

ZA5353 / ZA5656

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

Wave 2

- Basic Questionnaire -

Questions about you

1 Are you a boy or a girl?

Boy

Girl

2 When were you born?

Day

Month

Year

1 9

2_{ge} How old are you?

14 years old

15 years old

16 years old

17 years old

18 years old

2_{en1} What is your ethnic group?

White

White British

White Irish

Any other white background

Mixed

Mixed White and Black Caribbean

Mixed White and Black African

Mixed White and Asian

Any other mixed background

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian or Asian British background

Black or Black British

Caribbean

African

Any other Black or Black British background

Chinese or other ethnic group

Chinese

Any other ethnic group

2_{en2}

Do you get free school meals?

Yes

No

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

3

In which country were you born?

<Survey country> →

Go to 4_{ge1}

<Country 1>

<Country 2>

<Country 3>

Other country →

Please specify:

4

How old were you when you moved to <survey country>?

Age in years:

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

4_{ge1}

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 <survey county> later on?)

Yes

No →

Go to 5

4_{ge2}

Which migration background do you have?

<Country 1> background

<Country 2> background

<Country 3> background

Other migration background →

Please specify:

4_{ge3}

Thinking about the country your migration background refers to. How interested are you in this country's politics?

Very much

A lot

Quite a lot

A little

Very little or not at all

4_{ge4}

Have you visited this country your migration background refers to during the last 12 months?

- Yes, twice or more
- Yes, once
- No

4_{ge5}

How much do you know about...

	Very much	A lot	Quite a lot	A little	Very little or nothing at all
... this country's politics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... this country's history?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5

How well do you think you can...

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

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

6

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

- Yes
- No → Go to **10**

7

Which language is this?

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

8

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

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

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

Your school

10 Which school subject do you like most?

11 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 (e.g., 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 without permission?	<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"/>

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

- <Educational degree 1>
- <Educational degree 2>
- <Educational degree 3>
- Don't know

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

- <Educational degree 1>
- <Educational degree 2>
- <Educational degree 3>
- Don't know

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

- <Educational degree 1>
- <Educational degree 2>
- <Educational degree 3>
- Don't know

15 Do you think you would succeed in studying at...

	Yes, definitely	Yes, probably	Possibly	No, probably not	No, definitely not
... lower secondary school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... intermediate secondary school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... upper secondary school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... vocational track of upper secondary school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... academic track of upper secondary school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... university?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16 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"/>
I don't like that I am obliged to go to school.	<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"/>
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"/>
I hate school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students who study hard are not cool.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17 How well are you doing in the following subjects?

	Very well	Quite well	OK	Not that well	Not at all well
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<Survey country language>	<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.

18 Is there a setting system at your school?

Yes

No → Go to **20**

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

Math:

<Survey country language>:

English:

19_{sw} Do you attend a group based on the level of learning in any of the following subjects?

	Yes, in the highest group	Yes, in the middle group	Yes, in the lowest group	No	Don't know
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<Survey country language>	<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"/>

19_{nl1} Which level of education do you attend?

<Level of education 1>

<Level of education 2>

<Level of education 3>

19_{nl2} Which sector do you currently follow?

<Sector 1>

<Sector 2>

<Sector 3>

Other sector → Please specify:

19_{nl3} Which profile do you currently follow? Tick all boxes that apply.

<Profile 1>

<Profile 2>

<Profile 3>

20 What grades did you get in your last school report in the following subjects?

Math:

<Survey country language>:

English:

21**Do you take classes outside regular school hours to improve your grades?**

- No
- Yes, but not every week
- Yes, every week

21_{nl}**Have you ever repeated a year at school?**

- No
- Yes, in primary school
- Yes, in secondary school
- Yes, in primary and secondary school

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
A university education is very important for getting a good job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting a full-time job is just as good as getting more education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An immigrant in <survey country> needs a university education in order to get a good job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To get the education I want, I would be willing to move to another part of the country.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be willing to study at university even if it means that I have less money to live on for several years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23**How much have you thought about your future education (including vocational education)?**

- A lot
- A bit
- Not much
- Not at all

24**At your age, how important is it that you think carefully about your future education (including vocational education)?**

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

Where did you get information about your future education (including vocational training)?

You can tick several boxes.

I did not get any information.

Parents

Siblings

Other relatives

Classmates

Other friends

Internship

Study counsellor

Teachers

Internet

Newspapers

Job centers

Open days

Career fairs

Other way →

Please specify:

Questions about your future plans

25_{ge}

Do you intend to graduate from school at the end of this school year?

- Yes, from lower secondary school
- Yes, from intermediate secondary school
- No

26

What are you planning to do after this school year (after the summer holidays)? Please tick only one box.

Further education

Full-time job

Apprenticeship

Internship

27 Have you applied for a job/
apprenticeship/internship already?

- Yes, and I have a job/
apprenticeship/internship already
- Yes, I have applied, but I have no
job/apprenticeship/internship yet
- No

Something else



Please specify:

Don't know

27_{en1}

What kind of course(s) will you be studying? Please tick all that apply.

<Kind of courses 1>

<Kind of courses 2>

<Kind of courses 3>

Other kind of courses



Please specify:

27_{en2}

Which subjects do you think you will study after your GCSE? Please tick all that apply.

<Subject 1>

<Subject 2>

<Subject 3>

Other subjects

28

What occupation would you like to have as an adult? Please name only one occupation and give the exact title.

Don't know

29

How important to you are the following aspects of a future occupation?

	Very important	Fairly important	Not very important	Not at all important
That I have a high income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That I can help people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That I can think and solve problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That the risks of becoming unemployed are low.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That I can be creative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your feelings and attitudes

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

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

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

31 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 34**
- <Group 1>
- <Group 2>
- <Group 3>
- Other group → Please specify:

32 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

33 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

33_{en} Do you go to any classes or belong to any organisation that are especially for people from this group? (e.g., language classes, music or dance classes, cultural clubs, ethnic youth groups)?

- Yes, classes
- Yes, clubs or groups
- No

34 What is your religion?

- No religion
- Buddhism
- Christianity
- Christianity: Catholic
- Christianity: Protestant
- Hinduism
- Islam
- Judaism
- Sikhism
- Other religion → Please specify:

35 How important is religion to you?

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

36 Do you go to religious classes outside of school hours (e.g., Quran, Sikh, Jewish or Christian classes)?

- No
- Yes, but not every week
- Yes, every week

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

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

38 How often do you pray?

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

Your leisure time

41 In your spare time, 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"/>
... spend time with your friends?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

42 Imagine someone offers you 45 Pounds/50 Euros/500 SEK today or 90 Pounds/100 Euros/1000 SEK in a year. Which one would you choose?

- 45 Pounds/50 Euros/500 SEK today
- 90 Pounds/100 Euros/1000 SEK in a year
- Don't know

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

43 Do you usually work outside of school (e.g., do a paper round, help your parents in their business, babysit)?

- Yes
- No → Go to **47**

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

Number of hours:

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

- Yes
- No

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

Amount in <currency>:

47 Do you get money from your parents?

- Yes, each week → <currency>
- Yes, each month → <currency>
- Yes, occasionally
- No

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

- Always
- Often
- Sometimes
- Never

49 If you suddenly needed 90 Pounds/100 Euros/1000 SEK by tomorrow, would you be able to get it?

- Yes
- No
- Don't know

50 How interested are you in <survey country's> politics?

- Very much
- A lot
- Quite a lot
- A little
- Very little or not at all

51 How often do you...

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

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"/>

How much do you know about...

	Very much	A lot	Quite a lot	A little	Very little or nothing at all
... <survey country's> politics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... <survey country's> history?	<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.

- 53** 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?

<Survey country> → Go to **56**

<Country 1>

<Country 2>

<Country 3>

Other country → Please specify:

I don't know the country. → Go to **56**

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

Yes, twice or more

Yes, once

No

- 55** How interested are you in this country's politics?

Very much

A lot

Quite a lot

A little

Very little or not at all

- 55_{ge}** How much do you know about...

	Very much	A lot	Quite a lot	A little	Very little or nothing at all
... this country's politics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... this country's history?	<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.

56

	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 lower/intermediate secondary school (or a similar foreign education)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your mother complete upper 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"/>
Is your mother alive?	<input type="checkbox"/>	<input type="checkbox"/>	→ Go to 57
Does your mother currently have a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

56_{en} Was your biological father born in the same country as your biological mother?

Yes → Go to **60**

No

Don't know → Go to **60**

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

57 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?

<Survey country> → Go to **60**

<Country 1>

<Country 2>

<Country 3>

Other country → Please specify:

I don't know the country. → Go to **60**

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

Yes, twice or more

Yes, once

No

59

How interested are you in this country's politics?

- Very much
- A lot
- Quite a lot
- A little
- Very little or not at all

59_{ge}

How much do you know about...

- | | Very much | A lot | Quite a lot | A little | Very little or nothing at all |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|
| ... this country's politics? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... this country's history? | <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.

60

- | | Yes | No | Don't know |
|--|--------------------------|--------------------------|--------------------------|
| Did your father complete primary school (or a similar foreign education)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did your father complete secondary school (or a similar foreign education)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did your father complete lower/intermediate secondary school (or a similar foreign education)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did your father complete upper secondary school (or a 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"/> |
| Is your father alive? | <input type="checkbox"/> | <input type="checkbox"/> | → Go to 61 |
| Does your father currently have a job? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

61

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

- Yes → Go to **63**
- No

62 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.

I moved out.

Other reason →

Please specify:

62_{sw} What kind of housing do you live in?

In an apartment

In a townhouse/terraced house

In a house

In another kind of housing →

Please specify:

63 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

64 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

65 In general, how often does/do one or both of your parents do the following things with you?

	Every day	Once or several times a week	Once or several times a month	Less often	Never
Talk to you about political and social issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to you about books, films or TV programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spend time just talking to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were your grandparents (the parents of your biological parents) born in <survey country>?

	Yes	No	Don't know
Grandmother (mother of your <u>mother</u>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Questions about your friends

67 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 or very few
... a <survey country> background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a <country 1> background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a <country 2> background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a <country 3> 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.

68 Do you have a boyfriend/girlfriend?

Yes

No → Go to **73**

69 Does he/she go to your school?

Yes, same class → His/her student number is:

Yes, but different class

No, goes to another school

No, has finished schooling

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

<Type of education 1>

<Type of education 2>

<Type of education 3>

Don't know

71 What is his/her background?

<Survey country>

<Country 1>

<Country 2>

<Country 3>

Other background → Please specify:

Your health, attitudes and views

74 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	1	2	3	4	5	6	7	8	9	10
... with your life in general?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with your current situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

75 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"/>

77 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"/>

77 In the last six months, how often have you...

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... had a headache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... had a stomachache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... had difficulties falling asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... felt dizzy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... had a sore neck and shoulders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

78a

On a typical school night, what time do you go to bed?

Time: : **78b**

On a typical school night, what time do you wake up?

Time: : **79**

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I have difficulties concentrating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can influence my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can put my plans into action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your favorites

80 Who is your favorite singer or band?

81 Which country does this singer or band come from?

82 Who is your favorite actor or actress?

83 Which country does this actor or actress come from?

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

84 How much are you interested in watching football?

Very much

Much

Some

Little

Very little or not at all → Go to **87**

85 Which football club do you like most?

86 Which country does this club come from?

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

87 Apart from football, what kind of sports do you like watching most?

No other sport → Go to **90**

88 Who is your favorite athlete in the sport you just mentioned?

89 Which country does this athlete come from?

90 What is your favorite TV show?

91 What is your favorite book?

Your current situation (Germany)

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

92 Do you currently attend the same school as last year?

Yes, same school

No, another school

No, I don't attend school anymore. → **Go to** **99**

School

93 Which grade do you currently attend?

- 9th grade
10th grade
11th grade
No grade
Other grade →

Please specify:

*Attention: Please answer this question only if you attend the same school as last year.
Remember to check for a "Go to" instruction after you answer the question below.*

94 Why did you not participate in the school survey?

- I was ill or not in school.
I had an exam.
I changed classes.
I repeat 9th grade.
No school survey this year at my school
Other reason
- Please specify:

Go to

End (last page)

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

95 Have you graduated during the last school year?

- No
Yes, from lower secondary school
Yes, from intermediate secondary school
Yes, from another school
- Please specify:

Go to

End (last page)

96 Why did you change school?

- I changed school tracks.
- I moved houses.
- I had problems with teachers or students in my old school.
- Other reason → Please specify:

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

97 Which school type do you currently attend?

Hauptschule	<input type="checkbox"/>	} → Go to End (last page)	Berufsschule	<input type="checkbox"/>	} → Go to 101
Realschule	<input type="checkbox"/>		Berufsfachschule	<input type="checkbox"/>	
Gymnasium	<input type="checkbox"/>		Höhere Berufsfachschule	<input type="checkbox"/>	
Fachoberschule	<input type="checkbox"/>		Handelsschule	<input type="checkbox"/>	
Mittelschule	<input type="checkbox"/>		Höhere Handelsschule	<input type="checkbox"/>	
Regelschule	<input type="checkbox"/>		Other school	<input type="checkbox"/>	
Sekundarschule	<input type="checkbox"/>		↓		
Haupt-Realschule	<input type="checkbox"/>		Please specify:	<input style="width: 180px; height: 40px;" type="text"/>	
Förderschule	<input type="checkbox"/>				
Waldorfschule	<input type="checkbox"/>				
Integrierte Gesamtschule	<input type="checkbox"/>				
Kooperative Gesamtschule	<input type="checkbox"/>				

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

- Lower secondary track
 - Intermediate secondary track
 - Upper secondary track
- **Go to** **End (last page)**

School-leaver

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

99 Have you graduated during the last school year?

- No
- Yes, from lower secondary school
- Yes, from intermediate secondary school
- Yes, from another school
- Please specify:
- ↓
- Go to **101**

100 Why have you not graduate during the last school year?

- Insufficient grades or failing final exam
- Don't want to go to school
- Problems with teachers or other students
- Skipped school too often
- Health problems
- Alcohol or drug problems
- Familial or personal reasons
- I prefer to work
- Financial reasons
- Other reason → Please specify:
- No particular reason

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

101 What are you currently doing?

- Apprenticeship (in a company and in school)
- Apprenticeship (only school)
- Vocational preparation year → Go to **108**
- Full-time job → Go to **112**
- Internship
- Nothing
- Something else
- ↓
- Please specify:
- Go to **127**

Apprenticeship

102 In which profession are you doing your apprenticeship? Please name the exact title.

103 How long will your apprenticeship take in total?

1 to 1,5 years

2 to 2,5 years

3 to 3,5 years

4 years

More than 4 years

Other duration →

Please specify:

104 How sure are you that you will finish your apprenticeship?

Very sure

Sure

Possible

Unlikely

Impossible

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

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

Yes

No →

Go to **107**

106 Which educational degree is this?

Degree from lower secondary school

Degree from intermediate secondary school

Degree from upper secondary vocational school

Degree from upper secondary school

Other educational degree →

Please specify:

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

107

Please tell us your 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.

0-200 Euro	<input type="checkbox"/>		1201-1400 Euro	<input type="checkbox"/>	
201-400 Euro	<input type="checkbox"/>		1401-1600 Euro	<input type="checkbox"/>	
401-600 Euro	<input type="checkbox"/>		1601-1800 Euro	<input type="checkbox"/>	
601-800 Euro	<input type="checkbox"/>		1801-2000 Euro	<input type="checkbox"/>	
801-1000 Euro	<input type="checkbox"/>		More than 2000 Euro	<input type="checkbox"/>	
1001-1200 Euro	<input type="checkbox"/>		I don't want to say.	<input type="checkbox"/>	

Go to
End
(last page)

Go to
End
(last page)

Vocational preparation year

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

108 What is the main reason for you for doing a vocational preparation year?

To receive or improve my educational degree → Go to **111**

Because I did not find an apprenticeship

Because I want to gain practical experience and receive further qualifications

Because I did not complete my compulsory education yet

Because I don't have any visions of the future

Other reason

Please specify:

Go to **End (last page)**

109 In which profession do you want to do your apprenticeship? Please name the exact title.

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

110 How many applications have you sent out?

Number:

I haven't sent out any applications.

Go to **End (last page)**

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

111 Which educational degree is this?

Degree from lower secondary school

Degree from intermediate secondary school

Degree from higher secondary vocational school

Degree from upper secondary school

Other educational degree

Please specify:

Go to **End (last page)**

Full-time job

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

112 Have you actively been searching for an apprenticeship since you have left school?

Yes

No → Go to **115**

113 In which profession do you want to do your apprenticeship? Please name the exact title.

114 How many applications have you sent out?

Number:

I haven't sent out any applications.

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

116 Please tell us your 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.

- | | | | |
|----------------|--------------------------|----------------------|--------------------------|
| 0-200 Euro | <input type="checkbox"/> | 1201-1400 Euro | <input type="checkbox"/> |
| 201-400 Euro | <input type="checkbox"/> | 1401-1600 Euro | <input type="checkbox"/> |
| 401-600 Euro | <input type="checkbox"/> | 1601-1800 Euro | <input type="checkbox"/> |
| 601-800 Euro | <input type="checkbox"/> | 1801-2000 Euro | <input type="checkbox"/> |
| 801-1000 Euro | <input type="checkbox"/> | More than 2000 Euro | <input type="checkbox"/> |
| 1001-1200 Euro | <input type="checkbox"/> | I don't want to say. | <input type="checkbox"/> |

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

Number of hours:

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

118 Do you have a contract for this job?

Yes

No → Go to **121**

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

119 Is your contract a permanent contract, a fixed-term contract or a temporary contract for seasonal work?

- Permanent contract → Go to **121**
- Fixed-term contract
- Temporary contract for seasonal work

120 Is your fixed-term or temporary contract probably with or without long-term perspectives?

- With long-term perspectives
- Without long-term perspectives

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

121 How did you find this job?

- Through application in response to a job advertisement
- Through my parents
- Through my siblings
- Through other family members
- Through friends
- Through acquaintances
- Through the job center
- Through school or vocational school
- Through unsolicited application
- Through an internship
- Through the internet
- Through the newspaper
- Through another way
- Please specify:
- Go to **123**
- Go to **123**

122 What is this/these person(s) background?

- German
- Italian
- Polish
- Russian
- Turkish
- Other background → Please specify:

Internship/nothing/something else

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

127 Have you actively been searching for an apprenticeship or a job since you have left school?

Yes

No → Go to **End (last page)**

128 In which profession do you want to do your apprenticeship? Please name the exact title.

129 How many applications have you sent out?

Number:

→ Go to

End (last page)

I haven't sent out any applications.

Your current situation (Netherlands)

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

92 Do you currently attend the same school as last year?

- Yes, same school
- No, another school
- No, I don't attend school anymore. → **Go to 100**

93 Which grade do you currently attend?

- 3rd grade
- 4th grade
- 5th grade
- Other grade → Please specify:

*Attention: Please answer this question only if you attend the same school as last year.
Remember to check for a "Go to" instruction after you answer the question below.*

94 Why did you not participate in the school survey?

- I changed classes.
- I repeat 3rd grade.
- No school survey this year at my school
- Other reason
- Please specify:
- **Go to 97**

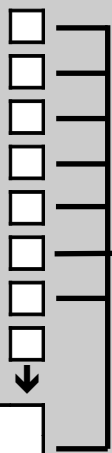
96 Why did you change school?

- I changed school tracks.
- I moved houses.
- I had problems with teachers or students in my old school.
- Other reason → Please specify:

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

97 Which school type do you currently attend?

- VMBO-basis
- VMBO-kader
- VMBO-gt
- VMBO-t
- HAVO
- VWO
- Gymnasium
- Other school type



Go to **End (last page)**

Please specify:

100 What is the main reason why you do not attend school anymore?

- Bad grades or graduation failed
- Complete compulsory education
- Problems with teachers or other students
- I often skipped school.
- Health problems
- Alcohol or drug problems
- Domestic or personal reasons
- I prefer to work.
- Financial reasons
- Other reason
- No particular reason

→ Please specify:

101 What are you currently doing?

- Unemployed and looking for a job
- Unemployed and not looking for a job
- Full-time job
- Apprenticeship
- Something else

→ Please specify:

End

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire:

Questions about your classmates

In this part of the study, we will be using a list that assigns a number to each of your participating classmates.

We ask you some question about your classmates and want you to write down in the empty space on the right the numbers of those children to whom the sentence refers.

Example:

E1 Which classmates do you sometimes spend your breaks with?

3, 8, 12

Please write down only the numbers; make sure not to write down any names. As you see, you may write down more than one number. Please make sure to always put a comma after each number.

If the sentence doesn't refer to any child at all, write a big *X* in the empty space.

Example:

E2 Which classmates have you ever been to a concert or gig with?

X

1 Who are your best friends in class?
Here you may write down no more than five numbers.

2 Who is your best friend in class?
Here you may write down no more than one number.

3 Who are the most popular students in this class?
Here you may write down no more than five numbers.

4 Who do you often spend time with outside of school?
From now on you can write as many numbers as you like.

4_{n1} Who is sometimes mean to you?

5 Who do you sometimes do your homework with?

6 Who do your parents know?

7 Whose parents do your parents get together with once in a while or call each other on the phone?

Your friends

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. What is his/her background?	4. Does he/she go to your school?	5. What type of education does he/she do (If he/she is no longer in school: What type of education did he/she do?)	6. Does he/she drink alcohol?
Friend 1: <input style="width: 50px; height: 20px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	<Survey country> <input type="checkbox"/> <Country 1> <input type="checkbox"/> <Country 2> <input type="checkbox"/> <Country 3> <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"/>	<Type of education 1> <input type="checkbox"/> <Type of education 2> <input type="checkbox"/> <Type of education 3> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 2: <input style="width: 50px; height: 20px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	<Survey country> <input type="checkbox"/> <Country 1> <input type="checkbox"/> <Country 2> <input type="checkbox"/> <Country 3> <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"/>	<Type of education 1> <input type="checkbox"/> <Type of education 2> <input type="checkbox"/> <Type of education 3> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 3: <input style="width: 50px; height: 20px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	<Survey country> <input type="checkbox"/> <Country 1> <input type="checkbox"/> <Country 2> <input type="checkbox"/> <Country 3> <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"/>	<Type of education 1> <input type="checkbox"/> <Type of education 2> <input type="checkbox"/> <Type of education 3> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 4: <input style="width: 50px; height: 20px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	<Survey country> <input type="checkbox"/> <Country 1> <input type="checkbox"/> <Country 2> <input type="checkbox"/> <Country 3> <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"/>	<Type of education 1> <input type="checkbox"/> <Type of education 2> <input type="checkbox"/> <Type of education 3> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 5: <input style="width: 50px; height: 20px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	<Survey country> <input type="checkbox"/> <Country 1> <input type="checkbox"/> <Country 2> <input type="checkbox"/> <Country 3> <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"/>	<Type of education 1> <input type="checkbox"/> <Type of education 2> <input type="checkbox"/> <Type of education 3> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Questions about you

1 Are you a boy or a girl?

Boy

Girl

2 When were you born?

Day

--	--

Month

--	--

Year

1	9		
---	---	--	--

3 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.

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.

4 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.

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 her job.

--

He has never worked before.

5

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) (including step/halfbrothers) → How many:
- Sister(s) (including step/halfsisters) → How many:
- Grandparents
- Other family members
- Other persons

6

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.

7

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 **10**

8

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

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

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

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

10 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 neighbourhood.
... with people from a <survey country> background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a <country 1> background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a <country 2> background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a <country 3> 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"/>

11 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 (e.g., iPhone or Blackberry)?	<input type="checkbox"/>	<input type="checkbox"/>
... your own TV?	<input type="checkbox"/>	<input type="checkbox"/>
... a game console (e.g., Playstation, Wii or X-Box)?	<input type="checkbox"/>	<input type="checkbox"/>

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

Number of rooms:

13 About how many books are there in your home?

- 0-25
- 26-100
- 101-200
- 201-500
- More than 500