

ZA5353 / ZA5656

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

**Field Questionnaire
Germany (English Translation)**

Questions about you

1 Are you a boy or a girl?

Boy ☐

Girl ☐

2 When were you born?

Month

Year

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

3 In which country were you born?

Germany ☐ →

Go to **5**

Italy ☐

Poland ☐

Russia ☐

Turkey ☐

Other country ☐ →

Please specify:

4 How old were you when you moved to Germany?

Age in years:

5 What is your nationality (which country is your passport from)? If you have more than one nationality, please tick all that apply.

German ☐

Italian ☐

Polish ☐

Russian ☐

Turkish ☐

Other nationality ☐ →

Please specify:

Don't know ☐

6

How well do you think you can...

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

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

7

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

Yes ☐No ☐ → Go to **11**

8

Which language is this?

Italian ☐Polish ☐Russian ☐Turkish ☐Other language ☐ → Please specify:

9

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

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

10

In this language, how often do you...

	Always	Often	Some-times	Never
... talk to your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... do things on the computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... listen to music?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... watch TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your school

11 Which school subject do you like most?

12 Which school subject do you like least?

13 What is the highest level of education you wish to get?

- No degree ☐
- Degree from lower secondary school ☐
- Degree from intermediate secondary school ☐
- Degree from upper secondary school ☐
- University degree ☐
- Don't know ☐

14 And what is the highest level of education that you think you will actually get?

- No degree ☐
- Degree from lower secondary school ☐
- Degree from intermediate secondary school ☐
- Degree from upper secondary school ☐
- University degree ☐
- Don't know ☐

15 And what is the highest level of education that your parents want you to get?

- No degree ☐
- Degree from lower secondary school ☐
- Degree from intermediate secondary school ☐
- Degree from upper secondary school ☐
- University degree ☐
- Don't know ☐

16 How well are you doing in the following subjects?

	Very well	Quite well	OK	Not that well	Not well at all
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

17 Is there a setting system at your school?

Yes ☐

No ☐ → Go to **19**

18 Which set were you in for the last school year?

Math:

German:

English:

19 Which grades did you get in the last school year in the following subjects?

Math:

German:

English:

20 Have you ever repeated a year at school?

No ☐

Yes, in primary school ☐

Yes, in secondary school ☐

Yes, in primary and secondary school ☐

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I am sure that I can do well at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School is not for people like me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am sure that I can get good grades at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is very important to me to get good grades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I put a great deal of effort into my school work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education is very important for getting a good life later on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is very important for me to get an education at least to the same level as my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22 How often do you spend time during breaks at school... (Please tick a box for every group.)

	Every day	Once or several times a week	Once or several times a month	Less often	Never	I don't know students from this background in my school.
... with students from a German background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with students from an Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with students from a Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with students from a Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with students from a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with students from another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23 How often do you...

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... argue with teacher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... get a punishment in school (for example, being kept in detention, being sent out of class, writing lines)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... skip a lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... come late to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My parents show a lot of interest in my grades and my achievement in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents tell me that they are proud of me when I do well in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents encourage me to work hard for school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get the help I need from the teachers at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teachers encourage me at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are teachers who treat me unfairly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions about your family

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

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

In which country was your biological mother born?

Germany ☐ → Go to **27**

Italy ☐

Poland ☐

Russia ☐

Turkey ☐

Other country ☐ → Please specify:

I don't know the country ☐ → Go to **27**

- 26** How often do you visit this country?

Twice a year or more ☐

Once a year ☐

Less than once a year ☐

Never ☐

27

	Yes	No	Don't know
Did your mother complete primary school (or a similar foreign education)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your mother complete secondary school (or a similar foreign education)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your mother complete university?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your mother currently have a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 28** Think about your mother's job. If she is not currently working, think about her last job. What is the name of her job? Additionally, please describe what she does in her job.

She has never worked before. ☐

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

29 How often do you usually see your mother?

- Every day ☐
- Once or several times a week ☐
- Once or several times a month ☐
- Less often ☐
- Never ☐ → Go to **31**

30 How well do you get along with your mother?

- Very well ☐
- Well ☐
- Not that well ☐
- Not well at all ☐

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

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

In which country was your biological father born?

- Germany ☐ → Go to **33**
- Italy ☐
- Poland ☐
- Russia ☐
- Turkey ☐
- Other country ☐ → Please specify:
- I don't know the country ☐ → Go to **33**

32 How often do you visit this country?

- Twice a year or more ☐
- Once a year ☐
- Less than once a year ☐
- Never ☐

33

	Yes	No	Don't know
Did your father complete primary school (or similar foreign education)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your father complete secondary school (or similar foreign education)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your father complete university?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your father currently have a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34

Think about your father's job. If he is not currently working, think about his last job. What is the name of his job? Additionally, please describe what he does in his job.

He has never worked before. ☐

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

35

How often do you usually see your father?

- Every day ☐
- Once or several times a week ☐
- Once or several times a month ☐
- Less often ☐
- Never ☐ → Go to **37**

36

How well do you get along with your father?

- Very well ☐
- Well ☐
- Not that well ☐
- Not well at all ☐

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

37

Do you live with both your biological parents in one home?

- Yes ☐ → Go to **39**
- No ☐

38 Why are you not living with both your biological parents in one home?

- My biological parents are divorced/separated ☐
- My biological parents were never married or living together ☐
- My biological parent(s) is/are no longer alive ☐
- My biological parent(s) is/are living/working abroad ☐
- Other reason ☐ →

Please specify:

39 Besides you, who lives in your home? Please tick all that apply. If you move between two homes, choose your mother's home when answering this question.

- Biological mother ☐
- Biological father ☐
- Adoptive mother ☐
- Adoptive father ☐
- Stepmother ☐
- Stepfather ☐
- Foster mother ☐
- Foster father ☐
- Brother(s) (include step/halfbrothers) ☐ → How many:
- Sister(s) (include step/halfsisters) ☐ → How many:
- Grandparents ☐
- Other family members ☐
- Other persons ☐

40 How many people in total live in your home, including yourself?

Number of people:

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

41 Do you also live in another home on a regular basis? By this, we mean at least once every week or once every other week.

Yes ☐

No ☐



Go to

44

42 Who lives in this second home? Please tick all that apply.

Biological mother	<input type="checkbox"/>	
Biological father	<input type="checkbox"/>	
Adoptive mother	<input type="checkbox"/>	
Adoptive father	<input type="checkbox"/>	
Stepmother	<input type="checkbox"/>	
Stepfather	<input type="checkbox"/>	
Foster mother	<input type="checkbox"/>	
Foster father	<input type="checkbox"/>	
Brother(s) (includes step/halfbrothers)	<input type="checkbox"/>	→ How many: <input type="text"/> <input type="text"/>
Sister(s) (includes step/halfsisters)	<input type="checkbox"/>	→ How many: <input type="text"/> <input type="text"/>
Grandparents	<input type="checkbox"/>	
Other family members	<input type="checkbox"/>	
Other persons	<input type="checkbox"/>	

43 How much of the time do you usually live in this second home?

More than half the time	<input type="checkbox"/>
About half the time	<input type="checkbox"/>
Less than half the time	<input type="checkbox"/>
Almost never	<input type="checkbox"/>

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
When I feel sad, my parents try to comfort me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents often tell me to be quiet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents are very strict with me, even over small things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents often criticize me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents try to help me when I have a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents show me that they love me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents try to understand what I think and feel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45

It becomes tense when everyone is at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We feel very close to each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When we are together, the atmosphere is uneasy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46

My parents want to know the parents of the people I hang out with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always need to tell my parents exactly where I am and what I am doing when I am not at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47

Grandfather (father of your <u>mother</u>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandmother (mother of your <u>father</u>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandfather (father of your <u>father</u>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48

[illegible]

49 How many of the people who live in your neighbourhood are German?

Almost all or all ☐

A lot ☐

About half ☐

A few ☐

None or very few ☐

Your feelings, attitudes and beliefs

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

	Probably yes	Probably not	Don't know
... have a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have a university degree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... be married?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... be living in Germany?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have a lot of money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... be in good health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Very unsatisfied									Very satisfied
	1	2	3	4	5	6	7	8	9	10
... with your life in general?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with school in general?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I have a lot of good qualities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a lot to be proud of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like myself just the way I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think things will go well for me in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

54 How often have the following things happened in the last month?

	Every day	Once or several times a week	Less often	Never
I was scared of other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was teased by other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was bullied by other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Very good	<input type="checkbox"/>
Good	<input type="checkbox"/>
About the same	<input type="checkbox"/>
Bad	<input type="checkbox"/>
Very bad	<input type="checkbox"/>

56 In the last 6 month, how often have you had...

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

57 On a typical school night how many hours sleep do you get?

Number of hours:

58 What is your height?

Height in cm:

59 What is your weight?

Weight in kg:

--	--	--

60 How often do you feel discriminated against or treated unfairly...

	Always	Often	Some-times	Never
... in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... in trains, buses, trams or the subway?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... in shops, stores, cafés, restaurants or nightclubs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... by police or security guards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

61 If you had a worry or concern, who would you go to? Please tick all that apply.

- Your mother ☐
- Your father ☐
- A sibling ☐
- Other family member ☐
- A friend ☐
- Your boyfriend/girlfriend ☐
- A classmate ☐
- A teacher ☐
- Someone else ☐
- No one ☐

62 Have you had serious arguments with any of the following people in the past 3 months?
Please tick all that apply.

- Your mother ☐
- Your father ☐
- A sibling ☐
- Other family member ☐
- A friend ☐
- Your boyfriend/girlfriend ☐
- A classmate ☐
- A teacher ☐
- Someone else ☐
- No one ☐

63

In a family, who should do the following?

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

64

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
A man should be ready to use violence to defend his wife and children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A man should be ready to use violence against insults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A man should be ready to use violence if someone talks badly about his family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

65

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

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

66

How strongly do you feel German?

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

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

67

1

70

7

1

5

7

1

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68

7

7

7

7

69

5

7

1

7

70

I don't know this group

the
group

7

7

7

5

7

71 What is your religion?

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

72 How important is religion to you?

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

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

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

74 How often do you pray?

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

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The German people should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should adapt to German society.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The German people should be open to the customs and traditions of immigrants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Leisure time activities

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

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

Yes ☐

No ☐ → Go to **78**

77 How often do you spend time in these clubs...
(Please tick a box for every group.)

	Every day	Once or several times a week	Once or several times a month	Less often	Never	I don't know people from this background in these clubs.
... with people from a German background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from an Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

78 Do you have boyfriend/girlfriend?

Yes ☐

No ☐ → Go to **83**

79 Does he/she go to your school?

- Yes, same class ☐
- Yes, but different class ☐
- No, goes to another school ☐
- No, has finished schooling ☐

78 How old is he/she?

Age in years:

--	--

81 What type of education does he/she do? (If he/she is no longer in school: What type of education did he/she do?)

- School for special needs ☐
- Lower secondary school ☐
- Intermediate secondary school ☐
- Upper secondary school ☐
- Comprehensive school ☐

82 What is his/her background?

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

83 How many boyfriends/girlfriends have you had in the past?

Number of boyfriends/girlfriends:

I haven't had a boyfriend/girlfriend yet. ☐

84 Thinking now about all of your friends. How many of them have...
(Please tick a box for every group.)

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

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

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

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

86 Do you usually work outside of school (for example, do a paper round, help your parents in their business, babysit)?

Yes ☐

No ☐ → Go to **90**

87 How many hours do you work during a normal school week (including weekends)?

Number of hours:

88 Is this a job where you help your parents in their business?

Yes ☐

No ☐

89 About how much money do you earn from work each month?

Amount in Euro:

90 Do you get money from your parents?

Yes, each week ☐ → Euro

Yes, each month ☐ → Euro

Yes, occasionally ☐

No ☐

91 How often do you miss out on activities your friends do because you can't afford it?

Always ☐

Often ☐

Sometimes ☐

Never ☐

92 If you suddenly needed 30 Euros by tomorrow, would you be able to get it?

Yes ☐

No ☐

Don't know ☐

93

In your sparetime, how often do you....

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... visit relatives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... go to the cinema?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... go out to a pub/bar/nightclub/party?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... read a book (not for school)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... spend time in a club (sports/music/drama/other club)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... go to a concert/DJ event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... go to the museum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... read a newspaper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

94

Do you have...

	Yes	No
... your own computer?	<input type="checkbox"/>	<input type="checkbox"/>
... access to the internet at home?	<input type="checkbox"/>	<input type="checkbox"/>
... a room just for yourself?	<input type="checkbox"/>	<input type="checkbox"/>
... your own smartphone (for example, iPhone or Blackberry)?	<input type="checkbox"/>	<input type="checkbox"/>
... your own TV?	<input type="checkbox"/>	<input type="checkbox"/>
... a game console (for example, Playstation, Wii or X-Box)?	<input type="checkbox"/>	<input type="checkbox"/>

95

How many rooms are there in your home (not counting kitchen and bathrooms)?

 Number of rooms:

96

About how many books are there in your home?

0-25	<input type="checkbox"/>
26-100	<input type="checkbox"/>
101-200	<input type="checkbox"/>
201-500	<input type="checkbox"/>
More than 500	<input type="checkbox"/>

97 How often do you...

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

98 On a typical school day, once you get home, how much time do you spend...

	More than 2 hours a day	About 2 hours a day	About 1 hour a day	Less than 1 hour a day	No time at all
...watching TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...chatting online or visiting social network sites (for example, Myspace or Facebook)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...doing homework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...helping around the house (for example, cleaning, laying the table, food shopping)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...playing video or computer games alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...playing video or computer games together with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire:

Questions about you

1 Are you a boy or a girl?

Boy ☐

Girl ☐

2 When were you born?

Month

Year

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

3 In which country were you born?

Germany ☐ →

Go to **5**

Italy ☐

Poland ☐

Russia ☐

Turkey ☐

Other country ☐ →

Please specify:

4 How old were you when you moved to Germany?

Age in years:

5 What is your nationality (which country is your passport from)? If you have more than one nationality, please tick all that apply.

German ☐

Italian ☐

Polish ☐

Russian ☐

Turkish ☐

Other nationality ☐ →

Please specify:

Don't know ☐

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

6 Do you have a so called migration background? (That is, is your mother or your father or one of your grandparents born abroad and moved to Germany later on?)

Yes ☐

No ☐ → Go to **9**

7 Which migration background do you have?

Italian ☐

Polish ☐

Russian ☐

Turkish ☐

Other migration background ☐ → Please specify:

8 How often do you visit this country your migration background refers to?

Twice a year or more ☐

Once a year ☐

Less than once a year ☐

Never ☐

9 How well do you think you can...

Not at all Not well Well Very well Excellently

... speak German? ☐ ☐ ☐ ☐ ☐

... understand German? ☐ ☐ ☐ ☐ ☐

... read German? ☐ ☐ ☐ ☐ ☐

...write German? ☐ ☐ ☐ ☐ ☐

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

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

Yes ☐

No ☐ → Go to **14**

11 Which language is this?

Italian ☐
Polish ☐
Russian ☐
Turkish ☐
Other language ☐ → Please specify:

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

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

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

	Always	Often	Sometimes	Never
... talk to your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... do things on the computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... listen to music?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... watch TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14 How many people in total live in your home, including yourself?

Number of people:

Your school

15 Which school subject do you like most?

16 Which school subject do you like least?

17 What is the highest level of education you wish to get?

- No degree ☐
- Degree from lower secondary school ☐
- Degree from intermediate secondary school ☐
- Degree from upper secondary school ☐
- University degree ☐
- Don't know ☐

18 And what is the highest level of education that you think you will actually get?

- No degree ☐
- Degree from lower secondary school ☐
- Degree from intermediate secondary school ☐
- Degree from upper secondary school ☐
- University degree ☐
- Don't know ☐

19 And what is the highest level of education that your parents want you to get?

- No degree ☐
- Degree from lower secondary school ☐
- Degree from intermediate secondary school ☐
- Degree from upper secondary school ☐
- University degree ☐
- Don't know ☐

20 How well are you doing in the following subjects?

	Very well	Quite well	OK	Not that well	Not well at all
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

21 Is there a setting system at your school?

Yes ☐

No ☐ → Go to **23**

22 Which set were you in for the last school year?

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

23 Which grades did you get in the last school year in the following subjects?

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

24 Have you ever repeated a year at school?

No	<input type="checkbox"/>
Yes, in primary school	<input type="checkbox"/>
Yes, in secondary school	<input type="checkbox"/>
Yes, in primary and secondary school	<input type="checkbox"/>

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I am sure that I can do well at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School is not for people like me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am sure that I can get good grades at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is very important to me to get good grades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I put a great deal of effort into my school work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education is very important for getting a good life later on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is very important for me to get an education at least to the same level as my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26 How often do you spend time during breaks at school...
(Please tick a box for every group.)

	Every day	Once or several times a week	Once or several times a month	Less often	Never	I don't know students from this background in my school.
... with students from a German background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with students from an Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with students from a Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with students from a Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with students from a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with students from another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27 How often do you...

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... argue with teacher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... get a punishment in school (for example, being kept in detention, being sent out of class, writing lines)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... skip a lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... come late to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My parents show a lot of interest in my grades and my achievement in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents tell me that they are proud of me when I do well in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents encourage me to work hard for school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get the help I need from the teachers at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teachers encourage me at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are teachers who treat me unfairly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your feelings, attitudes and beliefs

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

	Probably yes	Probably not	Don't know
... have a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have a university degree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... be married?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... be living in Germany?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have a lot of money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... be in good health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Very unsatisfied									Very satisfied
	1	2	3	4	5	6	7	8	9	10
... with your life in general?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with school in general?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I have a lot of good qualities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a lot to be proud of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like myself just the way I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think things will go well for me in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

33 How often have the following things happened in the last month?

	Every day	Once or several times a week	Less often	Never
I was scared of other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was teased by other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was bullied by other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Very good	<input type="checkbox"/>
Good	<input type="checkbox"/>
About the same	<input type="checkbox"/>
Bad	<input type="checkbox"/>
Very bad	<input type="checkbox"/>

35 In the last 6 month, how often have you had...

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

36 On a typical school night how many hours sleep do you get?

Number of hours:

37 What is your height?

Height in cm:

38 What is your weight?

Weight in kg:

--	--	--

39 How often do you feel discriminated against or treated unfairly...

	Always	Often	Some-times	Never
... in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... in trains, buses, trams or the subway?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... in shops, stores, cafés, restaurants or nightclubs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... by police or security guards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40 If you had a worry or concern, who would you go to? Please tick all that apply.

- Your mother ☐
- Your father ☐
- A sibling ☐
- Other family member ☐
- A friend ☐
- Your boyfriend/girlfriend ☐
- A classmate ☐
- A teacher ☐
- Someone else ☐
- No one ☐

41 Have you had serious arguments with any of the following people in the past 3 months?
Please tick all that apply.

- Your mother ☐
- Your father ☐
- A sibling ☐
- Other family member ☐
- A friend ☐
- Your boyfriend/girlfriend ☐
- A classmate ☐
- A teacher ☐
- Someone else ☐
- No one ☐

42 In a family, who should do the following?

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

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
A man should be ready to use violence to defend his wife and children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A man should be ready to use violence against insults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A man should be ready to use violence if someone talks badly about his family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

45 How strongly do you feel German?

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

50 What is your religion?

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

51 How important is religion to you?

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

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

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

53 How often do you pray?

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

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The German people should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should adapt to German society.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The German people should be open to the customs and traditions of immigrants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Leisure time activities

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

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

Yes ☐

No ☐ → Go to **57**

56 How often do you spend time in these clubs...
(Please tick a box for every group.)

	Every day	Once or several times a week	Once or several times a month	Less often	Never	I don't know people from this background in these clubs.
... with people from a German background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from an Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

57 Do you have boyfriend/girlfriend?

Yes ☐

No ☐ → Go to **62**

58 Does he/she go to your school?

- Yes, same class ☐
- Yes, but different class ☐
- No, goes to another school ☐
- No, has finished schooling ☐

59 How old is he/she?

Age in years:

60 What type of education does he/she do? (If he/she is no longer in school: What type of education did he/she do?)

- School for special needs ☐
- Lower secondary school ☐
- Intermediate secondary school ☐
- Upper secondary school ☐
- Comprehensive school ☐

61 What is his/her background?

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

62 How many boyfriends/girlfriends have you had in the past?

Number of boyfriends/girlfriends:

I haven't had a boyfriend/girlfriend yet. ☐

63 Thinking now about all of your friends. How many of them have...
(Please tick a box for every group.)

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

64 How often do you spend time in your neighbourhood...
(Please tick a box for every group.)

	Every day	Once or several times a week	Once or several times a month	Less often	Never	I don't know people from this background in my neigh- bourhood.
... with people from a German background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from an Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

65 How many of the people who live in your neighbourhood are German?

Almost all or all ☐

A lot ☐

About half ☐

A few ☐

None or very few ☐

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

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

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

67 Do you usually work outside of school (for example, do a paper round, help your parents in their business, babysit)?

Yes ☐

No ☐ → Go to **70**

68 How many hours do you work during a normal school week (including weekends)?

Number of hours:

69 About how much money do you earn from work each month?

Amount in Euro:

70

How often do you miss out on activities your friends do because you can't afford it?

Always ☐

Often ☐

Sometimes ☐

Never ☐

71

If you suddenly needed 30 Euros by tomorrow, would you be able to get it?

Yes ☐

No ☐

Don't know ☐

72

In your sparetime, how often do you....

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... visit relatives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... go to the cinema?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... go out to a pub/bar/nightclub/party?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... read a book (not for school)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... spend time in a club (sports/music/drama/other club)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... go to a concert/DJ event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... go to the museum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... read a newspaper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

73

Do you have...

	Yes	No
... your own computer?	<input type="checkbox"/>	<input type="checkbox"/>
... access to the internet at home?	<input type="checkbox"/>	<input type="checkbox"/>
... a room just for yourself?	<input type="checkbox"/>	<input type="checkbox"/>
... your own smartphone (for example, iPhone or Blackberry)?	<input type="checkbox"/>	<input type="checkbox"/>
... your own TV?	<input type="checkbox"/>	<input type="checkbox"/>
... a game console (for example, Playstation, Wii or X-Box)?	<input type="checkbox"/>	<input type="checkbox"/>

74

How often do you...

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

75

On a typical school day, once you get home, how much time do you spend...

	More than 2 hours a day	About 2 hours a day	About 1 hour a day	Less than 1 hour a day	No time at all
...watching TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...chatting online or visiting social network sites (for example, Myspace or Facebook)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...doing homework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...helping around the house (for example, cleaning, laying the table, food shopping)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...playing video or computer games alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...playing video or computer games together with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire:

Questions about you

1 Are you a boy or a girl?

Boy ☐

Girl ☐

2 When were you born?

Month

Year

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

3 In which country were you born?

Germany ☐ →

Go to **5**

Italy ☐

Poland ☐

Russia ☐

Turkey ☐

Other country ☐ →

Please specify:

4 How old were you when you moved to Germany?

Age in years:

5 What is your nationality (which country is your passport from)? If you have more than one nationality, please tick all that apply.

German ☐

Italian ☐

Polish ☐

Russian ☐

Turkish ☐

Other nationality ☐ →

Please specify:

Don't know ☐

6 How well do you think you can...

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

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

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

Yes ☐

No ☐ → Go to **11**

8 Which language is this?

Italian ☐

Polish ☐

Russian ☐

Turkish ☐

Other language ☐ → Please specify:

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

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

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

	Always	Often	Some-times	Never
... talk to your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... do things on the computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... listen to music?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... watch TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your school

11 Which school subject do you like most?

12 Which school subject do you like least?

13 What is the highest level of education you wish to get?

- No degree ☐
- Degree from lower secondary school ☐
- Degree from intermediate secondary school ☐
- Degree from upper secondary school ☐
- University degree ☐
- Don't know ☐

14 And what is the highest level of education that you think you will actually get?

- No degree ☐
- Degree from lower secondary school ☐
- Degree from intermediate secondary school ☐
- Degree from upper secondary school ☐
- University degree ☐
- Don't know ☐

15 And what is the highest level of education that your parents want you to get?

- No degree ☐
- Degree from lower secondary school ☐
- Degree from intermediate secondary school ☐
- Degree from upper secondary school ☐
- University degree ☐
- Don't know ☐

16 How well are you doing in the following subjects?

	Very well	Quite well	OK	Not that well	Not well at all
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

17 Is there a setting system at your school?

Yes ☐

No ☐ → Go to **19**

18 Which set were you in for the last school year?

Math:

German:

English:

19 Which grades did you get in the last school year in the following subjects?

Math:

German:

English:

20 Have you ever repeated a year at school?

No ☐

Yes, in primary school ☐

Yes, in secondary school ☐

Yes, in primary and secondary school ☐

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I am sure that I can do well at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School is not for people like me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am sure that I can get good grades at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is very important to me to get good grades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I put a great deal of effort into my school work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education is very important for getting a good life later on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is very important for me to get an education at least to the same level as my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22 How often do you spend time during breaks at school...
(Please tick a box for every group.)

	Every day	Once or several times a week	Once or several times a month	Less often	Never	I don't know students from this background in my school.
... with students from a German background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with students from an Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with students from a Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with students from a Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with students from a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with students from another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23 How often do you...

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... argue with teacher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... get a punishment in school (for example, being kept in detention, being sent out of class, writing lines)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... skip a lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... come late to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My parents show a lot of interest in my grades and my achievement in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents tell me that they are proud of me when I do well in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents encourage me to work hard for school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get the help I need from the teachers at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teachers encourage me at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are teachers who treat me unfairly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions about your family

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

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

In which country was your biological mother born?

Germany ☐ → Go to **27**

Italy ☐

Poland ☐

Russia ☐

Turkey ☐

Other country ☐ → Please specify:

I don't know the country ☐ → Go to **27**

- 26** How often do you visit this country?

Twice a year or more ☐

Once a year ☐

Less than once a year ☐

Never ☐

27

	Yes	No	Don't know
Did your mother complete primary school (or a similar foreign education)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your mother complete secondary school (or a similar foreign education)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your mother complete university?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your mother currently have a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 28** Think about your mother's job. If she is not currently working, think about her last job. What is the name of her job? Additionally, please describe what she does in her job.

She has never worked before. ☐

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

29 How often do you usually see your mother?

- Every day ☐
- Once or several times a week ☐
- Once or several times a month ☐
- Less often ☐
- Never ☐ → Go to **31**

30 How well do you get along with your mother?

- Very well ☐
- Well ☐
- Not that well ☐
- Not well at all ☐

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

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

In which country was your biological father born?

- Germany ☐ → Go to **33**
- Italy ☐
- Poland ☐
- Russia ☐
- Turkey ☐
- Other country ☐ → Please specify:
- I don't know the country ☐ → Go to **33**

32 How often do you visit this country?

- Twice a year or more ☐
- Once a year ☐
- Less than once a year ☐
- Never ☐

33

	Yes	No	Don't know
Did your father complete primary school (or similar foreign education)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your father complete secondary school (or similar foreign education)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your father complete university?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your father currently have a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34

Think about your father's job. If he is not currently working, think about his last job. What is the name of his job? Additionally, please describe what he does in his job.

He has never worked before. ☐

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

35

How often do you usually see your father?

- Every day ☐
- Once or several times a week ☐
- Once or several times a month ☐
- Less often ☐
- Never ☐ → Go to **37**

36

How well do you get along with your father?

- Very well ☐
- Well ☐
- Not that well ☐
- Not well at all ☐

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

37

Do you live with both your biological parents in one home?

- Yes ☐ → Go to **39**
- No ☐

38 Why are you not living with both your biological parents in one home?

- My biological parents are divorced/separated ☐
- My biological parents were never married or living together ☐
- My biological parent(s) is/are no longer alive ☐
- My biological parent(s) is/are living/working abroad ☐
- Other reason ☐ →

Please specify:

39 Besides you, who lives in your home? Please tick all that apply. If you move between two homes, choose your mother's home when answering this question.

- Biological mother ☐
- Biological father ☐
- Adoptive mother ☐
- Adoptive father ☐
- Stepmother ☐
- Stepfather ☐
- Foster mother ☐
- Foster father ☐
- Brother(s) (include step/halfbrothers) ☐ → How many:
- Sister(s) (include step/halfsisters) ☐ → How many:
- Grandparents ☐
- Other family members ☐
- Other persons ☐

40 How many people in total live in your home, including yourself?

Number of people:

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

41 Do you also live in another home on a regular basis? By this, we mean at least once every week or once every other week.

Yes ☐

No ☐ → Go to **44**

42 Who lives in this second home? Please tick all that apply.

Biological mother	<input type="checkbox"/>	
Biological father	<input type="checkbox"/>	
Adoptive mother	<input type="checkbox"/>	
Adoptive father	<input type="checkbox"/>	
Stepmother	<input type="checkbox"/>	
Stepfather	<input type="checkbox"/>	
Foster mother	<input type="checkbox"/>	
Foster father	<input type="checkbox"/>	
Brother(s) (includes step/halfbrothers)	<input type="checkbox"/>	→ How many: <input type="text"/> <input type="text"/>
Sister(s) (includes step/halfsisters)	<input type="checkbox"/>	→ How many: <input type="text"/> <input type="text"/>
Grandparents	<input type="checkbox"/>	
Other family members	<input type="checkbox"/>	
Other persons	<input type="checkbox"/>	

43 How much of the time do you usually live in this second home?

More than half the time	<input type="checkbox"/>
About half the time	<input type="checkbox"/>
Less than half the time	<input type="checkbox"/>
Almost never	<input type="checkbox"/>

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
When I feel sad, my parents try to comfort me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents often tell me to be quiet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents are very strict with me, even over small things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents often criticize me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents try to help me when I have a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents show me that they love me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents try to understand what I think and feel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49 How many of the people who live in your neighbourhood are German?

Almost all or all ☐

A lot ☐

About half ☐

A few ☐

None or very few ☐

Your feelings, attitudes and beliefs

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

	Probably yes	Probably not	Don't know
... have a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have a university degree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... be married?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... be living in Germany?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have a lot of money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... be in good health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Very unsatisfied									Very satisfied
	1	2	3	4	5	6	7	8	9	10
... with your life in general?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with school in general?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I have a lot of good qualities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a lot to be proud of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like myself just the way I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think things will go well for me in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

54 How often have the following things happened in the last month?

	Every day	Once or several times a week	Less often	Never
I was scared of other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was teased by other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was bullied by other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Very good	<input type="checkbox"/>
Good	<input type="checkbox"/>
About the same	<input type="checkbox"/>
Bad	<input type="checkbox"/>
Very bad	<input type="checkbox"/>

56 In the last 6 month, how often have you had...

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

57 On a typical school night how many hours sleep do you get?

Number of hours:

58 What is your height?

Height in cm:

59 What is your weight?

Weight in kg:

--	--	--

60 How often do you feel discriminated against or treated unfairly...

	Always	Often	Some-times	Never
... in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... in trains, buses, trams or the subway?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... in shops, stores, cafés, restaurants or nightclubs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... by police or security guards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

61 If you had a worry or concern, who would you go to? Please tick all that apply.

- Your mother ☐
- Your father ☐
- A sibling ☐
- Other family member ☐
- A friend ☐
- Your boyfriend/girlfriend ☐
- A classmate ☐
- A teacher ☐
- Someone else ☐
- No one ☐

62 Have you had serious arguments with any of the following people in the past 3 months?
Please tick all that apply.

- Your mother ☐
- Your father ☐
- A sibling ☐
- Other family member ☐
- A friend ☐
- Your boyfriend/girlfriend ☐
- A classmate ☐
- A teacher ☐
- Someone else ☐
- No one ☐

63 In a family, who should do the following?

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

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
A man should be ready to use violence to defend his wife and children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A man should be ready to use violence against insults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A man should be ready to use violence if someone talks badly about his family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

66 How strongly do you feel German?

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

71 What is your religion?

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

72 How important is religion to you?

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

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

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

74 How often do you pray?

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

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The German people should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should adapt to German society.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The German people should be open to the customs and traditions of immigrants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Leisure time activities

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

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

Yes ☐

No ☐ → Go to **78**

77 How often do you spend time in these clubs...
(Please tick a box for every group.)

	Every day	Once or several times a week	Once or several times a month	Less often	Never	I don't know people from this background in these clubs.
... with people from a German background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from an Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

78 Do you have boyfriend/girlfriend?

Yes ☐

No ☐ → Go to **83**

79 Does he/she go to your school?

- Yes, same class ☐
- Yes, but different class ☐
- No, goes to another school ☐
- No, has finished schooling ☐

78 How old is he/she?

Age in years:

81 What type of education does he/she do? (If he/she is no longer in school: What type of education did he/she do?)

- School for special needs ☐
- Lower secondary school ☐
- Intermediate secondary school ☐
- Upper secondary school ☐
- Comprehensive school ☐

82 What is his/her background?

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

83 How many boyfriends/girlfriends have you had in the past?

Number of boyfriends/girlfriends:

I haven't had a boyfriend/girlfriend yet. ☐

84 Thinking now about all of your friends. How many of them have...
(Please tick a box for every group.)

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

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

85 Do you usually work outside of school (for example, do a paper round, help your parents in their business, babysit)?

Yes ☐

No ☐ → Go to **89**

86 How many hours do you work during a normal school week (including weekends)?

Number of hours:

87 Is this a job where you help your parents in their business?

Yes ☐

No ☐

88 About how much money do you earn from work each month?

Amount in Euro:

--	--	--

89 Do you get money from your parents?

Yes, each week

☐

--	--	--

Euro

Yes, each month

☐

--	--	--

Euro

Yes, occasionally

☐

No

☐

90 How often do you miss out on activities your friends do because you can't afford it?

Always

☐

Often

☐

Sometimes

☐

Never

☐

91 If you suddenly needed 30 Euros by tomorrow, would you be able to get it?

Yes

☐

No

☐

Don't know

☐

92 In your sparetime, how often do you....

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... visit relatives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... go to the cinema?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... go out to a pub/bar/nightclub/party?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... read a book (not for school)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... spend time in a club (sports/music/drama/other club)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... go to a concert/DJ event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... go to the museum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... read a newspaper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

93 Do you have...

	Yes	No
... your own computer?	<input type="checkbox"/>	<input type="checkbox"/>
... access to the internet at home?	<input type="checkbox"/>	<input type="checkbox"/>
... a room just for yourself?	<input type="checkbox"/>	<input type="checkbox"/>
... your own smartphone (for example, iPhone or Blackberry)?	<input type="checkbox"/>	<input type="checkbox"/>
... your own TV?	<input type="checkbox"/>	<input type="checkbox"/>
... a game console (for example, Playstation, Wii or X-Box)?	<input type="checkbox"/>	<input type="checkbox"/>

94 How many rooms are there in your home (not counting kitchen and bathrooms)?

Number of rooms:

95 About how many books are there in your home?

0-25 ☐

26-100 ☐

101-200 ☐

201-500 ☐

More than 500 ☐

96 On a typical school day, once you get home, how much time do you spend...

	More than 2 hours a day	About 2 hours a day	About 1 hour a day	Less than 1 hour a day	No time at all
...watching TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...chatting online or visiting social network sites (for example, Myspace or Facebook)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...doing homework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...helping around the house (for example, cleaning, laying the table, food shopping)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...playing video or computer games alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...playing video or computer games together with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire:

Your friends

1 Here are some questions about your friends. You can answer these questions for one to five friends. You should not count your boyfriend/girlfriend.

1. What is the name of this friend?	2. Is this friend a boy or a girl?	3. How old is this friend?	4. What is his/her background?	5. Does he/she go to your school?	6. What type of education does he/she do (If he/she is no longer in school: What type of education did he/she do?)	7. Where do you see or meet each other? <u>Please tick all that apply.</u>	8. How often do you talk or meet?	9. Does your mother or father know this friend?
Friend 1: <div></div>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <div></div> <div></div>	German <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Turkish <input type="checkbox"/> Other background <input type="checkbox"/>	Yes, same class <input type="checkbox"/> Yes, but different class <input type="checkbox"/> No, goes to another school <input type="checkbox"/> No, has finished schooling <input type="checkbox"/>	School for special needs <input type="checkbox"/> Lower secondary school <input type="checkbox"/> Intermediate secondary school <input type="checkbox"/> Upper secondary school <input type="checkbox"/> Comprehensive school <input type="checkbox"/>	In school <input type="checkbox"/> In the neighborhood <input type="checkbox"/> At a sports, music, drama or other club <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Online <input type="checkbox"/> Elsewhere <input type="checkbox"/>	Every day <input type="checkbox"/> One or several times a week <input type="checkbox"/> Less often <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 2: <div></div>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <div></div> <div></div>	German <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Turkish <input type="checkbox"/> Other background <input type="checkbox"/>	Yes, same class <input type="checkbox"/> Yes, but different class <input type="checkbox"/> No, goes to another school <input type="checkbox"/> No, has finished schooling <input type="checkbox"/>	School for special needs <input type="checkbox"/> Lower secondary school <input type="checkbox"/> Intermediate secondary school <input type="checkbox"/> Upper secondary school <input type="checkbox"/> Comprehensive school <input type="checkbox"/>	In school <input type="checkbox"/> In the neighborhood <input type="checkbox"/> At a sports, music, drama or other club <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Online <input type="checkbox"/> Elsewhere <input type="checkbox"/>	Every day <input type="checkbox"/> One or several times a week <input type="checkbox"/> Less often <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 3: <div></div>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <div></div> <div></div>	German <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Turkish <input type="checkbox"/> Other background <input type="checkbox"/>	Yes, same class <input type="checkbox"/> Yes, but different class <input type="checkbox"/> No, goes to another school <input type="checkbox"/> No, has finished schooling <input type="checkbox"/>	School for special needs <input type="checkbox"/> Lower secondary school <input type="checkbox"/> Intermediate secondary school <input type="checkbox"/> Upper secondary school <input type="checkbox"/> Comprehensive school <input type="checkbox"/>	In school <input type="checkbox"/> In the neighborhood <input type="checkbox"/> At a sports, music, drama or other club <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Online <input type="checkbox"/> Elsewhere <input type="checkbox"/>	Every day <input type="checkbox"/> One or several times a week <input type="checkbox"/> Less often <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 4: <div></div>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <div></div> <div></div>	German <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Turkish <input type="checkbox"/> Other background <input type="checkbox"/>	Yes, same class <input type="checkbox"/> Yes, but different class <input type="checkbox"/> No, goes to another school <input type="checkbox"/> No, has finished schooling <input type="checkbox"/>	School for special needs <input type="checkbox"/> Lower secondary school <input type="checkbox"/> Intermediate secondary school <input type="checkbox"/> Upper secondary school <input type="checkbox"/> Comprehensive school <input type="checkbox"/>	In school <input type="checkbox"/> In the neighborhood <input type="checkbox"/> At a sports, music, drama or other club <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Online <input type="checkbox"/> Elsewhere <input type="checkbox"/>	Every day <input type="checkbox"/> One or several times a week <input type="checkbox"/> Less often <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 5: <div></div>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <div></div> <div></div>	German <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Turkish <input type="checkbox"/> Other background <input type="checkbox"/>	Yes, same class <input type="checkbox"/> Yes, but different class <input type="checkbox"/> No, goes to another school <input type="checkbox"/> No, has finished schooling <input type="checkbox"/>	School for special needs <input type="checkbox"/> Lower secondary school <input type="checkbox"/> Intermediate secondary school <input type="checkbox"/> Upper secondary school <input type="checkbox"/> Comprehensive school <input type="checkbox"/>	In school <input type="checkbox"/> In the neighborhood <input type="checkbox"/> At a sports, music, drama or other club <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Online <input type="checkbox"/> Elsewhere <input type="checkbox"/>	Every day <input type="checkbox"/> One or several times a week <input type="checkbox"/> Less often <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

2

How many of the friends you have listed know each other?

All of them

Some of them

None of them

☐

☐

☐

3

How many of these friends...

	All of them	Some of them	None of them
... play sports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... do well in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... skip lessons without permission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Something about your child and his/her school career

1 What is the highest level of education you wish your child to get?

- No degree ☐
- Degree from lower secondary school ☐
- Degree from intermediate secondary school ☐
- Degree from upper secondary school ☐
- University Degree ☐
- Don't know ☐

2 And what is the highest level of education that you think your child will actually get?

- No degree ☐
- Degree from lower secondary school ☐
- Degree from intermediate secondary school ☐
- Degree from upper secondary school ☐
- University Degree ☐
- Don't know ☐

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I trust the school to give my child a good education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I can always talk to the school if problems arise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have confidence in the teachers at my child's school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like my child to attend another school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think the school cares about the future of my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe the school could do more for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 And how much do you agree or disagree with each of these statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I show a lot of interest in my child's grades and achievement in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tell my child I am proud when he/she does well in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I encourage my child to work hard for school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5

What is your relationship to your child?

Biological mother or adoptive mother

☐

Biological father or adoptive father

☐

Stepmother

☐

Stepfather

☐

Another female guardian

☐

Please specify:

Another male guardian

☐

Please specify:

Your attitudes and beliefs

6 In a family, who should do the following?

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

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

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

8 Below are some qualities of a 12 to 15 year old child. Which three qualities are the most desirable for a child this age? Please tick 3 boxes.

That he/she is responsible	<input type="checkbox"/>
That he/she tries hard to succeed	<input type="checkbox"/>
That he/she has self-control	<input type="checkbox"/>
That he/she is interested in how and why things happen	<input type="checkbox"/>
That he/she has good manners	<input type="checkbox"/>
That he/she has good sense and sound judgement	<input type="checkbox"/>
That he/she is considerate of others	<input type="checkbox"/>
That he/she acts like a boy/girl should	<input type="checkbox"/>
That he/she has respect of elderly people	<input type="checkbox"/>
That he/she obeys his/her parents	<input type="checkbox"/>

9 How strongly do you feel German?

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

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

- 10** Some people feel that they belong to other groups too. Which, if any, of the following groups do you feel you belong to? Please tick all that apply.

No other group ☐ → **Go to 13**

Italian ☐

Polish ☐

Russian ☐

Turkish ☐

Other group ☐ → Please specify:

- 11** How strongly do you feel that you belong to this group? (If you feel you belong to more than one of these groups, please tell us about the one you feel you belong to most strongly.)

Very strongly ☐

Fairly strongly ☐

Not very strongly ☐

Not at all strongly ☐

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

Very important ☐

Fairly important ☐

Not very important ☐

Not at all important ☐

- 13** What is your religion?

No religion ☐

Buddhism ☐

Christianity: Catholic ☐

Christianity: Protestant ☐

Hinduism ☐

Islam ☐

Judaism ☐

Other religion ☐ → Please specify:

- 14** How important is religion to you?

Very important ☐

Fairly important ☐

Not very important ☐

Not at all important ☐

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The German people should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should adapt to German society.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The German people should be open to the customs and traditions of immigrants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16 Do you want to live permanently in Germany?

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

Your friends, your neighbourhood and your spare time

17 Thinking now about your friends. How many of them have...
(Please tick a box for every group.)

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

18 How often do you spend time in your neighbourhood...
(Please tick a box for every group.)

	Every day	Once or several times a week	Once or several times a month	Less often	Never	I don't know people from this background in my neigh- borhood.
... with people from a German background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from an Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19 Do you have any of the following problems where you live? Please tick all that apply.

Poor housing/building maintenance	<input type="checkbox"/>
Noisy neighbours	<input type="checkbox"/>
Vandalism or crime	<input type="checkbox"/>
Fear of going out at night	<input type="checkbox"/>
I don't have any of these problems	<input type="checkbox"/>

20 Do you own or rent the place where you live?

I own the place where I live	<input type="checkbox"/>
I rent the place where I live	<input type="checkbox"/>
Other	<input type="checkbox"/>



Please specify:

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

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

Yes ☐

No ☐ ➔ Go to **23**

22 How often do you spend time in these clubs...
(Please tick a box for every group.)

Every day	Once or several times a week	Once or several times a month	Less often	Never	I don't know people from this background in these clubs.
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... with people from a German background? ☐ ☐ ☐ ☐ ☐ ☐

... with people from an Italian background? ☐ ☐ ☐ ☐ ☐ ☐

... with people from a Polish background? ☐ ☐ ☐ ☐ ☐ ☐

... with people from a Russian background? ☐ ☐ ☐ ☐ ☐ ☐

... with people from a Turkish background? ☐ ☐ ☐ ☐ ☐ ☐

... with people from another background? ☐ ☐ ☐ ☐ ☐ ☐

Something about you and your household

23 Are you male or female?

Male ☐
Female ☐

24 When were you born?

Year

1	9		
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Attention: Remember to check for a "Go to" instruction after you answer the question below.

25 In which country were you born?

Germany ☐ → Go to **28**
Italy ☐
Poland ☐
Russia ☐
Turkey ☐
Other country ☐ → Please specify:

--

26 What year did you move to Germany?

Year:

--	--	--	--

27 How often do you visit your country of birth?

Twice a year or more ☐
Once a year ☐
Less than once a year ☐
Never ☐

28 Where did you grow up?

Big city (more than 100,000 inhabitants) ☐
Town (up to 100,000 inhabitants) ☐
Village ☐

29 What is your nationality? If you have more than one nationality, please tick all that apply.

German	<input type="checkbox"/>	
Italian	<input type="checkbox"/>	
Polish	<input type="checkbox"/>	
Russian	<input type="checkbox"/>	
Turkish	<input type="checkbox"/>	
Other nationality	<input type="checkbox"/>	→ Please specify: <input type="text"/>
Don't know	<input type="checkbox"/>	

30 In which country was your biological father born?

Germany	<input type="checkbox"/>	
Italy	<input type="checkbox"/>	
Poland	<input type="checkbox"/>	
Russia	<input type="checkbox"/>	
Turkey	<input type="checkbox"/>	
Other country	<input type="checkbox"/>	→ Please specify: <input type="text"/>

31 And in which country was your biological mother born?

Germany	<input type="checkbox"/>	
Italy	<input type="checkbox"/>	
Poland	<input type="checkbox"/>	
Russia	<input type="checkbox"/>	
Turkey	<input type="checkbox"/>	
Other country	<input type="checkbox"/>	→ Please specify: <input type="text"/>

32 How well do you think you can...

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

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

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

Yes ☐

No ☐ → Go to **37**

34 Which language is this?

Italian ☐

Polish ☐

Russian ☐

Turkish ☐

Other language ☐ → Please specify:

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

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

36 Thinking about the child who is taking part in this survey, how often do you talk to this child in this language?

Always ☐

Often ☐

Sometimes ☐

Never ☐

37 What is your highest level of education? If you got your degree outside Germany, please select the German level that best matches your foreign degree.

I don't have a school leaving certificate ☐

Degree below upper secondary school ☐

Degree from upper secondary school ☐

University degree ☐

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

43 Thinking about your job. If you are currently not working, think about your last job. What type of job is this?

I have never worked before ☐ → Go to **46**

Professional and technical (for example: doctor, teacher, engineer, artist, accountant) ☐

Higher administrator (for example: banker, executive in big business, high government official, union official) ☐

Clerical (for example: secretary, clerk, office manager, civil servant, bookkeeper) ☐

Sales (for example: sales manager, shop owner, shop assistant, insurance agent, buyer) ☐

Service (for example: restaurant owner, police officer, waiter, barber, caretaker) ☐

Skilled worker (for example: foreman, motor mechanic, printer, tool and dye maker, electrician) ☐

Semi-skilled worker (for example: bricklayer, bus driver, tannery worker, carpenter, sheet metal worker, baker) ☐

Unskilled worker (for example: labourer, porter, unskilled factory worker) ☐

Farm (for example: farmer, farm labourer, tractor driver) ☐

44 Are you self-employed or do you work for somebody else?

I am self employed (I own a business or farm) ☐

I work for somebody else ☐

45 What is your job title? Additionally, please describe what you do in your job.

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

46 If you suddenly needed 1800 Euros in one week, would you be able to get it?

☐

☐ → Go to **48**

47 How would you get it?

- Withdrawal from own bank account ☐
- Sale of stocks, fund shares or the like ☐
- Loan from family members or relatives ☐
- Loan from friends ☐
- Bank loan or similar ☐

Other ☐



Please specify:

48 Using the answer categories below, please tell us your household's monthly total income, after tax and compulsory deductions, from all sources. If you don't know exactly, please try to answer as best as you can.

- Up to 1100 Euros ☐
- 1111 to 1460 Euros ☐
- 1461 to 1840 Euros ☐
- 1841 to 2250 Euros ☐
- 2251 to 2710 Euros ☐
- 2711 to 3190 Euros ☐
- 3191 to 3770 Euros ☐
- 3771 to 4550 Euros ☐
- 4551 to 5870 Euros ☐
- More than 5870 Euros ☐
- I don't want to say ☐

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

49 What is your marital status?

- Single ☐
- Married ☐
- Divorced ☐
- Separated ☐
- Widowed ☐



Go to **51**

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

50 Do you have a partner/husband/wife?

☐☐

Go to **End**

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

51 Do you live with your partner/husband/wife?

Yes ☐

No ☐ → Go to **End**

52 Is this person the biological father or biological mother of the child that is taking part in this survey?

Yes ☐

No ☐

Something about your partner/husband/wife

53 When was your partner/husband/wife born?

Year

1	9		
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Attention: Remember to check for a "Go to" instruction after you answer the question below.

54 In which country was your partner/husband/wife born?

Germany

☐

Go to

56

Italy

☐

Poland

☐

Russia

☐

Turkey

☐

Other country

☐

Please specify:

55 What year did he/she move to Germany?

Year:

--	--	--	--

56 Where did your partner/husband/wife grow up?

Big city (more than 100,000 inhabitants)

☐

Town (up to 100,000 inhabitants)

☐

Village

☐

Don't know

☐

57 What is your partner's/husband's/wife's nationality? If he/she has more than one nationality, please tick all that apply.

German

☐

Italian

☐

Polish

☐

Russian

☐

Turkish

☐

Other nationality

☐

Please specify:

Don't know

☐

58 In which country was the biological father of your partner/husband/wife born?

Germany ☐
Italy ☐
Poland ☐
Russia ☐
Turkey ☐
Other country ☐



Please specify:

59 And in which country was the biological mother of your partner/husband/wife born?

Germany ☐
Italy ☐
Poland ☐
Russia ☐
Turkey ☐
Other country ☐



Please specify:

60 What is partner's/husband's/wife's highest level of education? If he/she got his/her degree outside Germany, please select the German level that best matches his/her foreign degree.

He/she doesn't have a school leaving certificate ☐
Degree below upper secondary school ☐
Degree from upper secondary school ☐
University degree ☐

61 Where did your partner/husband/wife get his/her highest level of education (including school or university degree, not counting vocational training)?

Germany ☐
Italy ☐
Poland ☐
Russia ☐
Turkey ☐
Other country ☐



Please specify:

62 How old was your partner/husband/wife when he/she received his/her highest level of education (including school or university degree, not counting vocational training)?

Age in years:

He/she is still in education.

☐

63 Did your partner/husband/wife complete any vocational training?

Yes ☐

No ☐

64 Does your partner/husband/wife have a paid job?

Yes ☐

No ☐

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

65 Thinking about your partner's/husband's/wife's job. If he/she is currently not working, think about his/her last job. What type of job is this?

He/she has never worked before ☐ → Go to **68**

Professional and technical (for example: doctor, teacher, engineer, artist, accountant) ☐

Higher administrator (for example: banker, executive in big business, high government official, union official) ☐

Clerical (for example: secretary, clerk, office manager, civil servant, bookkeeper) ☐

Sales (for example: sales manager, shop owner, shop assistant, insurance agent, buyer) ☐

Service (for example: restaurant owner, police officer, waiter, barber, caretaker) ☐

Skilled worker (for example: foreman, motor mechanic, printer, tool and dye maker, electrician) ☐

Semi-skilled worker (for example: bricklayer, bus driver, tannery worker, carpenter, sheet metal worker, baker) ☐

Unskilled worker (for example: labourer, porter, unskilled factory worker) ☐

Farm (for example: farmer, farm labourer, tractor driver) ☐

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

66 Is he/she self employed or does he/she work for somebody else?

He/she is self employed (He/she owns a business or farm) ☐

He/she works for somebody else ☐

67

What is his/her job title? Additionally, please describe what he/she does in his/her job.

68

How did you answer these questions about your partner/husband/wife?

I answered them alone, without asking my partner/husband/wife for help ☐

I answered them, but I asked my partner/husband/wife for help ☐

My partner/husband/wife answered them ☐

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire:

Something about your child and his/her school career

1 What is the highest level of education you wish your child to get?

- No degree ☐
- Degree from lower secondary school ☐
- Degree from intermediate secondary school ☐
- Degree from upper secondary school ☐
- University degree ☐
- Don't know ☐

2 And what is the highest level of education that you think your child will actually get?

- No degree ☐
- Degree from lower secondary school ☐
- Degree from intermediate secondary school ☐
- Degree from upper secondary school ☐
- University degree ☐
- Don't know ☐

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I trust the school to give my child a good education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I can always talk to the school if problems arise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have confidence in the teachers at my child's school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like my child to attend another school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think the school cares about the future of my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe the school could do more for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 And how much do you agree or disagree with each of these statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I show a lot of interest in my child's grades and achievement in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tell my child I am proud when he/she does well in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I encourage my child to work hard for school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5

What is your relationship to your child?

Biological mother or adoptive mother ☐Biological father or adoptive father ☐Stepmother ☐Stepfather ☐Another female guardian ☐ →

Please specify:

Another male guardian ☐ →

Please specify:

6

Besides you and your child that has taken part in this survey, who lives in your home? Please tick all that apply.Biological mother of child ☐Biological father of child ☐Adoptive mother of child ☐Adoptive father of child ☐Stepmother of child ☐Stepfather of child ☐Foster mother of child ☐Foster father of child ☐Brothers of child (including step-/halfbrothers) ☐ → How many:Sisters of child (including step-/halfsisters) ☐ → How many:Grandparents of child ☐Other family members ☐Other persons ☐*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

7

Does your child also live in another home on a regular basis? By this, we mean at least once every week or once every other week.

Yes ☐No ☐ → Go to

9

8

How much of the time does your child usually live in this second home?

More than half the time ☐About half the time ☐Less than half the time ☐Almost never ☐

9 How often do you usually see your child?

- Every day ☐
- Once or several times a week ☐
- Once or several times a month ☐
- Less often ☐
- Never ☐

10 How often does your partner/husband/wife usually sees your child?

- Every day ☐
- Once or several times a week ☐
- Once or several times a month ☐
- Less often ☐
- Never ☐
- I don't have a partner/husband/wife ☐

11 Does your child get money from you?

- Yes, each week ☐ → EURO
- Yes, each month ☐ → EURO
- Yes, occasionally ☐
- No ☐

Your attitudes and beliefs

12 In a family, who should do the following?

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

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

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

14 Below are some qualities of a 12 to 15 year old child. Which three qualities are the most desirable for a child this age? Please tick 3 boxes.

That he/she is responsible	<input type="checkbox"/>
That he/she tries hard to succeed	<input type="checkbox"/>
That he/she has self-control	<input type="checkbox"/>
That he/she is interested in how and why things happen	<input type="checkbox"/>
That he/she has good manners	<input type="checkbox"/>
That he/she has good sense and sound judgement	<input type="checkbox"/>
That he/she is considerate of others	<input type="checkbox"/>
That he/she acts like a boy/girl should	<input type="checkbox"/>
That he/she has respect of elderly people	<input type="checkbox"/>
That he/she obeys his/her parents	<input type="checkbox"/>

15 How strongly do you feel German?

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

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

- 16** Some people feel that they belong to other groups too. Which, if any, of the following groups do you feel you belong to? Please tick all that apply.

No other group ☐ → Go to **19**

Italian ☐

Polish ☐

Russian ☐

Turkish ☐

Other group ☐ → Please specify:

- 17** How strongly do you feel that you belong to this group? (If you feel you belong to more than one of these groups, please tell us about the one you feel you belong to most strongly.)

Very strongly ☐

Fairly strongly ☐

Not very strongly ☐

Not at all strongly ☐

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

Very important ☐

Fairly important ☐

Not very important ☐

Not at all important ☐

- 19** What is your religion?

No religion ☐

Buddhism ☐

Christianity: Catholic ☐

Christianity: Protestant ☐

Hinduism ☐

Islam ☐

Judaism ☐

Other religion ☐ → Please specify:

- 20** How important is religion to you?

Very important ☐

Fairly important ☐

Not very important ☐

Not at all important ☐

21

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The German people should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should adapt to German society.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The German people should be open to the customs and traditions of immigrants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrants should do all they can to keep their customs and traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22

Do you want to live permanently in Germany?

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

Your friends, your neighbourhood and your spare time

23 Thinking now about your friends. How many of them have...
(Please tick a box for every group.)

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

24 How often do you spend time in your neighbourhood...
(Please tick a box for every group.)

	Every day	Once or several times a week	Once or several times a month	Less often	Never	I don't know people from this background in my neigh- borhood.
... with people from a German background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from an Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25 Do you have any of the following problems where you live? Please tick all that apply.

- Poor housing/building maintenance ☐
- Noisy neighbours ☐
- Vandalism or crime ☐
- Fear of going out at night ☐
- I don't have any of these problems ☐

26 Do you own or rent the place where you live?

I own the place where I live ☐

I rent the place where I live ☐

Other ☐



Please specify:

Something about you and your household

30 Are you male or female?

Male ☐
Female ☐

31 When were you born?

Year

1	9		
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Attention: Remember to check for a "Go to" instruction after you answer the question below.

32 In which country were you born?

Germany ☐ → Go to **35**
Italy ☐
Poland ☐
Russia ☐
Turkey ☐
Other country ☐ → Please specify:

33 What year did you move to Germany?

Year:

--	--	--	--

34 How often do you visit your country of birth?

Twice a year or more ☐
Once a year ☐
Less than once a year ☐
Never ☐

35 Where did you grow up?

Big city (more than 100,000 inhabitants) ☐
Town (up to 100,000 inhabitants) ☐
Village ☐

36 What is your nationality? If you have more than one nationality, please tick all that apply.

German ☐
Italian ☐
Polish ☐
Russian ☐
Turkish ☐
Other nationality ☐



Please specify:

Don't know ☐

37 In which country was your biological father born?

Germany ☐
Italy ☐
Poland ☐
Russia ☐
Turkey ☐
Other country ☐



Please specify:

38 And in which country was your biological mother born?

Germany ☐
Italy ☐
Poland ☐
Russia ☐
Turkey ☐
Other country ☐



Please specify:

39 How well do you think you can...

Not at all Not well Well Very well Excellently

... speak German? ☐ ☐ ☐ ☐ ☐

... understand German? ☐ ☐ ☐ ☐ ☐

... read German? ☐ ☐ ☐ ☐ ☐

...write German? ☐ ☐ ☐ ☐ ☐

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

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

Yes ☐

No ☐ → Go to **44**

41 Which language is this?

Italian ☐

Polish ☐

Russian ☐

Turkish ☐

Other language ☐ → Please specify:

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

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

43 Thinking about the child who is taking part in this survey, how often do you talk to this child in this language?

Always ☐

Often ☐

Sometimes ☐

Never ☐

44 About how many books are there in your home?

0-25 ☐

26-100 ☐

101-200 ☐

201-500 ☐

More than 500 ☐

45 What is your highest level of education? If you got your degree outside Germany, please select the German level that best matches your foreign degree.

I don't have a school leaving certificate ☐

Degree below upper secondary school ☐

Degree from upper secondary school ☐

University degree ☐

46

☐

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☐☐

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47

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☐

48

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

49

☐

51

50

[illegible]

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

51 Thinking about your job. If you are currently not working, think about your last job. What type of job is this?

I have never worked before ☐ → Go to **55**

Professional and technical (for example: doctor, teacher, engineer, artist, accountant) ☐

Higher administrator (for example: banker, executive in big business, high government official, union official) ☐

Clerical (for example: secretary, clerk, office manager, civil servant, bookkeeper) ☐

Sales (for example: sales manager, shop owner, shop assistant, insurance agent, buyer) ☐

Service (for example: restaurant owner, police officer, waiter, barber, caretaker) ☐

Skilled worker (for example: foreman, motor mechanic, printer, tool and dye maker, electrician) ☐

Semi-skilled worker (for example: bricklayer, bus driver, tannery worker, carpenter, sheet metal worker, baker) ☐

Unskilled worker (for example: labourer, porter, unskilled factory worker) ☐

Farm (for example: farmer, farm labourer, tractor driver) ☐

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

52 Are you self-employed or do you work for somebody else?

I am self employed (I own a business or farm) ☐

I work for somebody else ☐ → Go to **54**

53 Outside of school, does your child usually help you in your business?

Yes ☐

No ☐

54 What is your job title? Additionally, please describe what you do in your job.

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

55 If you suddenly needed 1800 in one week, would you be able to get it?

Yes ☐

No ☐ → Go to **57**

56 How would you get it?

- Withdrawal from own bank account ☐
- Sale of stocks, fund shares or the like ☐
- Loan from family members or relatives ☐
- Loan from friends ☐
- Bank loan or similar ☐
- Other ☐



Please specify:

57 Using the answer categories below, please tell us your household's monthly total income, after tax and compulsory deductions, from all sources. If you don't know exactly, please try to answer as best as you can.

- Up to 1100 Euros ☐
- 1111 to 1460 Euros ☐
- 1461 to 1840 Euros ☐
- 1841 to 2250 Euros ☐
- 2251 to 2710 Euros ☐
- 2711 to 3190 Euros ☐
- 3191 to 3770 Euros ☐
- 3771 to 4550 Euros ☐
- 4551 to 5870 Euros ☐
- More than 5870 Euros ☐
- I don't want to say ☐

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

58 What is your marital status?

- Single ☐
- Married ☐
- Divorced ☐
- Separated ☐
- Widowed ☐



Go to **60**

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

59 Do you have a partner/husband/wife?

- Yes ☐
- No ☐



Go to **End**

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

60 Do you live with your partner/husband/wife?

Yes ☐

No ☐ → Go to **End**

61 Is this person the biological father or biological mother of the child that is taking part in this survey?

Yes ☐

No ☐

Something about your partner/husband/wife

62 When was your partner/husband/wife born?

Year

1	9		
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Attention: Remember to check for a "Go to" instruction after you answer the question below.

63 In which country was your partner/husband/wife born?

- Germany ☐ → Go to **65**
- Italy ☐
- Poland ☐
- Russia ☐
- Turkey ☐
- Other country ☐ → Please specify:

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64 What year did he/she move to Germany?

Year:

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65 Where did your partner/husband/wife grow up?

- Big city (more than 100,000 inhabitants) ☐
- Town (up to 100,000 inhabitants) ☐
- Village ☐
- Don't know ☐

66 What is your partner's/husband's/wife's nationality? If he/she has more than one nationality, please tick all that apply.

- German ☐
- Italian ☐
- Polish ☐
- Russian ☐
- Turkish ☐
- Other nationality ☐ → Please specify:

--

Don't know ☐

67 In which country was the biological father of your partner/husband/wife born?

- Germany ☐
- Italy ☐
- Poland ☐
- Russia ☐
- Turkey ☐
- Other country ☐ → Please specify:

68 And in which country was the biological mother of your partner/husband/wife born?

- Germany ☐
- Italy ☐
- Poland ☐
- Russia ☐
- Turkey ☐
- Other country ☐ → Please specify:

69 What is partner's/husband's/wife's highest level of education? If he/she got his/her degree outside Germany, please select the German level that best matches his/her foreign degree.

- He/she doesn't have a school leaving certificate ☐
- Degree below upper secondary school ☐
- Degree from upper secondary school ☐
- University degree ☐

70 Where did your partner/husband/wife get his/her highest level of education (including school or university degree, not counting vocational training)?

- Germany ☐
- Italy ☐
- Poland ☐
- Russia ☐
- Turkey ☐
- Other country ☐ → Please specify:

71 How old was your partner/husband/wife when he/she received his/her highest level of education (including school or university degree, not counting vocational training)?

Age in years:

He/she is still in education. ☐

72 Did your partner/husband/wife complete any vocational training?

Yes ☐

No ☐

73 Does your partner/husband/wife have a paid job?

Yes ☐

No ☐

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

74 Thinking about your partner's/husband's/wife's job. If he/she is currently not working, think about his/her last job. What type of job is this?

He/she has never worked before ☐ → Go to **78**

Professional and technical (for example: doctor, teacher, engineer, artist, accountant) ☐

Higher administrator (for example: banker, executive in big business, high government official, union official) ☐

Clerical (for example: secretary, clerk, office manager, civil servant, bookkeeper) ☐

Sales (for example: sales manager, shop owner, shop assistant, insurance agent, buyer) ☐

Service (for example: restaurant owner, police officer, waiter, barber, caretaker) ☐

Skilled worker (for example: foreman, motor mechanic, printer, tool and dye maker, electrician) ☐

Semi-skilled worker (for example: bricklayer, bus driver, tannery worker, carpenter, sheet metal worker, baker) ☐

Unskilled worker (for example: labourer, porter, unskilled factory worker) ☐

Farm (for example: farmer, farm labourer, tractor driver) ☐

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

75 Is he/she self employed or does he/she work for somebody else?

He/she is self employed (He/she owns a business or farm) ☐

He/she works for somebody else ☐ → Go to **77**

76 Outside of school, does your child usually help your partner/husband/wife in his/her business?

Yes ☐

No ☐

77 What is his/her job title? Additionally, please describe what he/she does in his/her job.

78 How did you answer these questions about your partner/husband/wife?

I answered them alone, without asking my partner/husband/wife for help ☐

I answered them, but I asked my partner/husband/wife for help ☐

My partner/husband/wife answered them ☐

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire:

Questions about you

1 What is the name of the school you are teaching in?

2 Which subjects are you teaching in this school?

Subject 1:

Subject 2:

Subject 3:

Subject 4:

Subject 5:

3 In what grades are you teaching in this school?

Grade 5

☐

Grade 6

☐

Grade 7

☐

Grade 8

☐

Grade 9

☐

Grade 10

☐

Grade 11

☐

Grade 12

☐

Grade 13

☐

Other grade

☐

Please specify:

4 Are you male or female?

Male

☐

Female

☐

5 In which year were you born?

Year or birth:

1	9		
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6

Do you have a so-called migration background, that is, either you or one of your parents was born abroad and immigrated to Germany later on?

Yes

☐

No

☐**7**

Has one of your parents got a university degree?

Yes, my mother

☐

Yes, my father

☐

Yes, both parents

☐

No

☐**8**

By the end of this school year, how many years have you been teaching in total?

Duration in years:

9

What University have you graduated from?

10

What final grade did you get in your university diploma?

About the class

11a During this school year, which subjects do you teach in this class? Please write in all subjects.

Subject 1:

Subject 2:

Subject 3:

Subject 4:

11b How many instructional hours per week do you teach these subjects in this class?

→ Instructional hours:

→ Instructional hours:

→ Instructional hours:

→ Instructional hours:

12 How many minutes does one instruction hour last?

Duration in minutes:

13 Now we would like to know something about the students in the class that participates in our survey even if you are not their class teacher. Please answer these questions about all students in this class even if they are absent today. What is the total number of students in this class?

Number of boys:

Number of girls:

14 Please state on how many students in this class the following features apply. If you are uncertain about the exact number, please estimate as good as you can. How many students in this class...

... come from families with migration background, that is, the student or at least one parent were born abroad and moved to Germany later on?

... come from single-parent families?

... come from low-educated families?

... come from university-educated families?

... come from economically disadvantaged homes?

... come from economically affluent homes?

... come from families where at least one parent is unemployed?

... come from families who receive social assistance?

15 In general, how do you assess proficiency of the students in this class in the following subjects?

	Very high	High	Medium	Low	Very low	Cannot give an assessment
Maths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16 Approximately how many students in this class...

... sometimes have problems to follow the curriculum?

... experience difficulties understanding spoken German?

17 Now we would like to know something about the students who do not participate in our survey today due to whatever reasons. Please answer questions 17 and 18 only if at least 3 students are absent. How many students do not participate in the survey?

Number of students:

18 Please state on how many missing students in this class the following features apply. If you are uncertain about the exact number, please estimate as good as you can. How many missing students in this class...

... come from families with migration background?

... come from single-parent families?

... come from low-educated families?

... come from university-educated families?

... come from economically disadvantaged homes?

... come from economically affluent homes?

... come from families where at least one parent is unemployed?

... come from families who receive social assistance?

About the school

19

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20

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21

[illegible]

22

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

23

24

	Easiest set	2	3	4	5	6	Hardest set
Mathematics:							
German:							
English:							

25 Think about the students in your school. How much do you agree with the following statements?

	Strongly agree	Agree	Disagree	Strongly disagree
Students enjoy being in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students work with enthusiasm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students take pride in this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students value academic achievement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students are cooperative and respectful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students value the education they can receive in this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students do their best to learn as much as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26 Now think about the teachers in your school. How much do you agree with the following statements?

	Strongly agree	Agree	Disagree	Strongly disagree
The morale of teachers in this school is high.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers work with enthusiasm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers take pride in this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers value academic achievement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers' job satisfaction is high.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers' expectations for student achievement are high.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27 How many teachers are there in your school?

Number of teachers:

28 How many teachers in your school have a migration background?

Number of teachers:

29 How many teachers in your school are male?

Number of teachers:

To what degree is the following a problem in your school?

	Not at all	Minor problem	Moderate problem	Serious problem
Students arriving late at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skipping lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Profanity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intimidation or verbal abuse among students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intimidation or verbal abuse of teachers or staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical injury to other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical injury to teachers or staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violating dress code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31 In your school, how much is the learning of the students in school hindered by...

	Not at all	Very little	To some extent	A lot
... poor condition of buildings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... poor heating, cooling or lighting systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... lack of instructional space (for example, classrooms)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... lack of instructional material (e.g., textbooks)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... not enough computers for instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... lack of instructional materials in the library?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... lack of multi-media resources for instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... inadequate science laboratory equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... inadequate facilities for the fine arts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... overcrowded classrooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... teachers not having adequate workspace outside their classroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

32 Does your school have a library?

Yes ☐

No ☐ → Go to **34**

33 Can the students borrow books from the school library to take home?

Yes ☐

No ☐

34 How often...

	Never	Once a year	2-3 times a year	4-6 times a year	7 or more times a year
... do teachers meet or talk with a typical student's parents to discuss his/her progress in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... are teacher-parent conferences provided by your school for students and their families?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... are letters, calendars, newsletters or similar sent home to provide parents with information about the school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... are written reports of student's performance provided by your school for students and their families?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...are teacher home visits provided by your school for students and their families?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...are events at school to which parents are invited, provided by your school for students and their families?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...are fundraising activities that parents participate in provided by your school for students and their families?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35 In general, how would you characterize parental support for student achievement within your school?

Very high	<input type="checkbox"/>
High	<input type="checkbox"/>
Medium	<input type="checkbox"/>
Low	<input type="checkbox"/>
Very low	<input type="checkbox"/>

36 Approximately what percentage of students in your school has parents or guardians who...

	None or very few	A few	About half	A lot	Almost all or all
... volunteer regularly to help in the classroom or another part of the school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... attend teacher-parent conferences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... attend cultural, sporting, or social events at the school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... do fundraising and other support activities for the school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37 To what extent do you agree or disagree with the following statement: This school is located in a safe neighbourhood.

Strongly disagree ☐

Disagree ☐

Agree ☐

Strongly agree ☐

38 How many of the people living in the school's neighbourhood are German?

Almost all or all ☐

A lot ☐

About half ☐

A few ☐

None or very few ☐

39 And how many of the people living in the school's neighbourhood are unemployed?

Almost all or all ☐

A lot ☐

About half ☐

A few ☐

None or very few ☐

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire: