  |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 | <b>2307</b>              |                           |                          |                           |                   |                             |                                                 |                         |                          |                                                                 |                             |                                                 |                          |                          |                                          |                             |                                                 |                          |                          |                                        |                             |                                                 |       |                                                    |                                    |                             |                                                 |                          |                          |                          |       |                               |                          |                          |                          |                          |                          |                          |       |                   |                          |                          |                          |                          |                          |                          |       |  |  |
| 2306.                                                           | <p>Ich lese Ihnen einige Vereine vor. Sagen Sie mir bitte in welcher Art von Verein ... (<b>Zielkind</b>) ist, und wie hoch gegebenenfalls die Beiträge pro Jahr sind.</p> <p> <b>Vorgaben bitte vorlesen!</b><br/><b>Falls Zielkind in einem Verein ist, aber keinen Beitrag zahlt: bitte "Ja" ankreuzen und eine 0 eintragen!</b></p> <table border="0"> <thead> <tr> <th></th> <th>Nein<br/>2</th> <th>Ja<br/>1</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Sportverein .....</td> <td>30 <input type="checkbox"/></td> <td><input type="checkbox"/> → <input type="text"/></td> <td>Euro</td> <td>31-33</td> </tr> <tr> <td>Musikverein / Tanzverein / Karnevals-, Faschingsverein u.ä. ...</td> <td>34 <input type="checkbox"/></td> <td><input type="checkbox"/> → <input type="text"/></td> <td>Euro</td> <td>35-37</td> </tr> <tr> <td>Theater-/Kinogruppe / Kulturverein .....</td> <td>38 <input type="checkbox"/></td> <td><input type="checkbox"/> → <input type="text"/></td> <td>Euro</td> <td>39-41</td> </tr> <tr> <td>Religiöser Verein oder ähnliches. ....</td> <td>42 <input type="checkbox"/></td> <td><input type="checkbox"/> → <input type="text"/></td> <td>Euro</td> <td>43-45</td> </tr> <tr> <td>Sonstiger Verein oder Gruppe. ....</td> <td>46 <input type="checkbox"/></td> <td><input type="checkbox"/> → <input type="text"/></td> <td>Euro</td> <td>47-49</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                              |                                                 | Nein<br>2                | Ja<br>1                   |                          |                           | Sportverein ..... | 30 <input type="checkbox"/> | <input type="checkbox"/> → <input type="text"/> | Euro                    | 31-33                    | Musikverein / Tanzverein / Karnevals-, Faschingsverein u.ä. ... | 34 <input type="checkbox"/> | <input type="checkbox"/> → <input type="text"/> | Euro                     | 35-37                    | Theater-/Kinogruppe / Kulturverein ..... | 38 <input type="checkbox"/> | <input type="checkbox"/> → <input type="text"/> | Euro                     | 39-41                    | Religiöser Verein oder ähnliches. .... | 42 <input type="checkbox"/> | <input type="checkbox"/> → <input type="text"/> | Euro  | 43-45                                              | Sonstiger Verein oder Gruppe. .... | 46 <input type="checkbox"/> | <input type="checkbox"/> → <input type="text"/> | Euro                     | 47-49                    |                          |       |                               |                          |                          |                          |                          |                          |                          |       |                   |                          |                          |                          |                          |                          |                          |       |  |  |
|                                                                 | Nein<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ja<br>1                                         |                          |                           |                          |                           |                   |                             |                                                 |                         |                          |                                                                 |                             |                                                 |                          |                          |                                          |                             |                                                 |                          |                          |                                        |                             |                                                 |       |                                                    |                                    |                             |                                                 |                          |                          |                          |       |                               |                          |                          |                          |                          |                          |                          |       |                   |                          |                          |                          |                          |                          |                          |       |  |  |
| Sportverein .....                                               | 30 <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> → <input type="text"/> | Euro                     | 31-33                     |                          |                           |                   |                             |                                                 |                         |                          |                                                                 |                             |                                                 |                          |                          |                                          |                             |                                                 |                          |                          |                                        |                             |                                                 |       |                                                    |                                    |                             |                                                 |                          |                          |                          |       |                               |                          |                          |                          |                          |                          |                          |       |                   |                          |                          |                          |                          |                          |                          |       |  |  |
| Musikverein / Tanzverein / Karnevals-, Faschingsverein u.ä. ... | 34 <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> → <input type="text"/> | Euro                     | 35-37                     |                          |                           |                   |                             |                                                 |                         |                          |                                                                 |                             |                                                 |                          |                          |                                          |                             |                                                 |                          |                          |                                        |                             |                                                 |       |                                                    |                                    |                             |                                                 |                          |                          |                          |       |                               |                          |                          |                          |                          |                          |                          |       |                   |                          |                          |                          |                          |                          |                          |       |  |  |
| Theater-/Kinogruppe / Kulturverein .....                        | 38 <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> → <input type="text"/> | Euro                     | 39-41                     |                          |                           |                   |                             |                                                 |                         |                          |                                                                 |                             |                                                 |                          |                          |                                          |                             |                                                 |                          |                          |                                        |                             |                                                 |       |                                                    |                                    |                             |                                                 |                          |                          |                          |       |                               |                          |                          |                          |                          |                          |                          |       |                   |                          |                          |                          |                          |                          |                          |       |  |  |
| Religiöser Verein oder ähnliches. ....                          | 42 <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> → <input type="text"/> | Euro                     | 43-45                     |                          |                           |                   |                             |                                                 |                         |                          |                                                                 |                             |                                                 |                          |                          |                                          |                             |                                                 |                          |                          |                                        |                             |                                                 |       |                                                    |                                    |                             |                                                 |                          |                          |                          |       |                               |                          |                          |                          |                          |                          |                          |       |                   |                          |                          |                          |                          |                          |                          |       |  |  |
| Sonstiger Verein oder Gruppe. ....                              | 46 <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> → <input type="text"/> | Euro                     | 47-49                     |                          |                           |                   |                             |                                                 |                         |                          |                                                                 |                             |                                                 |                          |                          |                                          |                             |                                                 |                          |                          |                                        |                             |                                                 |       |                                                    |                                    |                             |                                                 |                          |                          |                          |       |                               |                          |                          |                          |                          |                          |                          |       |                   |                          |                          |                          |                          |                          |                          |       |  |  |
| 2307.                                                           | <p>Bekommt ... (<b>Zielkind</b>) Unterrichtsstunden, z.B. Musikinstrument, Sport, Ballett?</p> <p>Ja ..... <input type="checkbox"/> 1 50</p> <p>Nein ..... <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 | 2308                     |                           |                          |                           |                   |                             |                                                 |                         |                          |                                                                 |                             |                                                 |                          |                          |                                          |                             |                                                 |                          |                          |                                        |                             |                                                 |       |                                                    |                                    |                             |                                                 |                          |                          |                          |       |                               |                          |                          |                          |                          |                          |                          |       |                   |                          |                          |                          |                          |                          |                          |       |  |  |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 | <b>2310</b>              |                           |                          |                           |                   |                             |                                                 |                         |                          |                                                                 |                             |                                                 |                          |                          |                                          |                             |                                                 |                          |                          |                                        |                             |                                                 |       |                                                    |                                    |                             |                                                 |                          |                          |                          |       |                               |                          |                          |                          |                          |                          |                          |       |                   |                          |                          |                          |                          |                          |                          |       |  |  |
| 2308.                                                           | <p>Wie viele Unterrichtsstunden sind das in der Woche? <input type="text"/> Unterrichtsstunden</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                 | 51-52                    |                           |                          |                           |                   |                             |                                                 |                         |                          |                                                                 |                             |                                                 |                          |                          |                                          |                             |                                                 |                          |                          |                                        |                             |                                                 |       |                                                    |                                    |                             |                                                 |                          |                          |                          |       |                               |                          |                          |                          |                          |                          |                          |       |                   |                          |                          |                          |                          |                          |                          |       |  |  |

| Nr.                      | K. 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Weiter mit                     |                                                    |                          |                             |                 |                                     |   |                             |   |                                        |   |                             |                          |                               |                          |                             |                          |                                                                            |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------|--------------------------|-----------------------------|-----------------|-------------------------------------|---|-----------------------------|---|----------------------------------------|---|-----------------------------|--------------------------|-------------------------------|--------------------------|-----------------------------|--------------------------|----------------------------------------------------------------------------|--|-----------------------------|---|-------------------------------------|--|-----------------------------|---|------------------------------------------------------|--|-----------------------------|--|
| 2309.                    | <p>Wie viele Euro zahlen Sie pro Jahr für die Unterrichtsstunden, die ... (<b>Zielkind nennen</b>) bekommt?</p> <p>_____ Euro pro Jahr 53-55</p> <p>Keine / ist kostenlos ..... <input type="checkbox"/> 0</p> <p>Zahlt jemand anderes ..... <input type="checkbox"/> 996</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                                                    |                          |                             |                 |                                     |   |                             |   |                                        |   |                             |                          |                               |                          |                             |                          |                                                                            |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |
| 2310.                    | <p>Bei den nächsten Fragen geht es um die Gesundheit von ... (<b>Zielkind</b>).</p> <p>Wie schätzen Sie die Gesundheit Ihres Kindes insgesamt ein?</p> <p>Bitte vergeben Sie wieder eine Schulnote.</p> <p> <b>Bitte Liste 2310 vorlegen!</b></p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Sehr<br/>gut</td> <td style="text-align: center;">Gut</td> <td style="text-align: center;">Befrie-<br/>digend</td> <td style="text-align: center;">Aus-<br/>reichend</td> <td style="text-align: center;">Mangel-<br/>haft</td> <td style="text-align: center;">Un-<br/>genügend</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="text-align: right;">56-57</p>                                         | Sehr<br>gut                    | Gut                                                | Befrie-<br>digend        | Aus-<br>reichend            | Mangel-<br>haft | Un-<br>genügend                     | 1 | 2                           | 3 | 4                                      | 5 | 6                           | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>                                                   |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |
| Sehr<br>gut              | Gut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Befrie-<br>digend              | Aus-<br>reichend                                   | Mangel-<br>haft          | Un-<br>genügend             |                 |                                     |   |                             |   |                                        |   |                             |                          |                               |                          |                             |                          |                                                                            |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |
| 1                        | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3                              | 4                                                  | 5                        | 6                           |                 |                                     |   |                             |   |                                        |   |                             |                          |                               |                          |                             |                          |                                                                            |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |
| <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>       | <input type="checkbox"/>                           | <input type="checkbox"/> | <input type="checkbox"/>    |                 |                                     |   |                             |   |                                        |   |                             |                          |                               |                          |                             |                          |                                                                            |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |
| 2311.                    | <p>Wurde bei ... (<b>Zielkind</b>) jemals eine chronische Krankheit oder eine Entwicklungsstörung festgestellt?</p> <p style="text-align: right;">Ja ..... <input type="checkbox"/> 1 58</p> <p style="text-align: right;">Nein ..... <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>2312</p> <p><b>2313</b></p> |                                                    |                          |                             |                 |                                     |   |                             |   |                                        |   |                             |                          |                               |                          |                             |                          |                                                                            |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |
| 2312.                    | <p>Um welche Krankheit handelt es sich dabei?</p> <p> <b>Liste 2312 vorlegen!</b></p> <p><b>Mehrfachnennungen möglich!</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">A</td> <td style="width: 85%;">Erkrankung der Atemwege (Asthma, Bronchitis) .....</td> <td style="width: 5%; text-align: right;">1</td> <td style="width: 5%; text-align: right;"><input type="checkbox"/> 59</td> </tr> <tr> <td>B</td> <td>Hautkrankheit (Neurodermitis) .....</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> 60</td> </tr> <tr> <td>C</td> <td>Herz-, Magen- oder Darmkrankheit .....</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> 61</td> </tr> <tr> <td>D</td> <td>Körperliche Behinderung .....</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> 62</td> </tr> <tr> <td>E</td> <td>Ernste Seh- oder Hörstörung (mehr als 5 Dioptrien oder ein Hörgerät) .....</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> 63</td> </tr> <tr> <td>F</td> <td>Depression oder Angstzustände .....</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> 64</td> </tr> <tr> <td>G</td> <td>psychosomatische Störung (Hyperaktivität, ADS) .....</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> 65</td> </tr> </table> | A                              | Erkrankung der Atemwege (Asthma, Bronchitis) ..... | 1                        | <input type="checkbox"/> 59 | B               | Hautkrankheit (Neurodermitis) ..... |   | <input type="checkbox"/> 60 | C | Herz-, Magen- oder Darmkrankheit ..... |   | <input type="checkbox"/> 61 | D                        | Körperliche Behinderung ..... |                          | <input type="checkbox"/> 62 | E                        | Ernste Seh- oder Hörstörung (mehr als 5 Dioptrien oder ein Hörgerät) ..... |  | <input type="checkbox"/> 63 | F | Depression oder Angstzustände ..... |  | <input type="checkbox"/> 64 | G | psychosomatische Störung (Hyperaktivität, ADS) ..... |  | <input type="checkbox"/> 65 |  |
| A                        | Erkrankung der Atemwege (Asthma, Bronchitis) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1                              | <input type="checkbox"/> 59                        |                          |                             |                 |                                     |   |                             |   |                                        |   |                             |                          |                               |                          |                             |                          |                                                                            |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |
| B                        | Hautkrankheit (Neurodermitis) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | <input type="checkbox"/> 60                        |                          |                             |                 |                                     |   |                             |   |                                        |   |                             |                          |                               |                          |                             |                          |                                                                            |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |
| C                        | Herz-, Magen- oder Darmkrankheit .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                | <input type="checkbox"/> 61                        |                          |                             |                 |                                     |   |                             |   |                                        |   |                             |                          |                               |                          |                             |                          |                                                                            |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |
| D                        | Körperliche Behinderung .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                | <input type="checkbox"/> 62                        |                          |                             |                 |                                     |   |                             |   |                                        |   |                             |                          |                               |                          |                             |                          |                                                                            |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |
| E                        | Ernste Seh- oder Hörstörung (mehr als 5 Dioptrien oder ein Hörgerät) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                | <input type="checkbox"/> 63                        |                          |                             |                 |                                     |   |                             |   |                                        |   |                             |                          |                               |                          |                             |                          |                                                                            |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |
| F                        | Depression oder Angstzustände .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | <input type="checkbox"/> 64                        |                          |                             |                 |                                     |   |                             |   |                                        |   |                             |                          |                               |                          |                             |                          |                                                                            |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |
| G                        | psychosomatische Störung (Hyperaktivität, ADS) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | <input type="checkbox"/> 65                        |                          |                             |                 |                                     |   |                             |   |                                        |   |                             |                          |                               |                          |                             |                          |                                                                            |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |
| 2313.                    | <p>Bei den folgenden Fragen geht es um Ihre eigene Gesundheit.</p> <p>Wie schätzen Sie insgesamt Ihre Gesundheit ein? Bitte vergeben Sie wieder eine Schulnote.</p> <p> <b>Bitte Liste 2313 vorlegen!</b></p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Sehr<br/>gut</td> <td style="text-align: center;">Gut</td> <td style="text-align: center;">Befrie-<br/>digend</td> <td style="text-align: center;">Aus-<br/>reichend</td> <td style="text-align: center;">Mangel-<br/>haft</td> <td style="text-align: center;">Un-<br/>genügend</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="text-align: right;">66-67</p>                                                                             | Sehr<br>gut                    | Gut                                                | Befrie-<br>digend        | Aus-<br>reichend            | Mangel-<br>haft | Un-<br>genügend                     | 1 | 2                           | 3 | 4                                      | 5 | 6                           | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>                                                   |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |
| Sehr<br>gut              | Gut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Befrie-<br>digend              | Aus-<br>reichend                                   | Mangel-<br>haft          | Un-<br>genügend             |                 |                                     |   |                             |   |                                        |   |                             |                          |                               |                          |                             |                          |                                                                            |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |
| 1                        | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3                              | 4                                                  | 5                        | 6                           |                 |                                     |   |                             |   |                                        |   |                             |                          |                               |                          |                             |                          |                                                                            |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |
| <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>       | <input type="checkbox"/>                           | <input type="checkbox"/> | <input type="checkbox"/>    |                 |                                     |   |                             |   |                                        |   |                             |                          |                               |                          |                             |                          |                                                                            |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |
| 2314.                    | <p>Wurde bei Ihnen jemals eine chronische Krankheit festgestellt?</p> <p style="text-align: right;">Ja ..... <input type="checkbox"/> 1 68</p> <p style="text-align: right;">Nein ..... <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>2315</p> <p><b>2316</b></p> |                                                    |                          |                             |                 |                                     |   |                             |   |                                        |   |                             |                          |                               |                          |                             |                          |                                                                            |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |
| 2315.                    | <p>Um welche Krankheit handelt es sich dabei?</p> <p> <b>Liste 2315 vorlegen!</b></p> <p><b>Mehrfachnennungen möglich!</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">A</td> <td style="width: 85%;">Erkrankung der Atemwege (Asthma, Bronchitis) ....</td> <td style="width: 5%; text-align: right;">1</td> <td style="width: 5%; text-align: right;"><input type="checkbox"/> 69</td> </tr> <tr> <td>B</td> <td>Hautkrankheit (Neurodermitis) .....</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> 70</td> </tr> <tr> <td>C</td> <td>Herz-, Magen- oder Darmkrankheit .....</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> 71</td> </tr> <tr> <td>D</td> <td>Körperliche Behinderung .....</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> 72</td> </tr> <tr> <td>E</td> <td>Ernste Seh- oder Hörstörung (mehr als 5 Dioptrien oder ein Hörgerät) .....</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> 73</td> </tr> <tr> <td>F</td> <td>Depression oder Angstzustände .....</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> 74</td> </tr> <tr> <td>G</td> <td>Erhebliche Schlafstörungen .....</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> 75</td> </tr> </table>                      | A                              | Erkrankung der Atemwege (Asthma, Bronchitis) ....  | 1                        | <input type="checkbox"/> 69 | B               | Hautkrankheit (Neurodermitis) ..... |   | <input type="checkbox"/> 70 | C | Herz-, Magen- oder Darmkrankheit ..... |   | <input type="checkbox"/> 71 | D                        | Körperliche Behinderung ..... |                          | <input type="checkbox"/> 72 | E                        | Ernste Seh- oder Hörstörung (mehr als 5 Dioptrien oder ein Hörgerät) ..... |  | <input type="checkbox"/> 73 | F | Depression oder Angstzustände ..... |  | <input type="checkbox"/> 74 | G | Erhebliche Schlafstörungen .....                     |  | <input type="checkbox"/> 75 |  |
| A                        | Erkrankung der Atemwege (Asthma, Bronchitis) ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1                              | <input type="checkbox"/> 69                        |                          |                             |                 |                                     |   |                             |   |                                        |   |                             |                          |                               |                          |                             |                          |                                                                            |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |
| B                        | Hautkrankheit (Neurodermitis) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | <input type="checkbox"/> 70                        |                          |                             |                 |                                     |   |                             |   |                                        |   |                             |                          |                               |                          |                             |                          |                                                                            |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |
| C                        | Herz-, Magen- oder Darmkrankheit .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                | <input type="checkbox"/> 71                        |                          |                             |                 |                                     |   |                             |   |                                        |   |                             |                          |                               |                          |                             |                          |                                                                            |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |
| D                        | Körperliche Behinderung .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                | <input type="checkbox"/> 72                        |                          |                             |                 |                                     |   |                             |   |                                        |   |                             |                          |                               |                          |                             |                          |                                                                            |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |
| E                        | Ernste Seh- oder Hörstörung (mehr als 5 Dioptrien oder ein Hörgerät) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                | <input type="checkbox"/> 73                        |                          |                             |                 |                                     |   |                             |   |                                        |   |                             |                          |                               |                          |                             |                          |                                                                            |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |
| F                        | Depression oder Angstzustände .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | <input type="checkbox"/> 74                        |                          |                             |                 |                                     |   |                             |   |                                        |   |                             |                          |                               |                          |                             |                          |                                                                            |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |
| G                        | Erhebliche Schlafstörungen .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                | <input type="checkbox"/> 75                        |                          |                             |                 |                                     |   |                             |   |                                        |   |                             |                          |                               |                          |                             |                          |                                                                            |  |                             |   |                                     |  |                             |   |                                                      |  |                             |  |

| Nr.                                                                                                   | K. 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 2316.                                                                                                 | Rauchen Sie? <div style="float: right;">             Ja, gelegentlich ..... <input type="checkbox"/> 1 76<br/>             Ja, täglich ..... <input type="checkbox"/> 2<br/>             -----<br/>             Nein ..... <input type="checkbox"/> 3           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 2317.                                                                                                 | Wie viele Zigaretten rauchen Sie ungefähr pro Tag? <div style="float: right;">             1 bis 7 Zigaretten ..... <input type="checkbox"/> 1 77<br/>             8 bis 20 Zigaretten ..... <input type="checkbox"/> 2<br/>             Mehr als 20 Zigaretten ..... <input type="checkbox"/> 3<br/>             Ich rauche keine Zigaretten<br/>             sondern Pfeife, Zigarren etc. .... <input type="checkbox"/> 4           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| 2318.                                                                                                 |  <b>Frage <u>nicht</u> an Väter stellen!</b><br>Haben Sie in der Schwangerschaft geraucht? <div style="float: right;">             Ja, gelegentlich ..... <input type="checkbox"/> 1 78<br/>             Ja, täglich ..... <input type="checkbox"/> 2<br/>             Nein ..... <input type="checkbox"/> 3           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| 2319.                                                                                                 | Bitte sagen Sie mir zu jeder der folgenden Aussagen, inwieweit sie auf Sie selbst zutrifft.<br> <b>Liste 2319 vorlegen und Vorgaben nacheinander vorlesen!</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Trifft<br/>voll und<br/>ganz zu</th> <th style="text-align: center;">Trifft<br/>eher<br/>zu</th> <th style="text-align: center;">Trifft<br/>eher<br/>nicht<br/>zu</th> <th style="text-align: center;">Trifft<br/>überhaupt<br/>nicht zu</th> <th></th> </tr> <tr> <th></th> <th style="text-align: center;">1</th> <th style="text-align: center;">2</th> <th style="text-align: center;">3</th> <th style="text-align: center;">4</th> <th></th> </tr> </thead> <tbody> <tr> <td>Wenn sich Widerstände auftun, finde ich Mittel und Wege,<br/>um mich durchzusetzen .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">79</td> </tr> <tr> <td>Die Lösung schwieriger Probleme gelingt mir immer,<br/>wenn ich mich darum bemühe .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">80</td> </tr> <tr> <td>Es bereitet mir keine Schwierigkeiten,<br/>meine Absichten und Ziele zu verwirklichen .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">81</td> </tr> <tr> <td>In unerwarteten Situationen weiß ich immer,<br/>wie ich mich verhalten soll .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">82</td> </tr> <tr> <td>Auch bei überraschenden Ereignissen glaube ich,<br/>dass ich gut mit ihnen zurechtkommen werde .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">83</td> </tr> <tr> <td>Schwierigkeiten sehe ich gelassen entgegen,<br/>weil ich meinen Fähigkeiten immer vertrauen kann .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">84</td> </tr> <tr> <td>Was auch immer passiert, ich werde schon klarkommen .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">85</td> </tr> <tr> <td>Für jedes Problem kann ich eine Lösung finden .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">86</td> </tr> <tr> <td>Wenn eine neue Sache auf mich zukommt,<br/>weiß ich, wie ich damit umgehen kann .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">87</td> </tr> <tr> <td>Wenn ein Problem auf mich zukommt, habe ich meist<br/>mehrere Ideen, wie ich es lösen kann .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">88</td> </tr> </tbody> </table> |                          | Trifft<br>voll und<br>ganz zu | Trifft<br>eher<br>zu            | Trifft<br>eher<br>nicht<br>zu | Trifft<br>überhaupt<br>nicht zu |  |  | 1 | 2 | 3 | 4 |  | Wenn sich Widerstände auftun, finde ich Mittel und Wege,<br>um mich durchzusetzen ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 79 | Die Lösung schwieriger Probleme gelingt mir immer,<br>wenn ich mich darum bemühe ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 80 | Es bereitet mir keine Schwierigkeiten,<br>meine Absichten und Ziele zu verwirklichen ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 81 | In unerwarteten Situationen weiß ich immer,<br>wie ich mich verhalten soll ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 82 | Auch bei überraschenden Ereignissen glaube ich,<br>dass ich gut mit ihnen zurechtkommen werde ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 83 | Schwierigkeiten sehe ich gelassen entgegen,<br>weil ich meinen Fähigkeiten immer vertrauen kann ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 84 | Was auch immer passiert, ich werde schon klarkommen ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 85 | Für jedes Problem kann ich eine Lösung finden ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 86 | Wenn eine neue Sache auf mich zukommt,<br>weiß ich, wie ich damit umgehen kann ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 87 | Wenn ein Problem auf mich zukommt, habe ich meist<br>mehrere Ideen, wie ich es lösen kann ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 88 |  |
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| Es bereitet mir keine Schwierigkeiten,<br>meine Absichten und Ziele zu verwirklichen .....            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| In unerwarteten Situationen weiß ich immer,<br>wie ich mich verhalten soll .....                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Auch bei überraschenden Ereignissen glaube ich,<br>dass ich gut mit ihnen zurechtkommen werde .....   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Schwierigkeiten sehe ich gelassen entgegen,<br>weil ich meinen Fähigkeiten immer vertrauen kann ..... | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Was auch immer passiert, ich werde schon klarkommen .....                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Für jedes Problem kann ich eine Lösung finden .....                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Wenn eine neue Sache auf mich zukommt,<br>weiß ich, wie ich damit umgehen kann .....                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Wenn ein Problem auf mich zukommt, habe ich meist<br>mehrere Ideen, wie ich es lösen kann .....       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 2320.                                                                         | <p>Und inwieweit treffen die folgenden Aussagen auf Sie selbst zu?</p> <p> <b>Liste 2320 vorlegen und Vorgaben bitte vorlesen!</b></p> <table border="0"> <thead> <tr> <th></th> <th>Trifft voll und ganz zu</th> <th>Trifft eher zu</th> <th>Trifft eher nicht zu</th> <th>Trifft überhaupt nicht zu</th> <th></th> </tr> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th></th> </tr> </thead> <tbody> <tr> <td>Ich bin gern mit anderen zusammen .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>89</td> </tr> <tr> <td>Ich bin manchmal traurig .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>90</td> </tr> <tr> <td>Ich bin stolz auf das, was ich geschafft habe .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>91</td> </tr> <tr> <td>Ich fühle mich manchmal allein .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>92</td> </tr> <tr> <td>Ich bin meist gut gelaunt .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>93</td> </tr> <tr> <td>Ich merke, wenn es einem Freund/einer Freundin schlecht geht .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>94</td> </tr> <tr> <td>Ich fühle mich manchmal unsicher .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>95</td> </tr> <tr> <td>Ich handle oft, ohne nachzudenken .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>96</td> </tr> <tr> <td>Ich bin oft wütend auf andere .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>97</td> </tr> <tr> <td>Ich setze mich gegenüber anderen Leuten durch .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>98</td> </tr> <tr> <td>Ich bin manchmal ängstlich .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>99</td> </tr> </tbody> </table> |                          | Trifft voll und ganz zu  | Trifft eher zu            | Trifft eher nicht zu     | Trifft überhaupt nicht zu |                 |  | 1 | 2 | 3 | 4 |   | Ich bin gern mit anderen zusammen ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 89 | Ich bin manchmal traurig .....                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | 90                       | Ich bin stolz auf das, was ich geschafft habe ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 91                       | Ich fühle mich manchmal allein .....                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 92                                                       | Ich bin meist gut gelaunt .....                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 93      | Ich merke, wenn es einem Freund/einer 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| Ich bin manchmal traurig .....                                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Ich bin stolz auf das, was ich geschafft habe .....                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Ich fühle mich manchmal allein .....                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Ich bin meist gut gelaunt .....                                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Ich merke, wenn es einem Freund/einer Freundin schlecht geht .....            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Ich fühle mich manchmal unsicher .....                                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Ich handle oft, ohne nachzudenken .....                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Ich bin oft wütend auf andere .....                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Ich setze mich gegenüber anderen Leuten durch .....                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Ich bin manchmal ängstlich .....                                              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| 2321.                                                                         | <p>Auf dieser Liste stehen einige Bereiche. Bitte sagen mir bitte anhand der eingezeichneten Skala, wie sehr Sie sich darum Sorgen machen.<br/>1 bedeutet, dass Sie sich keine Sorgen machen, 4 bedeutet, dass Sie sich große Sorgen machen.<br/>Mit den Werten 2 und 3 dazwischen können Sie Ihr Urteil abstufen.</p> <p> <b>Liste 2321 vorlegen!</b></p> <table border="0"> <thead> <tr> <th></th> <th colspan="2">Keine Sorgen</th> <th colspan="2">Große Sorgen</th> <th>Trifft nicht zu</th> <th></th> </tr> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th></th> </tr> </thead> <tbody> <tr> <td>Mache mir um ...</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>● meine Arbeitsstelle .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>100-101</td> </tr> <tr> <td>● unsere Finanzen .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>102-103</td> </tr> <tr> <td>● die Entwicklung meines Kindes oder meiner Kinder .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>104-105</td> </tr> <tr> <td>● die Schulleistungen meines Kindes oder meiner Kinder .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>106-107</td> </tr> <tr> <td>● unsere Partnerschaft .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>108-109</td> </tr> <tr> <td>● meine eigene Gesundheit .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>110-111</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | Keine Sorgen             |                           | Große Sorgen             |                           | Trifft nicht zu |  |   | 1 | 2 | 3 | 4 | 5                                       |                          | Mache mir um ...         |                          |                          |    |                                                                 |                          |                          | ● meine Arbeitsstelle ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/> | 100-101                  | ● unsere Finanzen .....  | <input type="checkbox"/> | <input type="checkbox"/>                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 102-103                  | ● die Entwicklung meines Kindes oder meiner Kinder ..... | <input type="checkbox"/>                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 104-105 | ● die Schulleistungen meines Kindes oder meiner Kinder .....       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 106-107                                                                       | ● unsere Partnerschaft ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                           | 108-109                  | ● meine eigene Gesundheit ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                            | <input type="checkbox"/> | 110-111                  |                          |                          |     |                                                     |                          |                          |                          |                          |     |                                  |                          |                          |                          |                          |    |  |
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| ● meine Arbeitsstelle .....                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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type="checkbox"/> | 100-101                   |                 |  |   |   |   |   |   |                                         |                          |                          |                          |                          |    |                                                                 |                          |                          |                             |                          |                          |                                                     |                          |                          |                          |                          |                          |                                                       |                          |                          |                          |                          |                                                          |                                                                       |                          |                          |                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| ● unsere Finanzen .....                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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type="checkbox"/> | 102-103                   |                 |  |   |   |   |   |   |                                         |                          |                          |                          |                          |    |                                                                 |                          |                          |                             |                          |                          |                                                     |                          |                          |                          |                          |                          |                                                       |                          |                          |                          |                          |                                                          |                                                                       |                          |                          |                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| ● die Entwicklung meines Kindes oder meiner Kinder .....                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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type="checkbox"/> | 104-105                   |                 |  |   |   |   |   |   |                                         |                          |                          |                          |                          |    |                                                                 |                          |                          |                             |                          |                          |                                                     |                          |                          |                          |                          |                          |                                                       |                          |                          |                          |                          |                                                          |                                                                       |                          |                          |                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| ● die Schulleistungen meines Kindes oder meiner Kinder .....                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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type="checkbox"/> | 106-107                   |                 |  |   |   |   |   |   |                                         |                          |                          |                          |                          |    |                                                                 |                          |                          |                             |                          |                          |                                                     |                          |                          |                          |                          |                          |                                                       |                          |                          |                          |                          |                                                          |                                                                       |                          |                          |                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| ● unsere Partnerschaft .....                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| ● meine eigene Gesundheit .....                                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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type="checkbox"/> | 110-111                   |                 |  |   |   |   |   |   |                                         |                          |                          |                          |                          |    |                                                                 |                          |                          |                             |                          |                          |                                                     |                          |                          |                          |                          |                          |                                                       |                          |                          |                          |                          |                                                          |                                                                       |                          |                          |                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          |     |                                  |                          |                          |                          |                          |    |  |
| 2322.                                                                         | <p>Jetzt geht es darum, wie Sie sich <u>in den letzten 4 Wochen</u> gefühlt haben.<br/>Bitte sagen Sie mir zu jeder Aussage, die ich Ihnen vorlese, wie häufig das in den letzten 4 Wochen vorkam.</p> <p> <b>Liste 2322 vorlegen und Vorgaben vorlesen!</b></p> <table border="0"> <thead> <tr> <th></th> <th>Fast immer</th> <th>Häufig</th> <th>Manchmal</th> <th>Nie</th> <th></th> </tr> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th></th> </tr> </thead> <tbody> <tr> <td>Wie oft ...</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>● haben Sie sich optimistisch und zuversichtlich gefühlt? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>112</td> </tr> <tr> <td>● hatten Sie ein Gefühl des Stolzes? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>113</td> </tr> <tr> <td>● Hatten Sie das Gefühl, ganz versagt zu haben? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>114</td> </tr> <tr> <td>● haben Sie sich im Vergleich zu anderen benachteiligt gefühlt? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>115</td> </tr> <tr> <td>● waren Sie unzufrieden mit sich selbst? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>116</td> </tr> <tr> <td>● hatten Sie das Gefühl, dass nichts so wird, wie Sie es sich wünschen? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>117</td> </tr> <tr> <td>● kam es vor, dass Sie das Gefühl hatten, alles sei sinnlos? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>118</td> </tr> <tr> <td>● haben Sie sich völlig hoffnungslos gefühlt? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>119</td> </tr> <tr> <td>● waren Sie fröhlich und ausgelassen? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>120</td> </tr> </tbody> </table>                                                                                                                     |                          | Fast immer               | Häufig                    | Manchmal                 | Nie                       |                 |  | 1 | 2 | 3 | 4 |   | Wie oft ...                             |                          |                          |                          |                          |    | ● haben Sie sich optimistisch und zuversichtlich gefühlt? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | 112                      | ● hatten Sie ein Gefühl des Stolzes? .....          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 113                      | ● Hatten Sie das Gefühl, ganz versagt zu haben? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 114                                                      | ● haben Sie sich im Vergleich zu anderen benachteiligt gefühlt? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 115     | ● waren Sie unzufrieden mit sich selbst? .....                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 116                      | ● hatten Sie das Gefühl, dass nichts so wird, wie Sie es sich wünschen? ..... | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 117                      | ● kam es vor, dass Sie das Gefühl hatten, alles sei sinnlos? ..... | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | 118                      | ● haben Sie sich völlig hoffnungslos gefühlt? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 119 | ● waren Sie fröhlich und ausgelassen? .....         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 120 |                                  |                          |                          |                          |                          |    |  |
|                                                                               | Fast immer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Wie oft ...                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| ● haben Sie sich optimistisch und zuversichtlich gefühlt? .....               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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 |                           |                 |  |   |   |   |   |   |                                         |                          |                          |                          |                          |    |                                                                 |                          |                          |                             |                          |                          |                                                     |                          |                          |                          |                          |                          |                                                       |                          |                          |                          |                          |                                                          |                                                                       |                          |                          |                          |      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| ● hatten Sie ein Gefühl des Stolzes? .....                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| ● Hatten Sie das Gefühl, ganz versagt zu haben? .....                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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 |                           |                 |  |   |   |   |   |   |                                         |                          |                          |                          |                          |    |                                                                 |                          |                          |                             |                          |                          |                                                     |                          |                          |                          |                          |                          |                                                       |                          |                          |                          |                          |                                                          |                                                                       |                          |                          |                          |      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| ● haben Sie sich im Vergleich zu anderen benachteiligt gefühlt? .....         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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 |                           |                 |  |   |   |   |   |   |                                         |                          |                          |                          |                          |    |                                                                 |                          |                          |                             |                          |                          |                                                     |                          |                          |                          |                          |                          |                                                       |                          |                          |                          |                          |                                                          |                                                                       |                          |                          |                          |      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| ● waren Sie unzufrieden mit sich selbst? .....                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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 |                           |                 |  |   |   |   |   |   |                                         |                          |                          |                          |                          |    |                                                                 |                          |                          |                             |                          |                          |                                                     |                          |                          |                          |                          |                          |                                                       |                          |                          |                          |                          |                                                          |                                                                       |                          |                          |                          |      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|                                  |                          |                          |                          |                          |    |  |
| ● hatten Sie das Gefühl, dass nichts so wird, wie Sie es sich wünschen? ..... | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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 |                           |                 |  |   |   |   |   |   |                                         |                          |                          |                          |                          |    |                                                                 |                          |                          |                             |                          |                          |                                                     |                          |                          |                          |                          |                          |                                                       |                          |                          |                          |                          |                                                          |                                                                       |                          |                          |                          |      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| ● kam es vor, dass Sie das Gefühl hatten, alles sei sinnlos? .....            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | 118                      |                           |                 |  |   |   |   |   |   |                                         |                          |                          |                          |                          |    |                                                                 |                          |                          |                             |                          |                          |                                                     |                          |                          |                          |                          |                          |                                                       |                          |                          |                          |                          |                                                          |                                                                       |                          |                          |                          |      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| ● haben Sie sich völlig hoffnungslos gefühlt? .....                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| ● waren Sie fröhlich und ausgelassen? .....                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| 2323.                                                                                  | <p>Darf ich Sie nun um einige allgemeine Angaben zu Ihrer Person bitten. <span style="float: right;">K. 12</span></p> <p>Wann sind Sie geboren? <span style="float: right;">121-122      123-126</span></p> <p>Nennen Sie mir bitte nur Monat und Jahr.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Monat</span> <span>Jahr</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                          |                          |                             |                          |                       |                   |   |   |   |   |   |                                                                     |                          |                          |                          |                          |                             |                                                                           |                          |                          |                          |                          |                             |                                                                                        |                          |                          |                          |                          |                             |  |
| 2324.                                                                                  | <p>Haben Sie die deutsche Staatsangehörigkeit? <span style="float: right;">Ja ..... <input type="checkbox"/> 1 127</span></p> <p style="text-align: right;">Nein ..... <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>2325</p> <p><b>2326</b></p> |                          |                          |                             |                          |                       |                   |   |   |   |   |   |                                                                     |                          |                          |                          |                          |                             |                                                                           |                          |                          |                          |                          |                             |                                                                                        |                          |                          |                          |                          |                             |  |
| 2325.                                                                                  | <p>Haben Sie die deutsche Staatsangehörigkeit seit Ihrer Geburt oder über Einbürgerung?</p> <p style="text-align: right;">Seit Geburt ..... <input type="checkbox"/> 1 128</p> <p style="text-align: right;">Über Einbürgerung ..... <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                          |                          |                             |                          |                       |                   |   |   |   |   |   |                                                                     |                          |                          |                          |                          |                             |                                                                           |                          |                          |                          |                          |                             |                                                                                        |                          |                          |                          |                          |                             |  |
| 2326.                                                                                  | <p>Seit wann leben Sie in Deutschland, d.h. auf dem Gebiet der heutigen Bundesrepublik Deutschland?</p> <p>Bitte nennen Sie mir nur das Jahr. <span style="float: right;">129-132</span></p> <p style="text-align: right;">Seit <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div></p> <hr style="width: 100%;"/> <p style="text-align: right;">Seit Geburt ..... <input type="checkbox"/> 0</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>2327</p> <p><b>2329</b></p> |                          |                          |                             |                          |                       |                   |   |   |   |   |   |                                                                     |                          |                          |                          |                          |                             |                                                                           |                          |                          |                          |                          |                             |                                                                                        |                          |                          |                          |                          |                             |  |
| 2327.                                                                                  | <p>In welchem Land sind Sie geboren? <span style="float: right;">K. 49</span></p> <p style="text-align: right;">..... <span style="float: right;">12-111</span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                          |                          |                             |                          |                       |                   |   |   |   |   |   |                                                                     |                          |                          |                          |                          |                             |                                                                           |                          |                          |                          |                          |                             |                                                                                        |                          |                          |                          |                          |                             |  |
| 2327a                                                                                  | <p>Wie zufrieden sind Sie und Ihre Familie mit der Entscheidung nach Deutschland zu gehen? <span style="float: right;">K. 50</span></p> <p> <b>Vorgaben bitte vorlesen!</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 10%; text-align: center;">Sehr<br/>zufrieden</th> <th style="width: 10%; text-align: center;">Eher<br/>zufrieden</th> <th style="width: 10%; text-align: center;">Eher<br/>un-<br/>zufrieden</th> <th style="width: 10%; text-align: center;">Sehr<br/>un-<br/>zufrieden</th> <th style="width: 10%; text-align: center;">trifft<br/>nicht<br/>zu</th> </tr> <tr> <th>Wie zufrieden ...</th> <th style="text-align: center;">1</th> <th style="text-align: center;">2</th> <th style="text-align: center;">3</th> <th style="text-align: center;">4</th> <th style="text-align: center;">6</th> </tr> </thead> <tbody> <tr> <td>● sind Sie selbst mit Entscheidung nach Deutschland zu gehen? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> 32</td> </tr> <tr> <td>● ist Ihr (Ehe-)Partner mit Entscheidung nach Deutschland zu gehen? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> 33</td> </tr> <tr> <td>● ist Ihr Kind bzw. sind Ihre Kinder mit Entscheidung nach Deutschland zu gehen? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> 34</td> </tr> </tbody> </table> |                                | Sehr<br>zufrieden        | Eher<br>zufrieden        | Eher<br>un-<br>zufrieden    | Sehr<br>un-<br>zufrieden | trifft<br>nicht<br>zu | Wie zufrieden ... | 1 | 2 | 3 | 4 | 6 | ● sind Sie selbst mit Entscheidung nach Deutschland zu gehen? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 32 | ● ist Ihr (Ehe-)Partner mit Entscheidung nach Deutschland zu gehen? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 33 | ● ist Ihr Kind bzw. sind Ihre Kinder mit Entscheidung nach Deutschland zu gehen? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 34 |  |
|                                                                                        | Sehr<br>zufrieden                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Eher<br>zufrieden              | Eher<br>un-<br>zufrieden | Sehr<br>un-<br>zufrieden | trifft<br>nicht<br>zu       |                          |                       |                   |   |   |   |   |   |                                                                     |                          |                          |                          |                          |                             |                                                                           |                          |                          |                          |                          |                             |                                                                                        |                          |                          |                          |                          |                             |  |
| Wie zufrieden ...                                                                      | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2                              | 3                        | 4                        | 6                           |                          |                       |                   |   |   |   |   |   |                                                                     |                          |                          |                          |                          |                             |                                                                           |                          |                          |                          |                          |                             |                                                                                        |                          |                          |                          |                          |                             |  |
| ● sind Sie selbst mit Entscheidung nach Deutschland zu gehen? .....                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 32 |                          |                       |                   |   |   |   |   |   |                                                                     |                          |                          |                          |                          |                             |                                                                           |                          |                          |                          |                          |                             |                                                                                        |                          |                          |                          |                          |                             |  |
| ● ist Ihr (Ehe-)Partner mit Entscheidung nach Deutschland zu gehen? .....              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 33 |                          |                       |                   |   |   |   |   |   |                                                                     |                          |                          |                          |                          |                             |                                                                           |                          |                          |                          |                          |                             |                                                                                        |                          |                          |                          |                          |                             |  |
| ● ist Ihr Kind bzw. sind Ihre Kinder mit Entscheidung nach Deutschland zu gehen? ..... | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 34 |                          |                       |                   |   |   |   |   |   |                                                                     |                          |                          |                          |                          |                             |                                                                           |                          |                          |                          |                          |                             |                                                                                        |                          |                          |                          |                          |                             |  |
| 2329.                                                                                  | <p>Welchen höchsten allgemeinbildenden Schulabschluss haben Sie? <span style="float: right;">K. 12</span></p> <p> <b>Liste 2329 vorlegen!</b></p> <div style="margin-top: 10px;"> <p>A Volks-/Hauptschulabschluss (DDR: 8. Klasse POS) ..... <input type="checkbox"/> <span style="float: right;">134-1 135</span></p> <p>B Mittlere Reife / Realschulabschluss (DDR: 10. Klasse POS) ..... <input type="checkbox"/> 2</p> <p>C Fachhochschulreife ..... <input type="checkbox"/> 3</p> <p>D Abitur / Hochschulreife (DDR: EOS) ..... <input type="checkbox"/> 4</p> <p>E Ohne Abschluss von der Schule abgegangen ..... <input type="checkbox"/> 5</p> <p>F Gehe noch zur Schule ..... <input type="checkbox"/> 6</p> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                          |                          |                             |                          |                       |                   |   |   |   |   |   |                                                                     |                          |                          |                          |                          |                             |                                                                           |                          |                          |                          |                          |                             |                                                                                        |                          |                          |                          |                          |                             |  |

| Nr.   | K. 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Weiter mit                                                                               |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2330. | <p>Welchen beruflichen Ausbildungsabschluss haben Sie?<br/>Was von dieser Liste trifft auf Sie zu?</p> <p> <b>Liste 2330 vorlegen! Mehrfachnennungen möglich!</b></p> <p style="text-align: right;">1</p> <p>A Abschluss einer gewerblichen Lehre ..... <input type="checkbox"/> 136</p> <p>B Abschluss einer kaufmännischen Lehre / Verwaltungslehre ..... <input type="checkbox"/> 137</p> <p>C Abschluss einer haus- oder landwirtschaftlichen Lehre ..... <input type="checkbox"/> 138</p> <p>D Berufsfachschulabschluss (z.B. Krankenschwester, Erzieher(in)) ..... <input type="checkbox"/> 139</p> <p>E Berufliches Praktikum / Volontariat ..... <input type="checkbox"/> 140</p> <p>F Laufbahnprüfung im Öffentlichen Dienst ..... <input type="checkbox"/> 141</p> <p>G Meister, Techniker oder gleichwertiger Fachschulabschluss ..... <input type="checkbox"/> 142</p> <p>H Fachhochschulabschluss (auch Ingenieurabschluss) ..... <input type="checkbox"/> 143</p> <p>J Hochschulabschluss ..... <input type="checkbox"/> 144</p> <p>K Sonstiger Ausbildungsabschluss ..... <input type="checkbox"/> 145</p> <p>L Keinen beruflichen Ausbildungsabschluss<br/>(oder Berufsschule oder Lehre) ..... <input type="checkbox"/> 146</p> |                                                                                          |
| 2331. | <p>Welchen Familienstand haben Sie?</p> <p> <b>Liste 2331 vorlegen!</b></p> <p>A Ich bin verheiratet und lebe mit meinem Ehepartner zusammen .. <input type="checkbox"/> 1 147</p> <p>B Ich bin verheiratet und lebe von meinem Ehepartner getrennt ..... <input type="checkbox"/> 2</p> <p>C Ich bin ledig ..... <input type="checkbox"/> 3</p> <p>D Ich bin geschieden ..... <input type="checkbox"/> 4</p> <p>E Ich bin verwitwet ..... <input type="checkbox"/> 5</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>2331A</p> <p><b>2332</b></p> <p><b>2335</b></p> <p><b>2333</b></p> <p><b>2334</b></p> |
| 2331A | <p>Seit wann sind Sie verheiratet?</p> <p style="text-align: right;">Seit <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br/>Jahr</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>2338</b></p> <p><b>!</b></p>                                                       |
| 2332. | <p>Seit wann leben Sie getrennt?</p> <p style="text-align: right;">Seit <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 148-151<br/>Jahr</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p><b>2335</b></p> <p><b>!</b></p>                                                       |
| 2333. | <p>Seit wann sind Sie geschieden?</p> <p style="text-align: right;">Seit <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 152-155<br/>Jahr</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p><b>2335</b></p> <p><b>!</b></p>                                                       |
| 2334. | <p>Seit wann sind Sie verwitwet?</p> <p style="text-align: right;">Seit <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 156-159<br/>Jahr</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          |
| 2335. | <p>Haben Sie derzeit einen Partner?</p> <p style="text-align: right;">Ja ..... <input type="checkbox"/> 1 160</p> <p style="text-align: right;">Nein ..... <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p><b>2336</b></p> <p><b>2343</b></p>                                                    |
| 2336. | <p>Leben Sie mit diesem Partner zusammen?</p> <p style="text-align: right;">Ja ..... <input type="checkbox"/> 1 161</p> <p style="text-align: right;">Zeitweise, z.B. am Wochenende ... <input type="checkbox"/> 2</p> <p style="text-align: right;">Nein ..... <input type="checkbox"/> 3</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>2337</b></p> <p><b>2338</b></p>                                                    |

| Nr.   | K. 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Weiter mit                                 |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| 2337. | Seit wann wohnen Sie mit Ihrem jetzigen Partner in einer Wohnung zusammen?<br><div style="text-align: right;">Seit <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> Jahr <span style="float: right;">162-165</span></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |
| 2338. | Was von dieser Liste trifft auf Ihren Partner zu?<br> <b>Liste 2338 vorlegen!</b> <div style="float: right; text-align: right;">             166-167<br/>             1<br/>2<br/>3<br/>4<br/>5<br/>6<br/>7<br/>8<br/>9           </div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div>             A Vollzeit erwerbstätig ..... <input type="checkbox"/><br/>             B Teilzeit erwerbstätig ..... <input type="checkbox"/><br/>             C in Ausbildung / Studium ..... <input type="checkbox"/><br/>             D arbeitslos ..... <input type="checkbox"/><br/>             E im Erziehungsurlaub ..... <input type="checkbox"/><br/>             F nicht erwerbstätig (Hausmann) ..... <input type="checkbox"/><br/>             G Wehrdienst- oder Zivildienstleistender ..... <input type="checkbox"/><br/>             H Rentner / Pensionär ..... <input type="checkbox"/><br/>             J Sonstiges ..... <input type="checkbox"/> </div> </div> |                                            |
| 2339. | Ist ... ( <b>Zielkind nennen</b> ) ein leibliches Kind Ihres Partners?<br><div style="text-align: right;">             Ja ..... <input type="checkbox"/> 1 168<br/>             -----<br/>             Nein ..... <input type="checkbox"/> 2           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>2341</b><br><br><br><br><br><b>2340</b> |
| 2340. | Seit wann kennt ... ( <b>Zielkind</b> ) Ihren jetzigen Partner?<br>Nennen Sie bitte wieder das Jahr. Kennt ihn seit ..... <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> ( <b>Kalenderjahr</b> ) <span style="float: right;">169-172</span><br>Kennt ihn nicht ..... <input type="checkbox"/> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |
| 2341. |  <b>Frage nicht an Väter stellen!</b><br><b>Befragte Männer weiter mit Frage 2343!</b><br>Sind Sie zur Zeit schwanger?<br><div style="text-align: right;">             Ja ..... <input type="checkbox"/> 1 173<br/>             -----<br/>             Nein ..... <input type="checkbox"/> 2<br/>             Weiß nicht ..... <input type="checkbox"/> 8<br/>             Angabe verweigert ..... <input type="checkbox"/> 7           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>2342</b><br><br><br><br><br><b>2343</b> |
| 2342. | In welchem Monat?<br><div style="text-align: right;">Im <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> . Monat <span style="float: right;">174-175</span></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                  |                                                           |                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2343.                              | Jetzt geht es um Ihre Kinder.<br>Wie viele Kinder haben Sie insgesamt? Bitte berücksichtigen Sie neben den eigenen, leiblichen Kindern auch eventuell vorhandene Adoptiv-, Stief- oder Pflegekinder.<br>Bitte nennen Sie mir die Anzahl aller Kinder.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |                                                           | K. 12<br>176-177                                                                                                                                                                                                                                                                                                                      |
| 2344.                              | Ich möchte im folgenden etwas mehr über Ihr Kind / Ihre Kinder erfahren.<br>a) Bitte sagen Sie mir zunächst die Namen aller Ihrer Kinder, also auch der Adoptiv-, Stief- und Pflegekinder. Beginnen wir mit ... ( <b>Zielkind nennen = ist das Kind, das auf dem Adressenblatt steht</b> )<br>☞ <b>Name des Zielkindes in erste Spalte eintragen!</b><br>Wenn lt. Frage 2343 zwei Kinder genannt:<br>Wie heißt Ihr anderes Kind?<br>☞ <b>Wenn lt. Frage 2343 mehr als zwei Kinder genannt:</b><br>Machen wir mit dem ältesten der anderen Kinder weiter.<br>☞ <b>Für jedes Kind weiterfragen:</b><br>b) Welches Geschlecht hat ... ( <b>jeweils Namen nennen</b> )?<br>c) In welchem Monat und in welchem Jahr ist ... geboren?<br>f) Wo lebt ... derzeit? Sagen Sie es mir bitte anhand dieser Liste.<br>☞ <b>Liste 2344 vorlegen!</b> |                                                                                                  |                                                           |                                                                                                                                                                                                                                                                                                                                       |
| a)                                 | <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | b)<br><b>Geschlecht</b><br><br>1 = Junge<br>2 = Mädchen<br><br><b>Bitte Kennziffer eintragen</b> | c)<br><b>Geboren</b><br><br><b>Monat / Jahr eintragen</b> | f)<br><b>Wo lebt das Kind derzeit?</b><br>0 = in meinem Haushalt<br>1 = beim anderen Elternteil<br>2 = bei Großeltern / Verwandten<br>3 = im Internat<br>4 = im Heim<br>5 = im eigenen Haushalt<br>6 = bei Adoptiveltern<br>7 = bei Pflegeeltern<br>8 = lebt abwechselnd bei verschied. Personen<br><b>Bitte Kennziffer eintragen</b> |
| <b>Zielkind:</b><br><b>01</b>      | K. 13<br>12-13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 14                                                                                               | 15-16 17-20                                               | 24-25                                                                                                                                                                                                                                                                                                                                 |
| <b>weiteres Kind:</b><br><b>02</b> | K. 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |                                                           |                                                                                                                                                                                                                                                                                                                                       |
| <b>weiteres Kind:</b><br><b>03</b> | K. 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |                                                           |                                                                                                                                                                                                                                                                                                                                       |
| <b>weiteres Kind:</b><br><b>04</b> | K. 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |                                                           |                                                                                                                                                                                                                                                                                                                                       |
| <b>weiteres Kind:</b><br><b>05</b> | K. 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |                                                           |                                                                                                                                                                                                                                                                                                                                       |
| <b>weiteres Kind:</b><br><b>06</b> | K. 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |                                                           |                                                                                                                                                                                                                                                                                                                                       |
| <b>weiteres Kind:</b><br><b>07</b> | K. 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |                                                           |                                                                                                                                                                                                                                                                                                                                       |
| <b>weiteres Kind:</b><br><b>08</b> | K. 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |                                                           |                                                                                                                                                                                                                                                                                                                                       |
| <b>weiteres Kind:</b><br><b>09</b> | K. 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |                                                           |                                                                                                                                                                                                                                                                                                                                       |
| <b>weiteres Kind:</b><br><b>10</b> | K. 22<br>12-13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 14                                                                                               | 15-16 17-20                                               | 24-25                                                                                                                                                                                                                                                                                                                                 |

| Nr.   | K. 23                                                                                                                                                                                   | Weiter mit |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 2349. | <p>Wie viele Personen, Sie eingeschlossen, leben insgesamt in Ihrem Haushalt?</p> <p>Insgesamt <input type="text"/> <input type="text"/> <input type="text"/> Personen</p> <p>17-18</p> |            |
| 2351. | <p>Sind Sie gemeinsam mit ... (<b>Zielkind nennen</b>) in Deutschland schon einmal umgezogen?</p> <p>Ja ..... <input type="checkbox"/> 1 20</p>                                         | 2352       |
|       | <p>Nein ..... <input type="checkbox"/> 2</p>                                                                                                                                            | 2353       |
| 2352. | <p>War das innerhalb der gleichen Stadt bzw. dem gleichen Ort?</p> <p>Ja ..... <input type="checkbox"/> 1 21</p> <p>Nein ..... <input type="checkbox"/> 2</p>                           |            |

**2353. Im Folgenden möchten wir gerne etwas über die Familie von Ihnen und ... (Zielkind nennen) erfahren.**

- A<sub>1</sub>** Schreiben Sie bitte auf diese Familienkarte die Namen aller Personen, die Sie persönlich zu Ihrer Familie zählen.  
 **Familienkarte übergeben und der Befragten bitte genug Zeit lassen, alle Namen zu notieren!**  
 Schreiben Sie diese Personen bitte so auf, wie Sie diese Personen üblicherweise nennen. Personen mit gleichem Namen tragen Sie bitte so in die Familienkarte ein, dass Sie diese unterscheiden können. Schreiben Sie bitte jeweils nur eine Person in eine Zeile und lassen bitte zwischen den Personen keine freien Zeilen.

- B** Sagen Sie mir bitte die Personennummer der Person, die Sie bisher als letzte auf die Karte geschrieben haben.  
 **Personennummer der letzten, zur Familie gehörenden Person eintragen:**

|  |             |          |
|--|-------------|----------|
|  | K. 23 22-23 | <b>B</b> |
|--|-------------|----------|

- A<sub>2</sub>** Tragen Sie bitte auch folgende Personen in die Familienkarte ein, falls sie noch leben und von Ihnen noch nicht eingetragen wurden. Jede Person darf nur einmal vorkommen.
- Falls Sie Kinder haben, also eigene Kinder, Pflege- bzw. Adoptivkinder, auch wenn diese nicht in Ihrem Haushalt leben, die noch nicht auf der Familienliste stehen, tragen Sie diese Kinder bitte jetzt ein.
  - Falls Ihre Eltern noch nicht auf der Liste stehen, tragen Sie Ihre Mutter und Ihren Vater bitte jetzt ein, sofern sie nicht verstorben sind.
  - Falls Ihre Großeltern noch leben und nicht auf der Liste stehen, tragen Sie diese bitte jetzt ein.
  - Falls Ihr Partner Kinder hat, die noch nicht auf der Liste stehen, tragen Sie diese Kinder bitte ein, auch wenn sie nicht in Ihrem Haushalt leben.
  - Falls die Eltern Ihres Partners nicht auf der Liste stehen, tragen Sie diese bitte ein, sofern sie nicht verstorben sind.
  - Falls die Großeltern Ihres Partners noch leben und noch nicht auf der Liste stehen, tragen Sie diese bitte jetzt ein.
- Sofern Sie ein Kind aus einer früheren Ehe oder Partnerschaft haben, möchten wir Sie bitten, noch weitere Personen in die Familienkarte einzutragen. **(Falls Befragte(r) angibt, keine Kinder aus einer früheren Partnerschaft zu haben, bitte mit Frage C fortfahren)**
- Falls Sie ein Kind aus einer früheren Partnerschaft haben, tragen Sie bitte diesen Expartner ein, sofern er noch nicht auf der Karte steht.
  - Falls Sie ein Kind aus einer früheren Partnerschaft haben, tragen Sie jetzt bitte die Eltern des Expartners ein, wenn diese noch leben und nicht bereits auf der Karte stehen.
  - Falls Sie ein Kind aus einer früheren Partnerschaft haben und falls die Großeltern des Expartners noch leben und nicht auf der Karte stehen, tragen Sie diese jetzt bitte ein.

- C** Sagen Sie mir bitte zu jeder der von Ihnen aufgeschriebenen Personen, in welchem verwandtschaftlichen Verhältnis diese Person zu Ihnen steht. Nennen Sie mir dazu bitte die jeweils zutreffende Zahl von dieser Liste. Wenn die aufgeschriebene Person bspw. Ihr Sohn ist, wäre dies die Zahl 4.  
 **Liste 2353C "Verwandtschaftliche Beziehung der aufgeschriebenen Person zu mir" übergeben und Codes auf der gegenüberliegenden Seite eintragen!**

- D** Bitte sagen Sie mir jetzt, in welchem verwandtschaftlichen Verhältnis die von Ihnen aufgeschriebenen Personen zum Zielkind stehen. Bspw. wäre Ihr Bruder aus Sicht des Zielkinds ein Onkel. Nennen Sie mir für jede von Ihnen aufgeschriebene Person die jeweils zutreffende Zahl von dieser Liste.  
 **Liste 2353D "Verwandtschaftliche Beziehung der aufgeschriebenen Person zu meinem Kind (Zielkind)" übergeben und Codes auf der gegenüberliegenden Seite eintragen!**

- E** Wie weit wohnen diese Personen von Ihnen entfernt?  
 Nennen Sie mir bitte wieder zu jeder Person die jeweils zutreffende Zahl von dieser Liste.  
 **Liste 2353E Entfernung übergeben und Codes auf der gegenüberliegenden Seite eintragen!**

- F** Wie gut oder schlecht ist die Beziehung zwischen Ihnen und diesen Personen?  
 Nennen Sie mir bitte wieder zu jeder Person die jeweils zutreffende Zahl von dieser Liste.  
 **Liste 2353F Beziehung übergeben und Codes auf der gegenüberliegenden Seite eintragen!**

-  **Liste 2353H Verkehrssprache übergeben und Codes auf der gegenüberliegenden Seite eintragen!**  
**H** Sagen Sie mir abschließend noch, ob Sie mit diesen Personen deutsch oder russisch sprechen. Nennen Sie mir bitte wieder zu jeder Person die jeweils zutreffende Zahl von dieser Liste.  
 **Familienkarte bitte mit dem Fragebogen an infas zurückschicken!**

| <b>A<sub>1</sub></b><br><b>A<sub>2</sub></b>       | <b>C</b><br>Verwandtschaftliche Beziehung<br><b>Befragte(r)</b><br><br><i>Code lt. Liste 2353C eintragen:</i> | <b>D</b><br>Verwandtschaftliche Beziehung<br><b>Zielkind</b><br><br><i>Code lt. Liste 2353D eintragen:</i> | <b>E Entfernung:</b><br>1 = In unserem Haushalt<br>2 = Im gleichen Haus<br>3 = Zu Fuß maximal 1/4 Stunde entfernt<br>4 = Maximal 1 Stunde Fahrzeit entfernt (Auto, Bus etc.)<br>5 = Weiter entfernt in Deutschl.<br>6 = ehemalige Sowjetunion | <b>F</b><br>Beziehung zu Befragter<br>gut schlecht<br>1 2 3 4<br><br>Keine Beziehung5<br>Weiss nicht..... 8 | <b>H</b><br>Verkehrssprache<br>1 = deutsch<br>2 = russisch<br>3 = mal so mal so                         |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>00 (Befragte)</b><br><small>K. 24 12-13</small> |  <small>14-15</small>        |  <small>16-17</small>     |  <small>18</small>                                                                                                                                           |  <small>19-20</small>                                                                                       |  <small>23</small>   |
| <b>01 (Zielkind)</b><br><small>K. 25 12-13</small> |  <small>14-15</small>        |  <small>16-17</small>     |  <small>18</small>                                                                                                                                           |  <small>19-20</small>                                                                                       |  <small>23</small>   |
| <b>02</b><br><small>K. 26</small>                  |                              |                           |                                                                                                                                                              |                                                                                                             |                      |
| <b>03</b><br><small>K. 27</small>                  |                              |                           |                                                                                                                                                              |                                                                                                             |                      |
| <b>04</b><br><small>K. 28</small>                  |                              |                           |                                                                                                                                                              |                                                                                                             |                      |
| <b>05</b><br><small>K. 29</small>                  |                              |                           |                                                                                                                                                              |                                                                                                             |                      |
| <b>06</b><br><small>K. 30</small>                  |                              |                           |                                                                                                                                                              |                                                                                                             |                      |
| <b>07</b><br><small>K. 31</small>                  |                              |                           |                                                                                                                                                              |                                                                                                             |                      |
| <b>08</b><br><small>K. 32</small>                  |                            |                         |                                                                                                                                                            |                                                                                                           |                    |
| <b>09</b><br><small>K. 33</small>                  |                            |                         |                                                                                                                                                            |                                                                                                           |                    |
| <b>10</b><br><small>K. 34</small>                  |                            |                         |                                                                                                                                                            |                                                                                                           |                    |
| <b>11</b><br><small>K. 35</small>                  |                            |                         |                                                                                                                                                            |                                                                                                           |                    |
| <b>12</b><br><small>K. 36</small>                  |                            |                         |                                                                                                                                                            |                                                                                                           |                    |
| <b>13</b><br><small>K. 37</small>                  |                            |                         |                                                                                                                                                            |                                                                                                           |                    |
| <b>14</b><br><small>K. 38</small>                  |                            |                         |                                                                                                                                                            |                                                                                                           |                    |
| <b>15</b><br><small>K. 39</small>                  |                            |                         |                                                                                                                                                            |                                                                                                           |                    |
| <b>16</b><br><small>K. 40</small>                  |                            |                         |                                                                                                                                                            |                                                                                                           |                    |
| <b>17</b><br><small>K. 41</small>                  |                            |                         |                                                                                                                                                            |                                                                                                           |                    |
| <b>18</b><br><small>K. 42</small>                  |                            |                         |                                                                                                                                                            |                                                                                                           |                    |
| <b>19</b><br><small>K. 43</small>                  |                            |                         |                                                                                                                                                            |                                                                                                           |                    |
| <b>20</b><br><small>K. 44</small>                  |                            |                         |                                                                                                                                                            |                                                                                                           |                    |
| <b>21</b><br><small>K. 45</small>                  |                            |                         |                                                                                                                                                            |                                                                                                           |                    |
| <b>22</b><br><small>K. 46 12-13</small>            |  <small>14-15</small>      |  <small>16-17</small>   |  <small>18</small>                                                                                                                                         |  <small>19-20</small>                                                                                     |  <small>23</small> |

| Nr.                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Weiter mit                        |                          |           |                           |                          |                          |                          |                          |                                                                                                                                                               |                                            |                          |    |                                                                                                                                                               |                          |                          |    |                           |                          |                          |    |                       |                          |                          |    |  |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------|-----------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----|---------------------------|--------------------------|--------------------------|----|-----------------------|--------------------------|--------------------------|----|--|
| 2353.1                                     | <div style="text-align: right;">K. 50</div> <p>Sind die folgenden Personen seit dem 31.12.2000 nach Deutschland gezogen?</p> <p> <b>Vorgaben bitte vorlesen!</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Ja<br/>1</th> <th style="text-align: center;">Nein<br/>2</th> <th></th> </tr> </thead> <tbody> <tr> <td>● Ihre Eltern? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>35</td> </tr> <tr> <td>● Ihre Schwiegereltern? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>36</td> </tr> <tr> <td>● Ihre Geschwister? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>37</td> </tr> <tr> <td>● andere Verwandte? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>38</td> </tr> <tr> <td>● Ihre Freunde? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>39</td> </tr> </tbody> </table> |                                   | Ja<br>1                  | Nein<br>2 |                           | ● Ihre Eltern? .....     | <input type="checkbox"/> | <input type="checkbox"/> | 35                       | ● Ihre Schwiegereltern? .....                                                                                                                                 | <input type="checkbox"/>                   | <input type="checkbox"/> | 36 | ● Ihre Geschwister? .....                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | 37 | ● andere Verwandte? ..... | <input type="checkbox"/> | <input type="checkbox"/> | 38 | ● Ihre Freunde? ..... | <input type="checkbox"/> | <input type="checkbox"/> | 39 |  |
|                                            | Ja<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Nein<br>2                         |                          |           |                           |                          |                          |                          |                          |                                                                                                                                                               |                                            |                          |    |                                                                                                                                                               |                          |                          |    |                           |                          |                          |    |                       |                          |                          |    |  |
| ● Ihre Eltern? .....                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>          | 35                       |           |                           |                          |                          |                          |                          |                                                                                                                                                               |                                            |                          |    |                                                                                                                                                               |                          |                          |    |                           |                          |                          |    |                       |                          |                          |    |  |
| ● Ihre Schwiegereltern? .....              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>          | 36                       |           |                           |                          |                          |                          |                          |                                                                                                                                                               |                                            |                          |    |                                                                                                                                                               |                          |                          |    |                           |                          |                          |    |                       |                          |                          |    |  |
| ● Ihre Geschwister? .....                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>          | 37                       |           |                           |                          |                          |                          |                          |                                                                                                                                                               |                                            |                          |    |                                                                                                                                                               |                          |                          |    |                           |                          |                          |    |                       |                          |                          |    |  |
| ● andere Verwandte? .....                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>          | 38                       |           |                           |                          |                          |                          |                          |                                                                                                                                                               |                                            |                          |    |                                                                                                                                                               |                          |                          |    |                           |                          |                          |    |                       |                          |                          |    |  |
| ● Ihre Freunde? .....                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>          | 39                       |           |                           |                          |                          |                          |                          |                                                                                                                                                               |                                            |                          |    |                                                                                                                                                               |                          |                          |    |                           |                          |                          |    |                       |                          |                          |    |  |
| 2353.2                                     | <p>Haben Sie Verwandte oder Freunde, die in der ehemaligen Sowjetunion leben?</p> <p> <b>Vorgaben bitte vorlesen!</b></p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>● Ja, Verwandte und Freunde .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>● Ja, nur Verwandte .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>● Ja, nur Freunde .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>3</td> </tr> <tr> <td>● Nein, weder Verwandte noch Freunde .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>4</td> </tr> </tbody> </table> <div style="text-align: right;">40</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ● Ja, Verwandte und Freunde ..... | <input type="checkbox"/> | 1         | ● Ja, nur Verwandte ..... | <input type="checkbox"/> | 2                        | ● Ja, nur Freunde .....  | <input type="checkbox"/> | 3                                                                                                                                                             | ● Nein, weder Verwandte noch Freunde ..... | <input type="checkbox"/> | 4  | <div style="border-bottom: 1px solid black; padding-bottom: 5px;">2353.3</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">2353.4</div> |                          |                          |    |                           |                          |                          |    |                       |                          |                          |    |  |
| ● Ja, Verwandte und Freunde .....          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1                                 |                          |           |                           |                          |                          |                          |                          |                                                                                                                                                               |                                            |                          |    |                                                                                                                                                               |                          |                          |    |                           |                          |                          |    |                       |                          |                          |    |  |
| ● Ja, nur Verwandte .....                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2                                 |                          |           |                           |                          |                          |                          |                          |                                                                                                                                                               |                                            |                          |    |                                                                                                                                                               |                          |                          |    |                           |                          |                          |    |                       |                          |                          |    |  |
| ● Ja, nur Freunde .....                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3                                 |                          |           |                           |                          |                          |                          |                          |                                                                                                                                                               |                                            |                          |    |                                                                                                                                                               |                          |                          |    |                           |                          |                          |    |                       |                          |                          |    |  |
| ● Nein, weder Verwandte noch Freunde ..... | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4                                 |                          |           |                           |                          |                          |                          |                          |                                                                                                                                                               |                                            |                          |    |                                                                                                                                                               |                          |                          |    |                           |                          |                          |    |                       |                          |                          |    |  |
| 2353.3                                     | <p>Wie häufig haben Sie Kontakt zu Verwandten, die in der ehemaligen Sowjetunion leben?</p> <p> <b>Vorgaben bitte vorlesen!</b></p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>● Sehr oft .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td>● oft .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td>● selten .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>3</td> </tr> <tr> <td>● nie? .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>4</td> </tr> </tbody> </table> <div style="text-align: right;">41</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ● Sehr oft .....                  | <input type="checkbox"/> | 1         | ● oft .....               | <input type="checkbox"/> | 2                        | ● selten .....           | <input type="checkbox"/> | 3                                                                                                                                                             | ● nie? .....                               | <input type="checkbox"/> | 4  |                                                                                                                                                               |                          |                          |    |                           |                          |                          |    |                       |                          |                          |    |  |
| ● Sehr oft .....                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1                                 |                          |           |                           |                          |                          |                          |                          |                                                                                                                                                               |                                            |                          |    |                                                                                                                                                               |                          |                          |    |                           |                          |                          |    |                       |                          |                          |    |  |
| ● oft .....                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2                                 |                          |           |                           |                          |                          |                          |                          |                                                                                                                                                               |                                            |                          |    |                                                                                                                                                               |                          |                          |    |                           |                          |                          |    |                       |                          |                          |    |  |
| ● selten .....                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3                                 |                          |           |                           |                          |                          |                          |                          |                                                                                                                                                               |                                            |                          |    |                                                                                                                                                               |                          |                          |    |                           |                          |                          |    |                       |                          |                          |    |  |
| ● nie? .....                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4                                 |                          |           |                           |                          |                          |                          |                          |                                                                                                                                                               |                                            |                          |    |                                                                                                                                                               |                          |                          |    |                           |                          |                          |    |                       |                          |                          |    |  |
| 2353.4                                     | <p>Haben Sie seit dem 31.12.2000 die ehemalige Sowjetunion besucht?</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Ja .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>1</td> <td>42</td> </tr> <tr> <td>Nein .....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>2</td> <td></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ja .....                          | <input type="checkbox"/> | 1         | 42                        | Nein .....               | <input type="checkbox"/> | 2                        |                          | <div style="border-bottom: 1px solid black; padding-bottom: 5px;">2353.5</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">2353.6</div> |                                            |                          |    |                                                                                                                                                               |                          |                          |    |                           |                          |                          |    |                       |                          |                          |    |  |
| Ja .....                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1                                 | 42                       |           |                           |                          |                          |                          |                          |                                                                                                                                                               |                                            |                          |    |                                                                                                                                                               |                          |                          |    |                           |                          |                          |    |                       |                          |                          |    |  |
| Nein .....                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2                                 |                          |           |                           |                          |                          |                          |                          |                                                                                                                                                               |                                            |                          |    |                                                                                                                                                               |                          |                          |    |                           |                          |                          |    |                       |                          |                          |    |  |
| 2353.5                                     | <p>Wie oft haben Sie seit dem 31.12.2000 die ehemalige Sowjetunion besucht?</p> <p style="text-align: right;">Anzahl der Besuche: ... <input style="width: 50px;" type="text"/></p> <div style="text-align: right;">43-45</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                          |           |                           |                          |                          |                          |                          |                                                                                                                                                               |                                            |                          |    |                                                                                                                                                               |                          |                          |    |                           |                          |                          |    |                       |                          |                          |    |  |



| Nr.                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Weiter mit                   |                          |                          |                          |                             |                        |                 |  |   |   |   |   |   |   |                             |  |  |  |  |  |  |                  |                          |                          |                          |                          |                          |                             |                    |                          |                          |                          |                          |                          |                             |                     |                          |                          |                          |                          |                          |                             |                      |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                 |                          |                          |                          |                          |                          |                             |                  |                          |                          |                          |                          |                          |                             |                           |                          |                          |                          |                          |                          |                             |  |
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| 2353.6                      | <p>Im Folgenden geht es darum, ob Sie etwas aus Ihrem alten Zuhause in der ehemaligen Sowjetunion vermissen.</p> <p> <b>Liste 2353.6 vorlegen und Vorgaben vorlesen!</b></p> <table border="0"> <thead> <tr> <th></th> <th>Sehr stark</th> <th>Eher stark</th> <th>Mittel</th> <th>Eher wenig</th> <th>Sehr wenig / gar nicht</th> <th>trifft nicht zu</th> </tr> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> </tr> </thead> <tbody> <tr> <td>Wie stark vermissen Sie ...</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>● Freunde? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 46</td> </tr> <tr> <td>● Verwandte? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 47</td> </tr> <tr> <td>● Heimatland? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 48</td> </tr> <tr> <td>● Heimatstadt? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 49</td> </tr> <tr> <td>● Natur? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 50</td> </tr> <tr> <td>● Klima? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 51</td> </tr> <tr> <td>● Arbeit? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 52</td> </tr> <tr> <td>● Sprache? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 53</td> </tr> <tr> <td>● russische Kultur? .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 54</td> </tr> </tbody> </table> |                              | Sehr stark               | Eher stark               | Mittel                   | Eher wenig                  | Sehr wenig / gar nicht | trifft nicht zu |  | 1 | 2 | 3 | 4 | 5 | 6 | Wie stark vermissen Sie ... |  |  |  |  |  |  | ● Freunde? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 46 | ● Verwandte? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 47 | ● Heimatland? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 48 | ● Heimatstadt? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 49 | ● Natur? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 50 | ● Klima? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 51 | ● Arbeit? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 52 | ● Sprache? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 53 | ● russische Kultur? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 54 |  |
|                             | Sehr stark                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Eher stark                   | Mittel                   | Eher wenig               | Sehr wenig / gar nicht   | trifft nicht zu             |                        |                 |  |   |   |   |   |   |   |                             |  |  |  |  |  |  |                  |                          |                          |                          |                          |                          |                             |                    |                          |                          |                          |                          |                          |                             |                     |                          |                          |                          |                          |                          |                             |                      |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                 |                          |                          |                          |                          |                          |                             |                  |                          |                          |                          |                          |                          |                             |                           |                          |                          |                          |                          |                          |                             |  |
|                             | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2                            | 3                        | 4                        | 5                        | 6                           |                        |                 |  |   |   |   |   |   |   |                             |  |  |  |  |  |  |                  |                          |                          |                          |                          |                          |                             |                    |                          |                          |                          |                          |                          |                             |                     |                          |                          |                          |                          |                          |                             |                      |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                 |                          |                          |                          |                          |                          |                             |                  |                          |                          |                          |                          |                          |                             |                           |                          |                          |                          |                          |                          |                             |  |
| Wie stark vermissen Sie ... |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                          |                          |                          |                             |                        |                 |  |   |   |   |   |   |   |                             |  |  |  |  |  |  |                  |                          |                          |                          |                          |                          |                             |                    |                          |                          |                          |                          |                          |                             |                     |                          |                          |                          |                          |                          |                             |                      |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                 |                          |                          |                          |                          |                          |                             |                  |                          |                          |                          |                          |                          |                             |                           |                          |                          |                          |                          |                          |                             |  |
| ● Freunde? .....            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 46 |                        |                 |  |   |   |   |   |   |   |                             |  |  |  |  |  |  |                  |                          |                          |                          |                          |                          |                             |                    |                          |                          |                          |                          |                          |                             |                     |                          |                          |                          |                          |                          |                             |                      |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                 |                          |                          |                          |                          |                          |                             |                  |                          |                          |                          |                          |                          |                             |                           |                          |                          |                          |                          |                          |                             |  |
| ● Verwandte? .....          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 47 |                        |                 |  |   |   |   |   |   |   |                             |  |  |  |  |  |  |                  |                          |                          |                          |                          |                          |                             |                    |                          |                          |                          |                          |                          |                             |                     |                          |                          |                          |                          |                          |                             |                      |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                 |                          |                          |                          |                          |                          |                             |                  |                          |                          |                          |                          |                          |                             |                           |                          |                          |                          |                          |                          |                             |  |
| ● Heimatland? .....         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 48 |                        |                 |  |   |   |   |   |   |   |                             |  |  |  |  |  |  |                  |                          |                          |                          |                          |                          |                             |                    |                          |                          |                          |                          |                          |                             |                     |                          |                          |                          |                          |                          |                             |                      |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                 |                          |                          |                          |                          |                          |                             |                  |                          |                          |                          |                          |                          |                             |                           |                          |                          |                          |                          |                          |                             |  |
| ● Heimatstadt? .....        | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 49 |                        |                 |  |   |   |   |   |   |   |                             |  |  |  |  |  |  |                  |                          |                          |                          |                          |                          |                             |                    |                          |                          |                          |                          |                          |                             |                     |                          |                          |                          |                          |                          |                             |                      |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                 |                          |                          |                          |                          |                          |                             |                  |                          |                          |                          |                          |                          |                             |                           |                          |                          |                          |                          |                          |                             |  |
| ● Natur? .....              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 50 |                        |                 |  |   |   |   |   |   |   |                             |  |  |  |  |  |  |                  |                          |                          |                          |                          |                          |                             |                    |                          |                          |                          |                          |                          |                             |                     |                          |                          |                          |                          |                          |                             |                      |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                 |                          |                          |                          |                          |                          |                             |                  |                          |                          |                          |                          |                          |                             |                           |                          |                          |                          |                          |                          |                             |  |
| ● Klima? .....              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 51 |                        |                 |  |   |   |   |   |   |   |                             |  |  |  |  |  |  |                  |                          |                          |                          |                          |                          |                             |                    |                          |                          |                          |                          |                          |                             |                     |                          |                          |                          |                          |                          |                             |                      |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                 |                          |                          |                          |                          |                          |                             |                  |                          |                          |                          |                          |                          |                             |                           |                          |                          |                          |                          |                          |                             |  |
| ● Arbeit? .....             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 52 |                        |                 |  |   |   |   |   |   |   |                             |  |  |  |  |  |  |                  |                          |                          |                          |                          |                          |                             |                    |                          |                          |                          |                          |                          |                             |                     |                          |                          |                          |                          |                          |                             |                      |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                 |                          |                          |                          |                          |                          |                             |                  |                          |                          |                          |                          |                          |                             |                           |                          |                          |                          |                          |                          |                             |  |
| ● Sprache? .....            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 53 |                        |                 |  |   |   |   |   |   |   |                             |  |  |  |  |  |  |                  |                          |                          |                          |                          |                          |                             |                    |                          |                          |                          |                          |                          |                             |                     |                          |                          |                          |                          |                          |                             |                      |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                 |                          |                          |                          |                          |                          |                             |                  |                          |                          |                          |                          |                          |                             |                           |                          |                          |                          |                          |                          |                             |  |
| ● russische Kultur? .....   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 54 |                        |                 |  |   |   |   |   |   |   |                             |  |  |  |  |  |  |                  |                          |                          |                          |                          |                          |                             |                    |                          |                          |                          |                          |                          |                             |                     |                          |                          |                          |                          |                          |                             |                      |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                 |                          |                          |                          |                          |                          |                             |                  |                          |                          |                          |                          |                          |                             |                           |                          |                          |                          |                          |                          |                             |  |
| 2353.7                      | <p>Planen Sie in den nächsten 12 Monaten eine Reise in die ehemalige Sowjetunion?</p> <p>Ja ..... <input type="checkbox"/> 1 56</p> <p>Nein ..... <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                          |                          |                          |                             |                        |                 |  |   |   |   |   |   |   |                             |  |  |  |  |  |  |                  |                          |                          |                          |                          |                          |                             |                    |                          |                          |                          |                          |                          |                             |                     |                          |                          |                          |                          |                          |                             |                      |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                 |                          |                          |                          |                          |                          |                             |                  |                          |                          |                          |                          |                          |                             |                           |                          |                          |                          |                          |                          |                             |  |
| 2353.8                      | <p>Haben Sie an einem deutschen Sprachkurs teilgenommen?</p> <p>Ja ..... <input type="checkbox"/> 1 57</p> <p>Nein ..... <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p>2353.9</p> <p>2353.10</p> |                          |                          |                          |                             |                        |                 |  |   |   |   |   |   |   |                             |  |  |  |  |  |  |                  |                          |                          |                          |                          |                          |                             |                    |                          |                          |                          |                          |                          |                             |                     |                          |                          |                          |                          |                          |                             |                      |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                 |                          |                          |                          |                          |                          |                             |                  |                          |                          |                          |                          |                          |                             |                           |                          |                          |                          |                          |                          |                             |  |
| 2353.9                      | <p>Wie viele Stunden pro Woche hatten Sie Deutschunterricht?</p> <p>Stunden pro Woche: .... <input type="text"/> 58-59</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                          |                          |                          |                             |                        |                 |  |   |   |   |   |   |   |                             |  |  |  |  |  |  |                  |                          |                          |                          |                          |                          |                             |                    |                          |                          |                          |                          |                          |                             |                     |                          |                          |                          |                          |                          |                             |                      |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                 |                          |                          |                          |                          |                          |                             |                  |                          |                          |                          |                          |                          |                             |                           |                          |                          |                          |                          |                          |                             |  |
| 2353.10                     | <p>Wie wichtig ist es für Sie, dass Ihre Kinder russisch sprechen?</p> <p> <b>Vorgaben bitte vorlesen!</b></p> <p>● Sehr wichtig ..... <input type="checkbox"/> 1</p> <p>● eher wichtig ..... <input type="checkbox"/> 2</p> <p>● eher unwichtig ..... <input type="checkbox"/> 3</p> <p>● völlig unwichtig? ..... <input type="checkbox"/> 4</p> <p>60</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                          |                          |                          |                             |                        |                 |  |   |   |   |   |   |   |                             |  |  |  |  |  |  |                  |                          |                          |                          |                          |                          |                             |                    |                          |                          |                          |                          |                          |                             |                     |                          |                          |                          |                          |                          |                             |                      |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                 |                          |                          |                          |                          |                          |                             |                  |                          |                          |                          |                          |                          |                             |                           |                          |                          |                          |                          |                          |                             |  |
| 2353.11                     | <p>Wie wichtig ist es für Sie, dass Ihre Kinder mit der russischen Kultur vertraut sind?</p> <p> <b>Vorgaben bitte vorlesen!</b></p> <p>● Sehr wichtig ..... <input type="checkbox"/> 1</p> <p>● eher wichtig ..... <input type="checkbox"/> 2</p> <p>● eher unwichtig ..... <input type="checkbox"/> 3</p> <p>● völlig unwichtig? ..... <input type="checkbox"/> 4</p> <p>61</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                          |                          |                          |                             |                        |                 |  |   |   |   |   |   |   |                             |  |  |  |  |  |  |                  |                          |                          |                          |                          |                          |                             |                    |                          |                          |                          |                          |                          |                             |                     |                          |                          |                          |                          |                          |                             |                      |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                |                          |                          |                          |                          |                          |                             |                 |                          |                          |                          |                          |                          |                             |                  |                          |                          |                          |                          |                          |                             |                           |                          |                          |                          |                          |                          |                             |  |

| Nr.                                                        | K. 47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Weiter mit               |                          |                          |             |          |  |                                                   |                          |                          |                          |                          |    |                                                   |                          |                          |                          |                          |    |                                                           |                          |                          |                          |                          |    |                                                          |                          |                          |                          |                          |    |                                                            |                          |                          |                          |                          |    |  |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|-------------|----------|--|---------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|---------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|-----------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|----------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|--|
| 2354.                                                      | <p>Im folgenden möchte ich gerne von Ihnen wissen, wie Sie sich in Ihrer Familie fühlen.<br/>Ich lese Ihnen einige Sätze vor und Sie sagen mir bitte, ob das für Sie immer, häufig, selten oder nie zutrifft.</p> <p> <b>Liste 2354 vorlegen und Vorgaben vorlesen!</b></p> <table border="0"> <thead> <tr> <th></th> <th>Immer<br/>1</th> <th>Häufig<br/>2</th> <th>Selten<br/>3</th> <th>Nie<br/>4</th> <th></th> </tr> </thead> <tbody> <tr> <td>● Ich bin gerne mit meiner Familie zusammen .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>12</td> </tr> <tr> <td>● In unserer Familie kommt es zu Reibereien .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>13</td> </tr> <tr> <td>● In unserer Familie können wir über alles sprechen .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>14</td> </tr> <tr> <td>● In unserer Familie geht jeder seinen eigenen Weg .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>15</td> </tr> <tr> <td>● In unserer Familie haben wir viel Spaß miteinander .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>16</td> </tr> </tbody> </table> |                          | Immer<br>1               | Häufig<br>2              | Selten<br>3 | Nie<br>4 |  | ● Ich bin gerne mit meiner Familie zusammen ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12 | ● In unserer Familie kommt es zu Reibereien ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13 | ● In unserer Familie können wir über alles sprechen ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14 | ● In unserer Familie geht jeder seinen eigenen Weg ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15 | ● In unserer Familie haben wir viel Spaß miteinander ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16 |  |
|                                                            | Immer<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Häufig<br>2              | Selten<br>3              | Nie<br>4                 |             |          |  |                                                   |                          |                          |                          |                          |    |                                                   |                          |                          |                          |                          |    |                                                           |                          |                          |                          |                          |    |                                                          |                          |                          |                          |                          |    |                                                            |                          |                          |                          |                          |    |  |
| ● Ich bin gerne mit meiner Familie zusammen .....          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12          |          |  |                                                   |                          |                          |                          |                          |    |                                                   |                          |                          |                          |                          |    |                                                           |                          |                          |                          |                          |    |                                                          |                          |                          |                          |                          |    |                                                            |                          |                          |                          |                          |    |  |
| ● In unserer Familie kommt es zu Reibereien .....          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13          |          |  |                                                   |                          |                          |                          |                          |    |                                                   |                          |                          |                          |                          |    |                                                           |                          |                          |                          |                          |    |                                                          |                          |                          |                          |                          |    |                                                            |                          |                          |                          |                          |    |  |
| ● In unserer Familie können wir über alles sprechen .....  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14          |          |  |                                                   |                          |                          |                          |                          |    |                                                   |                          |                          |                          |                          |    |                                                           |                          |                          |                          |                          |    |                                                          |                          |                          |                          |                          |    |                                                            |                          |                          |                          |                          |    |  |
| ● In unserer Familie geht jeder seinen eigenen Weg .....   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15          |          |  |                                                   |                          |                          |                          |                          |    |                                                   |                          |                          |                          |                          |    |                                                           |                          |                          |                          |                          |    |                                                          |                          |                          |                          |                          |    |                                                            |                          |                          |                          |                          |    |  |
| ● In unserer Familie haben wir viel Spaß miteinander ..... | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16          |          |  |                                                   |                          |                          |                          |                          |    |                                                   |                          |                          |                          |                          |    |                                                           |                          |                          |                          |                          |    |                                                          |                          |                          |                          |                          |    |                                                            |                          |                          |                          |                          |    |  |
| 2355.                                                      | <p>Welcher Kirche bzw. Religionsgemeinschaft gehören Sie an?</p> <p>Der evangelischen Kirche ..... <input type="checkbox"/> 1 17-18</p> <p>Einer evangelischen Freikirche ..... <input type="checkbox"/> 2</p> <p>Der römisch-katholischen Kirche ..... <input type="checkbox"/> 3</p> <p>Einer anderen christlichen Religionsgemeinschaft ..... <input type="checkbox"/> 4</p> <p>Dem Islam ..... <input type="checkbox"/> 5</p> <p>Einer anderen nicht-christlichen Religionsgemeinschaft ..... <input type="checkbox"/> 6</p> <hr/> <p>Keiner Religionsgemeinschaft ..... <input type="checkbox"/> 7</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>2356</p> <p>2357A</p> |                          |                          |             |          |  |                                                   |                          |                          |                          |                          |    |                                                   |                          |                          |                          |                          |    |                                                           |                          |                          |                          |                          |    |                                                          |                          |                          |                          |                          |    |                                                            |                          |                          |                          |                          |    |  |
| 2356.                                                      | <p>Wie häufig gehen Sie zum Gottesdienst?</p> <p> <b>Bitte nur <u>eine</u> Nennung!</b></p> <p>Häufiger als einmal in der Woche ..... <input type="checkbox"/> 1 19,20</p> <p>Einmal in der Woche ..... <input type="checkbox"/> 2</p> <p>Ein- bis dreimal im Monat ..... <input type="checkbox"/> 3</p> <p>Mehrmals im Jahr ..... <input type="checkbox"/> 4</p> <p>Seltener ..... <input type="checkbox"/> 5</p> <p>Nie ..... <input type="checkbox"/> 6</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                          |                          |             |          |  |                                                   |                          |                          |                          |                          |    |                                                   |                          |                          |                          |                          |    |                                                           |                          |                          |                          |                          |    |                                                          |                          |                          |                          |                          |    |                                                            |                          |                          |                          |                          |    |  |
| 2357A                                                      | <p>Erziehen Sie ... (<b>Zielkind nennen</b>) religiös?</p> <p>Ja ..... <input type="checkbox"/> 1 21</p> <p>Nein ..... <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p>2357B</p> <p>2358</p> |                          |                          |             |          |  |                                                   |                          |                          |                          |                          |    |                                                   |                          |                          |                          |                          |    |                                                           |                          |                          |                          |                          |    |                                                          |                          |                          |                          |                          |    |                                                            |                          |                          |                          |                          |    |  |
| 2357B                                                      | <p>Wie wichtig ist Ihnen die Religion bei der Erziehung von ... (<b>Zielkind</b>)?</p> <p> <b>Vorgaben bitte vorlesen!</b></p> <p>● Sehr wichtig ..... <input type="checkbox"/> 1 22</p> <p>● eher wichtig ..... <input type="checkbox"/> 2</p> <p>● eher unwichtig ..... <input type="checkbox"/> 3</p> <p>● oder völlig unwichtig? ..... <input type="checkbox"/> 4</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                          |                          |             |          |  |                                                   |                          |                          |                          |                          |    |                                                   |                          |                          |                          |                          |    |                                                           |                          |                          |                          |                          |    |                                                          |                          |                          |                          |                          |    |                                                            |                          |                          |                          |                          |    |  |

| Nr.   | K. 47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Weiter mit                     |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 2358. | <p>Wir wollen nun etwas über Ihre Erwerbssituation erfahren.</p> <p>Sind Sie derzeit erwerbstätig?</p> <p>Unter "Erwerbstätigkeit" verstehen wir dabei jede bezahlte bzw. mit einem Einkommen verbundene Tätigkeit, egal in welchem zeitlichen Umfang.</p> <p>Ja ..... <input type="checkbox"/> 1 23</p> <p>Nein ..... <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>2359</p> <p><b>2373</b></p> |
| 2359. | <p>Wenn Sie Ihre gesamte Erwerbstätigkeit zusammenrechnen, wieviel Wochenstunden haben Sie im Durchschnitt des letzten halben Jahres etwa gearbeitet?</p> <p>weniger als 15 Stunden ..... <input type="checkbox"/> 1 24-25</p> <p>15 bis 24 Stunden ..... <input type="checkbox"/> 2</p> <p>25 bis 34 Stunden ..... <input type="checkbox"/> 3</p> <p>35 bis 40 Stunden ..... <input type="checkbox"/> 4</p> <p>41 bis 60 Stunden ..... <input type="checkbox"/> 5</p> <p>oder mehr als 60 Stunden? ..... <input type="checkbox"/> 6</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |
| 2360. | <p>Was trifft für Ihre Haupttätigkeit zu? Sind Sie ...</p> <p> <b>Vorgaben bitte vorlesen!</b></p> <p>• Vollzeit erwerbstätig ..... <input type="checkbox"/> 1 26</p> <p>• Teilzeit erwerbstätig ..... <input type="checkbox"/> 2</p> <hr/> <p>• oder nur geringfügig beschäftigt? ... <input type="checkbox"/> 3</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>2361</p> <p><b>2373</b></p> |
| 2361. | <p>Üben Sie neben Ihrer Haupttätigkeit noch weitere Erwerbstätigkeiten aus?</p> <p>Ja ..... <input type="checkbox"/> 1 27</p> <p>Nein ..... <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |
| 2362. | <p>Welchen Beruf üben Sie derzeit hauptberuflich aus?</p> <p>In welche Berufsklasse gehört Ihre derzeitige berufliche Position im Hauptberuf?</p> <p> <b>Liste 2362 vorlegen und fragen:</b></p> <p>A Selbständige(r) in Landwirtschaft, Forstwirtschaft, Tierzucht, Fischerei ..... <input type="checkbox"/> 1 <sup>28-29</sup> → <b>2363</b></p> <p>B Selbständige(r) in freiem Beruf, selbständige Akademiker(in), freischaffende(r) Künstler(in) ..... <input type="checkbox"/> 2 → <b>2364</b></p> <p>C Selbständige(r) in Handel, Gewerbe, Industrie, Dienstleistung ..... <input type="checkbox"/> 3 → <b>2365</b></p> <p>D Beamte/Beamtin, auch Richter(in), Berufssoldat(in) ..... <input type="checkbox"/> 4 → <b>2366</b></p> <p>E Angestellte(r) ..... <input type="checkbox"/> 5 → <b>2367</b></p> <p>F Arbeiter(in), Facharbeiter(in) ..... <input type="checkbox"/> 6 → <b>2368</b></p> <p>G Mithelfende(r) Familienangehörige(r) ..... <input type="checkbox"/> 7 → <b>2369</b></p> <p>H Auszubildende(r) / Lehrling ..... <input type="checkbox"/> 8 → <b>2370</b></p> |                                |

| Nr.                             | K. 47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Weiter mit |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 2363.<br><br>2363A              | <p><b>Selbständige Landwirte:</b></p> <p>Wieviel landwirtschaftlich genutzte Fläche haben Sie als selbständiger Landwirt? Unter 10 ha oder 10 ha und mehr?</p> <p>Unter 10 ha ..... <input type="checkbox"/> 1 30<br/> 10 ha und mehr ..... <input type="checkbox"/> 2</p> <p style="text-align: center;">31-32                      33-36</p> <p>Seit wann sind Sie selbständiger Landwirt?</p> <p>Seit <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">Monat                      Jahr</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2371<br>!  |
| 2364.<br><br>2364A              | <p><b>Selbständige(r) in freiem Beruf, Akademiker, freischaffende Künstler</b></p> <p>Arbeiten Sie alleine oder haben Sie Mitarbeiter bzw. Partner?</p> <p>Arbeite alleine ..... <input type="checkbox"/> 1 37<br/> 1 bis 4 Mitarbeiter ..... <input type="checkbox"/> 2<br/> 5 und mehr Mitarbeiter .... <input type="checkbox"/> 3</p> <p style="text-align: center;">38-39                      40-43</p> <p>Seit wann sind Sie selbständig tätig?</p> <p>Seit <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">Monat                      Jahr</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2371<br>!  |
| 2365.<br><br>2365A              | <p><b>Selbständige(r) in Handel, Gewerbe, Industrie, Dienstleistung</b></p> <p>Arbeiten Sie alleine oder haben Sie Mitarbeiter bzw. Partner?</p> <p>Arbeite alleine ..... <input type="checkbox"/> 1 44<br/> 1 bis 4 Mitarbeiter ..... <input type="checkbox"/> 2<br/> 5 und mehr Mitarbeiter .... <input type="checkbox"/> 3</p> <p style="text-align: center;">45-46                      47-50</p> <p>Seit wann sind Sie selbständig tätig?</p> <p>Seit <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">Monat                      Jahr</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2371<br>!  |
| 2366.<br><br>2366A<br><br>2366B | <p><b>Beamter / Beamtin, auch Richter(in), Berufssoldat(in)</b></p> <p>In welchem Dienst sind Sie als Beamter beschäftigt?</p> <p> <b>Liste 2366 vorlegen!</b></p> <p>A Im einfachen Dienst (bis einschl. Oberamtsmeister) ..... <input type="checkbox"/> 1 51<br/> B Im mittleren Dienst (von Assistent bis einschl. Hauptsekretär, Amtsinspektor) ..... <input type="checkbox"/> 2<br/> C Im gehobenen Dienst (von Inspektor bis einschl. Oberamtsrat) ..... <input type="checkbox"/> 3<br/> D Im höheren Dienst, Richter (von Rat aufwärts) ..... <input type="checkbox"/> 4</p> <p style="text-align: center;">52-53                      54-57</p> <p>Seit wann üben Sie Ihren Beruf in der jetzigen Position aus?</p> <p>Seit <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">Monat                      Jahr</p> <p>Ist Ihr gegenwärtiges Arbeitsverhältnis befristet?</p> <p>Ja ..... <input type="checkbox"/> 1 58<br/> Nein ..... <input type="checkbox"/> 2</p> | 2371<br>!  |

| Nr.                  | K. 47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Weiter mit           |                      |       |  |                      |                      |                      |                      |       |  |      |  |           |
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| 2367.                | <p><b><u>Angestellte(r)</u></b></p> <p>Welche Tätigkeit üben Sie derzeit aus?</p> <p> <b>Liste 2367 vorlegen!</b></p> <p>Ich bin Angestellte(r), und zwar:</p> <p>A mit ausführender Tätigkeit nach Anweisung<br/>(z.B. Verkäufer, Kontorist, Datentypist) ..... <input type="checkbox"/> 1 59</p> <p>B mit einer Tätigkeit, die ich nach Anweisung erledige<br/>(z.B. Sachbearbeiter, Buchhalter, technischer Zeichner) ..... <input type="checkbox"/> 2</p> <p>C mit selbständiger Leistung in verantwortlicher Tätigkeit bzw. mit begrenzter<br/>Verantwortung für Personal (z.B. wissenschaftliche Mitarbeiter, Prokurist,<br/>Abteilungsleiter) bzw. Meister im Angestelltenverhältnis) ..... <input type="checkbox"/> 3</p> <p>D mit umfassenden Führungsaufgaben und Entscheidungsbefugnissen<br/>(z.B. Direktor, Geschäftsführer, Mitglied des Vorstands) ..... <input type="checkbox"/> 4</p> |                      |                      |       |  |                      |                      |                      |                      |       |  |      |  |           |
| 2367A                | <p>Seit wann üben Sie Ihren Beruf in der jetzigen Position aus?</p> <p>Seit <table border="1" data-bbox="1098 846 1358 936"> <tr> <td colspan="2">60-61</td> <td colspan="2">62-65</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td colspan="2">Monat</td><td colspan="2">Jahr</td> </tr> </table></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 60-61                |                      | 62-65 |  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Monat |  | Jahr |  | 2371<br>! |
| 60-61                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 62-65                |                      |       |  |                      |                      |                      |                      |       |  |      |  |           |
| <input type="text"/> | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/> | <input type="text"/> |       |  |                      |                      |                      |                      |       |  |      |  |           |
| Monat                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Jahr                 |                      |       |  |                      |                      |                      |                      |       |  |      |  |           |
| 2367B                | <p>Ist Ihr gegenwärtiges Arbeitsverhältnis befristet?</p> <p>Ja ..... <input type="checkbox"/> 1 66</p> <p>Nein ..... <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                      |       |  |                      |                      |                      |                      |       |  |      |  |           |
| 2368.                | <p><b><u>Arbeiter(in)</u></b></p> <p>Welche Tätigkeit üben Sie derzeit aus?</p> <p>Sind Sie ...</p> <p>● ungelernt ..... <input type="checkbox"/> 1 67</p> <p>● angelernt ..... <input type="checkbox"/> 2</p> <p>● Facharbeiter ..... <input type="checkbox"/> 3</p> <p>● Vorarbeiter ..... <input type="checkbox"/> 4</p> <p>● oder Meister, Polier? ..... <input type="checkbox"/> 5</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                      |       |  |                      |                      |                      |                      |       |  |      |  |           |
| 2868A                | <p>Seit wann üben Sie Ihren Beruf in der jetzigen Position aus?</p> <p>Seit <table border="1" data-bbox="1098 1532 1358 1621"> <tr> <td colspan="2">68-69</td> <td colspan="2">70-73</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td colspan="2">Monat</td><td colspan="2">Jahr</td> </tr> </table></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 68-69                |                      | 70-73 |  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Monat |  | Jahr |  | 2371<br>! |
| 68-69                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 70-73                |                      |       |  |                      |                      |                      |                      |       |  |      |  |           |
| <input type="text"/> | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/> | <input type="text"/> |       |  |                      |                      |                      |                      |       |  |      |  |           |
| Monat                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Jahr                 |                      |       |  |                      |                      |                      |                      |       |  |      |  |           |
| 2368B                | <p>Ist Ihr gegenwärtiges Arbeitsverhältnis befristet?</p> <p>Ja ..... <input type="checkbox"/> 1 74</p> <p>Nein ..... <input type="checkbox"/> 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                      |       |  |                      |                      |                      |                      |       |  |      |  |           |
| 2369.                | <p><b><u>Mithelfende Familienangehörige</u></b></p> <p>Seit wann arbeiten Sie in der jetzigen Position im Familienbetrieb?</p> <p>Seit <table border="1" data-bbox="1098 1827 1358 1917"> <tr> <td colspan="2">75-76</td> <td colspan="2">77-80</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td colspan="2">Monat</td><td colspan="2">Jahr</td> </tr> </table></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 75-76                |                      | 77-80 |  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Monat |  | Jahr |  | 2371<br>! |
| 75-76                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 77-80                |                      |       |  |                      |                      |                      |                      |       |  |      |  |           |
| <input type="text"/> | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/> | <input type="text"/> |       |  |                      |                      |                      |                      |       |  |      |  |           |
| Monat                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Jahr                 |                      |       |  |                      |                      |                      |                      |       |  |      |  |           |
| 2370.                | <p><b><u>Auszubildende(r) / Lehrling</u></b></p> <p>Seit wann haben Sie diese Ausbildungs- bzw. Lehrstelle?</p> <p>Seit <table border="1" data-bbox="1098 2011 1358 2101"> <tr> <td colspan="2">81-82</td> <td colspan="2">83-86</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td colspan="2">Monat</td><td colspan="2">Jahr</td> </tr> </table></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 81-82                |                      | 83-86 |  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Monat |  | Jahr |  |           |
| 81-82                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 83-86                |                      |       |  |                      |                      |                      |                      |       |  |      |  |           |
| <input type="text"/> | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/> | <input type="text"/> |       |  |                      |                      |                      |                      |       |  |      |  |           |
| Monat                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Jahr                 |                      |       |  |                      |                      |                      |                      |       |  |      |  |           |

| Nr.                                                                                            | K. 47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Weiter mit                                |                              |                             |                              |                                             |                          |                                        |                          |                          |                          |                          |    |                                        |                          |                          |                          |                                    |                          |                                                                                                |                          |                                             |                          |                          |    |                                                                                                |                          |                          |                          |                              |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |
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| 2371.                                                                                          | <p>Waren Sie unmittelbar davor arbeitslos?<br/>Wenn ja, wie viele Monate insgesamt?</p> <p style="text-align: right;">Ja <input type="text"/> <input type="text"/> Monate <span style="float: right;">87-88</span><br/>Nein, nicht arbeitslos .... <input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                              |                             |                              |                                             |                          |                                        |                          |                          |                          |                          |    |                                        |                          |                          |                          |                                    |                          |                                                                                                |                          |                                             |                          |                          |    |                                                                                                |                          |                          |                          |                              |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |
| 2372.                                                                                          | <p>Auf dieser Liste finden Sie einige Aussagen zur Erwerbstätigkeit.<br/>Bitte geben Sie an, inwieweit Sie persönlich für Ihre Arbeit der jeweiligen Aussage zustimmen.<br/>(Bei mehreren Beschäftigungsverhältnissen beziehen sich die Fragen auf die wichtigste Tätigkeit!)</p> <p> <b>Liste 2372 vorlegen!</b></p> <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Stimmt<br/>völlig<br/>1</th> <th style="text-align: center;">Stimmt<br/>eher<br/>2</th> <th style="text-align: center;">Stimmt<br/>eher<br/>nicht<br/>3</th> <th style="text-align: center;">Stimmt<br/>gar<br/>nicht<br/>4</th> <th></th> </tr> </thead> <tbody> <tr> <td>A Meine Arbeitsstelle ist sicher .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>89</td> </tr> <tr> <td>B Meine Arbeitszeit ist flexibel .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>90</td> </tr> <tr> <td>C Meine Arbeit verlangt von mir eine Vielzahl von<br/>verschiedenen komplexen Fähigkeiten .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>91</td> </tr> <tr> <td>D Meine Arbeit gibt mir beträchtliche Gelegenheit,<br/>frei und unabhängig zu entscheiden .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>92</td> </tr> <tr> <td>E Meine Arbeit verlangt ein großes Maß an<br/>Zusammenarbeit mit anderen Leuten .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>93</td> </tr> <tr> <td>F Ich empfinde ein hohes Maß an Verantwortung für die<br/>Arbeit, die ich mache .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>94</td> </tr> <tr> <td>G Meine Arbeit läßt sich gut mit der Familie vereinbaren .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>95</td> </tr> <tr> <td>H Mit dem Betriebsklima an meiner Arbeitsstelle bin ich<br/>zufrieden .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>96</td> </tr> <tr> <td>J Einkommen und Sozialleistungen für meine Arbeit sind gut ...</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>97</td> </tr> </tbody> </table> |                                           | Stimmt<br>völlig<br>1        | Stimmt<br>eher<br>2         | Stimmt<br>eher<br>nicht<br>3 | Stimmt<br>gar<br>nicht<br>4                 |                          | A Meine Arbeitsstelle ist sicher ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 89 | B Meine Arbeitszeit ist flexibel ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | 90                       | C Meine Arbeit verlangt von mir eine Vielzahl von<br>verschiedenen komplexen Fähigkeiten ..... | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | 91 | D Meine Arbeit gibt mir beträchtliche Gelegenheit,<br>frei und unabhängig zu entscheiden ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | 92 | E Meine Arbeit verlangt ein großes Maß an<br>Zusammenarbeit mit anderen Leuten ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 93 | F Ich empfinde ein hohes Maß an Verantwortung für die<br>Arbeit, die ich mache ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 94 | G Meine Arbeit läßt sich gut mit der Familie vereinbaren ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 95 | H Mit dem Betriebsklima an meiner Arbeitsstelle bin ich<br>zufrieden ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 96 | J Einkommen und Sozialleistungen für meine Arbeit sind gut ... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 97 | 2375<br>! |
|                                                                                                | Stimmt<br>völlig<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Stimmt<br>eher<br>2                       | Stimmt<br>eher<br>nicht<br>3 | Stimmt<br>gar<br>nicht<br>4 |                              |                                             |                          |                                        |                          |                          |                          |                          |    |                                        |                          |                          |                          |                                    |                          |                                                                                                |                          |                                             |                          |                          |    |                                                                                                |                          |                          |                          |                              |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |
| A Meine Arbeitsstelle ist sicher .....                                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                  | <input type="checkbox"/>     | <input type="checkbox"/>    | 89                           |                                             |                          |                                        |                          |                          |                          |                          |    |                                        |                          |                          |                          |                                    |                          |                                                                                                |                          |                                             |                          |                          |    |                                                                                                |                          |                          |                          |                              |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |
| B Meine Arbeitszeit ist flexibel .....                                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                  | <input type="checkbox"/>     | <input type="checkbox"/>    | 90                           |                                             |                          |                                        |                          |                          |                          |                          |    |                                        |                          |                          |                          |                                    |                          |                                                                                                |                          |                                             |                          |                          |    |                                                                                                |                          |                          |                          |                              |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |
| C Meine Arbeit verlangt von mir eine Vielzahl von<br>verschiedenen komplexen Fähigkeiten ..... | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                  | <input type="checkbox"/>     | <input type="checkbox"/>    | 91                           |                                             |                          |                                        |                          |                          |                          |                          |    |                                        |                          |                          |                          |                                    |                          |                                                                                                |                          |                                             |                          |                          |    |                                                                                                |                          |                          |                          |                              |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |
| D Meine Arbeit gibt mir beträchtliche Gelegenheit,<br>frei und unabhängig zu entscheiden ..... | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                  | <input type="checkbox"/>     | <input type="checkbox"/>    | 92                           |                                             |                          |                                        |                          |                          |                          |                          |    |                                        |                          |                          |                          |                                    |                          |                                                                                                |                          |                                             |                          |                          |    |                                                                                                |                          |                          |                          |                              |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |
| E Meine Arbeit verlangt ein großes Maß an<br>Zusammenarbeit mit anderen Leuten .....           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                  | <input type="checkbox"/>     | <input type="checkbox"/>    | 93                           |                                             |                          |                                        |                          |                          |                          |                          |    |                                        |                          |                          |                          |                                    |                          |                                                                                                |                          |                                             |                          |                          |    |                                                                                                |                          |                          |                          |                              |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |
| F Ich empfinde ein hohes Maß an Verantwortung für die<br>Arbeit, die ich mache .....           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                  | <input type="checkbox"/>     | <input type="checkbox"/>    | 94                           |                                             |                          |                                        |                          |                          |                          |                          |    |                                        |                          |                          |                          |                                    |                          |                                                                                                |                          |                                             |                          |                          |    |                                                                                                |                          |                          |                          |                              |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |
| G Meine Arbeit läßt sich gut mit der Familie vereinbaren .....                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                  | <input type="checkbox"/>     | <input type="checkbox"/>    | 95                           |                                             |                          |                                        |                          |                          |                          |                          |    |                                        |                          |                          |                          |                                    |                          |                                                                                                |                          |                                             |                          |                          |    |                                                                                                |                          |                          |                          |                              |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |
| H Mit dem Betriebsklima an meiner Arbeitsstelle bin ich<br>zufrieden .....                     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                  | <input type="checkbox"/>     | <input type="checkbox"/>    | 96                           |                                             |                          |                                        |                          |                          |                          |                          |    |                                        |                          |                          |                          |                                    |                          |                                                                                                |                          |                                             |                          |                          |    |                                                                                                |                          |                          |                          |                              |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |
| J Einkommen und Sozialleistungen für meine Arbeit sind gut ...                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                  | <input type="checkbox"/>     | <input type="checkbox"/>    | 97                           |                                             |                          |                                        |                          |                          |                          |                          |    |                                        |                          |                          |                          |                                    |                          |                                                                                                |                          |                                             |                          |                          |    |                                                                                                |                          |                          |                          |                              |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |
| 2373.                                                                                          | <p>Bitte sehen Sie sich nun diese Liste an. Was trifft derzeit auf Sie zu?</p> <p> <b>Liste 2373 vorlegen! Nur <u>eine</u> Nennung!</b></p> <p>Ich bin zur Zeit ...</p> <table border="0" style="width: 100%;"> <tbody> <tr> <td>A arbeitslos, mache Null-Kurzarbeit .....</td> <td><input type="checkbox"/></td> <td>1</td> <td>98-99</td> </tr> <tr> <td>B Hausfrau/-mann, im Erziehungsurlaub .....</td> <td><input type="checkbox"/></td> <td>2</td> <td></td> </tr> <tr> <td colspan="4"><hr/></td> </tr> <tr> <td>C Student / Schüler .....</td> <td><input type="checkbox"/></td> <td>3</td> <td></td> </tr> <tr> <td>D in Ausbildung / Umschulung .....</td> <td><input type="checkbox"/></td> <td>4</td> <td></td> </tr> <tr> <td>E Rentner/Pensionär / im Vorruhestand .....</td> <td><input type="checkbox"/></td> <td>5</td> <td></td> </tr> <tr> <td>F aus anderen Gründen nicht erwerbstätig .....</td> <td><input type="checkbox"/></td> <td>6</td> <td></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | A arbeitslos, mache Null-Kurzarbeit ..... | <input type="checkbox"/>     | 1                           | 98-99                        | B Hausfrau/-mann, im Erziehungsurlaub ..... | <input type="checkbox"/> | 2                                      |                          | <hr/>                    |                          |                          |    | C Student / Schüler .....              | <input type="checkbox"/> | 3                        |                          | D in Ausbildung / Umschulung ..... | <input type="checkbox"/> | 4                                                                                              |                          | E Rentner/Pensionär / im Vorruhestand ..... | <input type="checkbox"/> | 5                        |    | F aus anderen Gründen nicht erwerbstätig .....                                                 | <input type="checkbox"/> | 6                        |                          | 2374<br><br><br><br><br>2376 |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |
| A arbeitslos, mache Null-Kurzarbeit .....                                                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1                                         | 98-99                        |                             |                              |                                             |                          |                                        |                          |                          |                          |                          |    |                                        |                          |                          |                          |                                    |                          |                                                                                                |                          |                                             |                          |                          |    |                                                                                                |                          |                          |                          |                              |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |
| B Hausfrau/-mann, im Erziehungsurlaub .....                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2                                         |                              |                             |                              |                                             |                          |                                        |                          |                          |                          |                          |    |                                        |                          |                          |                          |                                    |                          |                                                                                                |                          |                                             |                          |                          |    |                                                                                                |                          |                          |                          |                              |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |
| <hr/>                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                              |                             |                              |                                             |                          |                                        |                          |                          |                          |                          |    |                                        |                          |                          |                          |                                    |                          |                                                                                                |                          |                                             |                          |                          |    |                                                                                                |                          |                          |                          |                              |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |
| C Student / Schüler .....                                                                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3                                         |                              |                             |                              |                                             |                          |                                        |                          |                          |                          |                          |    |                                        |                          |                          |                          |                                    |                          |                                                                                                |                          |                                             |                          |                          |    |                                                                                                |                          |                          |                          |                              |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |
| D in Ausbildung / Umschulung .....                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4                                         |                              |                             |                              |                                             |                          |                                        |                          |                          |                          |                          |    |                                        |                          |                          |                          |                                    |                          |                                                                                                |                          |                                             |                          |                          |    |                                                                                                |                          |                          |                          |                              |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |
| E Rentner/Pensionär / im Vorruhestand .....                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5                                         |                              |                             |                              |                                             |                          |                                        |                          |                          |                          |                          |    |                                        |                          |                          |                          |                                    |                          |                                                                                                |                          |                                             |                          |                          |    |                                                                                                |                          |                          |                          |                              |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |
| F aus anderen Gründen nicht erwerbstätig .....                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6                                         |                              |                             |                              |                                             |                          |                                        |                          |                          |                          |                          |    |                                        |                          |                          |                          |                                    |                          |                                                                                                |                          |                                             |                          |                          |    |                                                                                                |                          |                          |                          |                              |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |
| 2374.                                                                                          | <p>Seit wann sind Sie das?</p> <p style="text-align: right;">100-101      102-105</p> <p style="text-align: right;">Seit <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;"><b>Monat      Jahr</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                              |                             |                              |                                             |                          |                                        |                          |                          |                          |                          |    |                                        |                          |                          |                          |                                    |                          |                                                                                                |                          |                                             |                          |                          |    |                                                                                                |                          |                          |                          |                              |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |
| 2375.                                                                                          | <p>Wenn Sie an alles denken, was für Ihre Arbeit eine Rolle spielt, also z.B. die Tätigkeit selbst, die Arbeitsbedingungen, die Menschen, mit denen Sie zu tun haben, wie zufrieden sind Sie dann insgesamt mit Ihrer Arbeit?<br/>Wenn Sie derzeit nicht erwerbstätig sind, denken Sie bitte an Ihren letzten Arbeitsplatz.<br/>Berücksichtigen Sie in jedem Fall auch Ihre Hausarbeit.</p> <p>Sind Sie mit dieser Arbeit ....</p> <p> <b>Vorgaben bitte vorlesen!</b></p> <table border="0" style="width: 100%;"> <tbody> <tr> <td>● sehr zufrieden .....</td> <td><input type="checkbox"/></td> <td>1</td> <td>106</td> </tr> <tr> <td>● eher zufrieden .....</td> <td><input type="checkbox"/></td> <td>2</td> <td></td> </tr> <tr> <td>● eher unzufrieden .....</td> <td><input type="checkbox"/></td> <td>3</td> <td></td> </tr> <tr> <td>● oder sehr unzufrieden? .....</td> <td><input type="checkbox"/></td> <td>4</td> <td></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ● sehr zufrieden .....                    | <input type="checkbox"/>     | 1                           | 106                          | ● eher zufrieden .....                      | <input type="checkbox"/> | 2                                      |                          | ● eher unzufrieden ..... | <input type="checkbox"/> | 3                        |    | ● oder sehr unzufrieden? .....         | <input type="checkbox"/> | 4                        |                          |                                    |                          |                                                                                                |                          |                                             |                          |                          |    |                                                                                                |                          |                          |                          |                              |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |
| ● sehr zufrieden .....                                                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1                                         | 106                          |                             |                              |                                             |                          |                                        |                          |                          |                          |                          |    |                                        |                          |                          |                          |                                    |                          |                                                                                                |                          |                                             |                          |                          |    |                                                                                                |                          |                          |                          |                              |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |
| ● eher zufrieden .....                                                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2                                         |                              |                             |                              |                                             |                          |                                        |                          |                          |                          |                          |    |                                        |                          |                          |                          |                                    |                          |                                                                                                |                          |                                             |                          |                          |    |                                                                                                |                          |                          |                          |                              |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |
| ● eher unzufrieden .....                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3                                         |                              |                             |                              |                                             |                          |                                        |                          |                          |                          |                          |    |                                        |                          |                          |                          |                                    |                          |                                                                                                |                          |                                             |                          |                          |    |                                                                                                |                          |                          |                          |                              |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |
| ● oder sehr unzufrieden? .....                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4                                         |                              |                             |                              |                                             |                          |                                        |                          |                          |                          |                          |    |                                        |                          |                          |                          |                                    |                          |                                                                                                |                          |                                             |                          |                          |    |                                                                                                |                          |                          |                          |                              |    |                                                                                      |                          |                          |                          |                          |    |                                                                                      |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |                                                                            |                          |                          |                          |                          |    |                                                                |                          |                          |                          |                          |    |           |

| Nr.   | K. 47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Weiter mit |
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| 2376. | <p>Haben Sie Ihre Erwerbstätigkeit oder Ausbildung innerhalb der letzten fünf Jahre wegen eines Ihrer Kinder unterbrochen? Ja <input type="text"/> Monate 107-108</p> <p>Wenn ja, wie viele Monate? Nein ..... <input type="checkbox"/> 0</p> <p>War in den letzten 5 Jahren nicht erwerbstätig ... <input type="checkbox"/> 95</p> <p>War noch nie erwerbstätig ..... <input type="checkbox"/> 96</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |
| 2377. | <p>Zum Abschluss habe ich noch einige Fragen zu Ihrer finanziellen Situation.</p> <p>Welche Einkommensquellen haben Sie in Ihrem Haushalt?</p> <p>Nennen Sie mir bitte alles von dieser Liste, was zutrifft.</p> <p>Es genügt, wenn Sie mir die zutreffenden Buchstaben nennen.</p> <p> <b>Liste 2377 vorlegen!</b><br/><b>Mehrfachnennungen möglich!</b></p> <div style="text-align: right; margin-right: 20px;">1</div> <p>A Mein eigenes Erwerbseinkommen ..... <input type="checkbox"/> 109</p> <p>B Das Erwerbseinkommen meines Partners ..... <input type="checkbox"/> 110</p> <p>C Einkommen anderer Haushaltsmitglieder ..... <input type="checkbox"/> 111</p> <p>D Mieteinnahmen / Zinserträge (nur wenn mehr als 100 EURO/Monat) ..... <input type="checkbox"/> 112</p> <p>E Arbeitslosengeld / Arbeitslosenhilfe / Sozialhilfe / Wohngeld ..... <input type="checkbox"/> 113</p> <p>F Erziehungsgeld / Kindergeld ..... <input type="checkbox"/> 114</p> <p>G Unterhaltsleistung ..... <input type="checkbox"/> 115</p> <p>H Private Transfers (z.B. Geld von den Eltern / Schwiegereltern) ..... <input type="checkbox"/> 116</p> <p>J Stipendien / Bafög ..... <input type="checkbox"/> 117</p> <p>K Sonstige Sozialleistungen oder Renten ..... <input type="checkbox"/> 118</p>                                                                                                                                                                                                                         |            |
| 2378. | <p>Wie hoch ist das monatliche Nettoeinkommen Ihres Haushalts insgesamt?</p> <p>Dabei ist die Summe gemeint, die sich aus sämtlichen Einnahmen, jeweils nach Abzug der Steuern und Sozialversicherungsbeiträge ergibt.</p> <p>Rechnen Sie bitte auch die Einkünfte aus öffentlichen Beihilfen, Nettoeinkommen aus Vermietung und Verpachtung, Wohngeld, Kindergeld und sonstige Einkünfte hinzu.</p> <p>Falls Sie oder Ihr Partner selbständig sind, geben Sie bitte das durchschnittliche monatliche Nettoeinkommen abzüglich der Vorsorgeaufwendungen für Krankheit und Alter an.</p> <p>Bitte sagen Sie mir, welcher Buchstabe von dieser Liste auf das ungefähre Nettoeinkommen Ihres Haushalts zutrifft.</p> <p> <b>Liste 2378 vorlegen!</b></p> <div style="text-align: right; margin-right: 20px;">119-120</div> <p>unter 325 Euro <b>A</b> <input type="checkbox"/> 01</p> <p>325 bis unter 500 Euro <b>B</b> <input type="checkbox"/> 02</p> <p>500 bis unter 750 Euro <b>C</b> <input type="checkbox"/> 03</p> <p>750 bis unter 1250 Euro <b>D</b> <input type="checkbox"/> 04</p> <p>1250 bis unter 1750 Euro <b>E</b> <input type="checkbox"/> 05</p> <p>1750 bis unter 2250 Euro <b>F</b> <input type="checkbox"/> 06</p> <p>2250 bis unter 2750 Euro <b>G</b> <input type="checkbox"/> 07</p> <p>2750 bis unter 3250 Euro <b>H</b> <input type="checkbox"/> 08</p> <p>3250 bis unter 4000 Euro <b>J</b> <input type="checkbox"/> 09</p> <p>4000 Euro und mehr <b>K</b> <input type="checkbox"/> 10</p> |            |

| Nr.   | K. 47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Weiter mit |
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| 2379. | <p>Beziehen Sie regelmäßig Unterhaltsleistungen? Wenn ja, wieviel monatlich?<br/>Bitte denken Sie dabei auch an Leistungen nach dem Unterhaltsvorschussgesetz.<br/> <b>Gemeint sind Zahlungen von Personen außerhalb des Haushalts.</b></p> <p>Ja <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Euro monatlich 121-124</p> <p>Nein ..... <input type="checkbox"/> 0</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
| 2380. | <p>Müssen Sie Unterhalt leisten? Wenn ja, wieviel monatlich?<br/> <b>Gemeint sind Zahlungen an Personen außerhalb des Haushalts.</b></p> <p>Ja <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Euro monatlich 125-128</p> <p>Nein ..... <input type="checkbox"/> 0</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |
| 2381. | <p>Zahlen Sie für Schulden oder Kredite regelmäßige Zinsen oder Tilgungsraten?<br/>Wenn ja, wieviel monatlich?</p> <p>Ja <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Euro monatlich 129-132</p> <p>Nein ..... <input type="checkbox"/> 0</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |
| 2382. | <p>Wie hoch sind Ihre monatlichen Ausgaben für Ihre Wohnung bzw. Ihr Haus?<br/>Wenn Sie Mieter sind geben Sie bitte die Brutto-Warmmiete an,<br/>wenn Sie Eigentümer sind, die monatlichen Kosten ohne Baukredit-Belastung.</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Euro monatlich 133-136</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |
| 2383. | <p>Nun zur persönlichen Einschätzung Ihrer finanziellen Lage.<br/>Hat sich Ihre persönliche wirtschaftliche Lage im Laufe des letzten Jahres ...</p> <p> <b>Vorgaben bitte vorlesen!</b></p> <ul style="list-style-type: none"> <li>● deutlich verbessert ..... <input type="checkbox"/> 1 137</li> <li>● verbessert ..... <input type="checkbox"/> 2</li> <li>● nicht verändert ..... <input type="checkbox"/> 3</li> <li>● verschlechtert ..... <input type="checkbox"/> 4</li> <li>● oder deutlich verschlechtert? .... <input type="checkbox"/> 5</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |
| 2384. | <p>Vielen Dank fürs Mitmachen.<br/>Wir würden uns freuen, wenn die Beantwortung der Fragen Ihnen auch ein wenig Spaß gemacht hat.<br/>Zum Abschluss eine ganz andere Frage. Es ist zwar noch nicht entschieden, wird aber überlegt,<br/>dieses Forschungsprojekt zu einem späteren Zeitpunkt mit einer weiteren Befragung fortzusetzen.<br/>Wären Sie gegebenenfalls dazu bereit, noch einmal bei einer wesentlich kürzeren Befragung<br/>mitzumachen?</p> <p>Ihr Mitwirken ist sehr wertvoll, es wäre sehr schön, wenn Sie sich dazu entschließen könnten.<br/>Für Ihre Zustimmung möchten wir Ihnen gerne schon heute danken!</p> <p>Zum Zweck einer weiteren Befragung müssen wir Ihre Adresse aufbewahren. Das Datenschutzgesetz<br/>setzt dabei zu Recht Ihr Einverständnis voraus, um das wir Sie hiermit herzlich bitten möchten.<br/>Ihre Adresse wird getrennt vom Fragebogen ausschließlich für den Zweck einer weiteren Befragung<br/>aufgehoben, sie kann niemals mit den von Ihnen angegebenen Antworten in Verbindung gebracht werden.<br/>Ihre Angaben bleiben absolut anonym.<br/>Nach Abschluss des Forschungsprojektes wird Ihre Adresse dann endgültig gelöscht.<br/>Wir wären Ihnen sehr dankbar, wenn wir Sie für das weitere Mitwirken an unserem Forschungsprojekt<br/>gewinnen könnten.</p> <p> <b>Panelblatt übergeben, von Zielperson ausfüllen lassen, Lfd.-Nr. übertragen<br/>und mit dem Fragebogen an infas zurückschicken.</b></p> <p> <b>Bitte unbedingt ankreuzen:</b> ZP hat Panelblatt ausgefüllt ..... <input type="checkbox"/> 1 138</p> <p>ZP hat Panelblatt nicht ausgefüllt ..... <input type="checkbox"/> 2</p> <p><b>Bitte denken Sie daran, nach neuen Adressen von Zielpersonen zu fragen und diese Adressen auf neue Kontaktprotokolle einzutragen!</b></p> <div style="border: 1px solid black; padding: 5px; display: inline-block;">  <b>Weiter mit Frage 2901</b> </div> |            |



| Nr.    | Ab hier ohne die/den Befragte/n eintragen:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Weiter mit |
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| 2901.  | <div style="text-align: right;">K. 48</div> <p>Mit wem wurde das Interview durchgeführt?</p> <ul style="list-style-type: none"> <li>● Leibliche Mutter ..... <input type="checkbox"/> 1 12</li> <li>● Alleinerziehender leiblicher Vater ..... <input type="checkbox"/> 2</li> <li>● Stiefmutter/Pflegemutter/Adoptivmutter/<br/>seit mindestens einem Jahr beim Vater lebende neue Partnerin ..... <input type="checkbox"/> 3</li> </ul>                                                                                                                                                                                                                                                                                                                                                       |            |
| 2902.  | <p>Wer war während des Interviews anwesend? <span style="float: right;">1</span></p> <p> <b>Mehrfachnennungen möglich!</b></p> <p>Niemand außer der Befragten / dem Befragten ... <input type="checkbox"/> 13</p> <p>Zielkind ..... <input type="checkbox"/> 14</p> <p>(Ehe-)Partner(in) ..... <input type="checkbox"/> 15</p> <p>Großeltern ..... <input type="checkbox"/> 16</p> <p>Jüngere Geschwister von Zielkind ..... <input type="checkbox"/> 17</p> <p>Ältere Geschwister von Zielkind ..... <input type="checkbox"/> 18</p> <p>Andere Kinder ..... <input type="checkbox"/> 19</p> <p>Andere Personen (bitte angeben): ..... <input type="checkbox"/> 20</p> <p>_____ K. 49</p> <p>_____ 712-811</p> |            |
| 2903.  | <p>Wer hat in das Interview eingegriffen? <span style="float: right;">1</span></p> <p> <b>Mehrfachnennungen möglich!</b></p> <p>Niemand ..... <input type="checkbox"/> 21</p> <p>Zielkind ..... <input type="checkbox"/> 22</p> <p>(Ehe-)Partner(in) ..... <input type="checkbox"/> 23</p> <p>Großeltern ..... <input type="checkbox"/> 24</p> <p>Jüngere Geschwister von Zielkind ..... <input type="checkbox"/> 25</p> <p>Ältere Geschwister von Zielkind ..... <input type="checkbox"/> 26</p> <p>Andere Kinder ..... <input type="checkbox"/> 27</p> <p>Andere Personen (bitte angeben): ..... <input type="checkbox"/> 28</p> <p>_____ K. 49</p> <p>_____ 812-911</p>                                   |            |
| 2904.1 | <p>In welcher Sprache wurde das Interview durchgeführt? <span style="float: right;">K. 48</span></p> <p>Ganz auf deutsch ..... <input type="checkbox"/> 1 29</p> <p>Überwiegend auf deutsch ..... <input type="checkbox"/> 2</p> <p>Überwiegend auf russisch ..... <input type="checkbox"/> 3</p> <p>Ganz auf russisch ..... <input type="checkbox"/> 4</p>                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |

| Nr.   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Weiter mit |
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| 2906. | <p>Gab es längere Störungen oder Pausen im Interview?<br/>Wenn ja, welche?</p> <p style="text-align: right;">K. 48</p> <p style="text-align: right;">1</p> <p>Nein ..... <input type="checkbox"/> 34</p> <p>Ja, und zwar:</p> <ul style="list-style-type: none"> <li>● Fernseher lief sehr laut ..... <input type="checkbox"/> 35</li> <li>● Befragte(r) hat den Raum verlassen ..... <input type="checkbox"/> 36</li> <li>● häufiges Kommen und Gehen anderer Personen ..... <input type="checkbox"/> 37</li> <li>● Sonstiges (bitte angeben): ..... <input type="checkbox"/> 38</li> </ul> <p style="text-align: right;">K. 49<br/>912-1011</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |
| 2907. | <p>Wie war die Bereitschaft der/des Befragten,<br/>die Fragen zu beantworten?</p> <p style="text-align: right;">K. 48</p> <p>Gut ..... <input type="checkbox"/> 1 39</p> <p>Mittelmäßig ..... <input type="checkbox"/> 2</p> <p>Schlecht ..... <input type="checkbox"/> 3</p> <p>Anfangs gut, später schlechter ..... <input type="checkbox"/> 4</p> <p>Anfangs schlecht, später besser .... <input type="checkbox"/> 5</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |
| 2908. | <p>Bitte bewerten Sie die gesamte Interviewdurchführung<br/>und die Kommunikation mit der/dem Befragten:</p> <p style="text-align: center;"> </p> <p><b>Die/der Befragte war:</b></p> <p>sehr aufgeschlossen <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> sehr ablehnend 40-41</p> <p>sehr konzentriert <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> sehr unkonzentriert 42-43</p> <p><b>Die/der Befragte hat:</b></p> <p>sehr gute deutsche Sprachkenntnisse <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> sehr schlechte deutsche Sprachkenntnisse 44-45</p> <p>die meisten Fragen richtig verstanden <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/> nur sehr wenige Fragen richtig verstanden 46-47</p> |            |
| 2909. | <p>Dauer des mündlichen Interviews: <input type="text"/> <input type="text"/> <input type="text"/> Minuten 50-52</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
| 2910. | <p style="text-align: center;">K. 1      20-21      22-23      24-25      K. 1</p> <p>Datum des Interviews: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">Tag      Monat      Jahr</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |
| 2911. | <p>Befragungsort:</p> <p>In der Wohnung der Familie ..... <input type="checkbox"/> 1 53</p> <p>Außerhalb der Wohnung der Familie ..... <input type="checkbox"/> 2</p> <p style="text-align: right;">K. 48</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |
| 2912. | <p>Interviewer-Nr.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> K. 1 28-33</p> <p><b>Zu mir selbst:</b> Männlich ..... <input type="checkbox"/> 1 34      Weiblich ..... <input type="checkbox"/> 2      <input type="text"/> <input type="text"/> Jahre alt 35-36</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |
|       | <p><b>Ich versichere mit meiner Unterschrift,<br/>das Interview entsprechend allen Anwei-<br/>sungen korrekt durchgeführt zu haben.</b></p> <p style="text-align: right;">_____<br/>Unterschrift</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |