

ZA5353 / ZA5656

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

Wave 2

**Field Questionnaire
Germany (English Translation)**

Questions about you

1 Are you a boy or a girl?

Boy ☐

Girl ☐

2 When were you born?

Day

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 How well do you think you can...

Not at all

Not well

Well

Very well

Excellently

... speak German?

☐☐☐☐☐

... write German?

☐☐☐☐☐

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

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

Yes ☐

No ☐



Go to

10

7 Which language is this?

Italian ☐
Polish ☐
Russian ☐
Turkish ☐
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?	<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?

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

13 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 ☐

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

No degree	<input type="checkbox"/>
Degree from lower secondary school	<input type="checkbox"/>
Degree from intermediate secondary school	<input type="checkbox"/>
Degree from upper secondary school	<input type="checkbox"/>
University degree	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

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"/>
... 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"/>
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.

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:

German:

English:

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

Math:

German:

English:

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

No ☐

Yes, but not every week ☐

Yes, every week ☐

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.

☐☐☐☐☐

Getting a full-time job is just as good as getting more education.

☐☐☐☐☐

An immigrant in Germany needs a university education in order to get a good job.

☐☐☐☐☐

To get the education I want, I would be willing to move to another part of the country.

☐☐☐☐☐

I would be willing to study at university even if it means that I have less money to live on for several years.

☐☐☐☐☐

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 ☐

25 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 ☐
- Other way ☐



Please specify:

Questions about your future plans

26 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 ☐

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

- Stay on in school and get degree from intermediate secondary school ☐
- Stay on in school and get degree from upper secondary (vocational) school ☐
- Vocational preparation year ☐

- Full-time work ☐
- Apprenticeship ☐
- Internship ☐

28 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 ☐

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

Don't know ☐

30 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. ☐ ☐ ☐ ☐

That I can help people. ☐ ☐ ☐ ☐

That I can think and solve problems. ☐ ☐ ☐ ☐

That the risks of becoming unemployed are low. ☐ ☐ ☐ ☐

That I can be creative. ☐ ☐ ☐ ☐

Your feelings and attitudes

31 How strongly do you feel German?

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

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

32 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 **35**
- Italian ☐
- Polish ☐
- Russian ☐
- Turkish ☐
- Other group ☐ → Please specify:

33 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 ☐

34 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 ☐

35 What is your religion?

- No religion ☐
- Buddhism ☐
- Christian: Catholic ☐
- Christian: Protestant ☐
- Hinduism ☐
- Islam ☐
- Judaism ☐
- Other religion ☐



Please specify:

36 How important is religion to you?

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

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

39

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"/>

40

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"/>

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"/>

42 Imagine someone offers you 50 Euros today or 100 Euros in a year. Which one would you choose?

50 Euros today ☐

100 Euros 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 Euros:

--	--	--

47 Do you get money from your parents?

Yes, each week

☐

--	--	--

Euros

Yes, each month

☐

--	--	--

Euros

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 100 Euros by tomorrow, would you be able to get it?

Yes

☐

No

☐

Don't know

☐

50 How interested are you in German 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?

☐☐☐☐☐

... drink alcohol?

☐☐☐☐☐

... do sports or go to the gym?

☐☐☐☐☐

... smoke cigarettes?

☐☐☐☐☐

... eat breakfast?

☐☐☐☐☐

... use drugs (e.g., hash, paddos, ecstasy pills)?

☐☐☐☐☐

52

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"/>

53

How much do you know about...

	Very much	A lot	Quite a lot	A little	Very little or nothing at all
... German politics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... German 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.

- 54** 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 **58**
- Italy ☐
- Poland ☐
- Russia ☐
- Turkey ☐
- Other country ☐ → Please specify:

I don't know the country. ☐ → Go to **58**

- 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 ☐

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

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

- 57** 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"/>

58 Does your mother currently have a job?

Yes ☐
No ☐
Don't know ☐

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

59 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?

Same country as my mother ☐ → Go to **63**

Germany ☐ → Go to **63**

Italy ☐

Poland ☐

Russia ☐

Turkey ☐

Other country ☐ → Please specify:

I don't know the country. ☐ → Go to **63**

60 How interested are you in this country's politics?

Very much ☐

A lot ☐

Quite a lot ☐

A little ☐

Very little or not at all ☐

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

Yes, twice or more ☐

Yes, once ☐

No ☐

62 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"/>

63 Does your father currently have a job?

Yes ☐

No ☐

Don't know ☐

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

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

Yes ☐ → Go to **66**

No ☐

65 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:

66 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 ☐

67 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 ☐

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"/>

Questions about your friends

69 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 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.

70 Do you have a boyfriend/girlfriend?

Yes ☐

No ☐ → Go to **75**

71 Does he/she go to your school?

Yes, same class ☐

Yes, but different class ☐

No, goes to another school ☐

No, has finished schooling ☐

72 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 ☐

Don't know ☐

Your health, attitudes and views

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

	<div>Very unsatisfied</div> <div>1 2 3 4 5 6 7 8 9 10</div> <div>Very satisfied</div>									
... 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"/>

77 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 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"/>

78 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"/>

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

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

80

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

Time:

:

81

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

Time:

:

82

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

83 Who is your favorite singer or band?

84 Which country does this singer or band come from?

85 Who is your favorite actor or actress?

86 Which country does this actor or actress come from?

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

87 How much are you interested in watching football?

Very much ☐

Much ☐

Some ☐

Little ☐

Very little or not at all ☐



Go to

90

88 Which football club do you like most?

89 Which country does this club come from?

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

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

No other sport ☐ → Go to **93**

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

92 Which country does this athlete come from?

93 What is your favorite TV show?

94 What is your favorite book?

Questions about you

1 Are you a boy or a girl?

Boy ☐

Girl ☐

2 How old are you?

14 years old ☐

15 years old ☐

16 years old ☐

17 years old ☐

18 years old ☐

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:

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

5 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 **10**

6

Which migration background do you have?

Italian ☐Polish ☐Russian ☐Turkish ☐Other migration background ☐

Please specify:

7

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 ☐

8

Did you visit the country your migration background refers to during the last 12 month?

Yes, twice or more ☐Yes, once ☐No ☐

9

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?

☐☐☐☐☐

... this country's history?

☐☐☐☐☐

10

How well do you think you can...

Not at all

Not well

Well

Very
well

Excellent

... speak German?

☐☐☐☐☐

... write German?

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

11

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

Yes ☐No ☐

Go to

15

12 Which language is this?

Italian	<input type="checkbox"/>	
Polish	<input type="checkbox"/>	
Russian	<input type="checkbox"/>	
Turkish	<input type="checkbox"/>	
Other language	<input type="checkbox"/>	➔ Please specify: <div></div>

13 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"/>

14 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

15 Which school subject do you like most?

16 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?	<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"/>

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	<input type="checkbox"/>
Degree from lower secondary school	<input type="checkbox"/>
Degree from intermediate secondary school	<input type="checkbox"/>
Degree from upper secondary school	<input type="checkbox"/>
University degree	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

20 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"/>
... university?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>
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"/>

22 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"/>
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.

23 Is there a setting system at your school?

Yes ☐

No ☐ → Go to **25**

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

Math:

German:

English:

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

Math:

German:

English:

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

No ☐

Yes, but not every week ☐

Yes, every week ☐

27 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 Germany 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"/>

28 How much have you thought about your future education (including vocational training)?

A lot ☐

A bit ☐

Not much ☐

Not at all ☐

29 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 ☐

30 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 ☐
- Other way ☐



Please specify:

Questions about your future plans

31 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 ☐

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

- Stay on in school and get degree from intermediate secondary school ☐
- Stay on in school and get degree from upper secondary (vocational) school ☐
- Vocational preparation year ☐

- Full-time work ☐
- Apprenticeship ☐
- Internship ☐

33 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 ☐

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

Don't know ☐

35 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

36 How strongly do you feel German?

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

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

37 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 **40**
- Italian ☐
- Polish ☐
- Russian ☐
- Turkish ☐
- Other group ☐ → Please specify:

38 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 ☐

39 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 ☐

40 What is your religion?

- No religion ☐
- Buddhism ☐
- Christian: Catholic ☐
- Christian: Protestant ☐
- Hinduism ☐
- Islam ☐
- Judaism ☐
- Other religion ☐



Please specify:

41 How important is religion to you?

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

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

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

43 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 ☐

44 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"/>

45 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"/>

Your leisure time

46 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"/>

47 Imagine someone offers you 50 Euros today or 100 Euros in a year. Which one would you choose?

50 Euros today ☐

100 Euros in a year ☐

Don't know ☐

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

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

Yes ☐

No ☐ → Go to **51**

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

Number of hours:

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

Amount in Euros:

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

Always ☐
Often ☐
Sometimes ☐
Never ☐

52 If you suddenly needed 100 Euros by tomorrow, would you be able to get it?

Yes ☐
No ☐
Don't know ☐

53 How interested are you in German politics?

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

54 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"/>

55

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"/>

56

How much do you know about...

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

Questions about your friends

57 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 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.

58 Do you have a boyfriend/girlfriend?

Yes ☐

No ☐ → Go to **63**

59 Does he/she go to your school?

Yes, same class ☐

Yes, but different class ☐

No, goes to another school ☐

No, has finished schooling ☐

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 ☐

Don't know ☐

Your health, attitudes and views

64 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"/>

65 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 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"/>

66 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"/>

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

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

68

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

Time:

:

69

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

Time:

:

70

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.

☐☐☐☐☐

I can influence my future.

☐☐☐☐☐

I can put my plans into action.

☐☐☐☐☐

Your favorites

71 Who is your favorite singer or band?

72 Which country does this singer or band come from?

73 Who is your favorite actor or actress?

74 Which country does this actor or actress come from?

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

75 How much are you interested in watching football?

Very much ☐

Much ☐

Some ☐

Little ☐

Very little or not at all ☐



Go to

78

76 Which football club do you like most?

77 Which country does this club come from?

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

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

No other sport ☐ → Go to **81**

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

80 Which country does this athlete come from?

81 What is your favorite TV show?

82 What is your favorite book?

Questions about you

1 Are you a boy or a girl?

Boy ☐

Girl ☐

2 When were you born?

Day

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 How well do you think you can...

Not at all

Not well

Well

Very well

Excellently

... speak German?

☐☐☐☐☐

... write German?

☐☐☐☐☐

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

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

Yes ☐

No ☐



Go to

10

7 Which language is this?

Italian ☐
Polish ☐
Russian ☐
Turkish ☐
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?	<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?

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

13 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 ☐

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

No degree	<input type="checkbox"/>
Degree from lower secondary school	<input type="checkbox"/>
Degree from intermediate secondary school	<input type="checkbox"/>
Degree from upper secondary school	<input type="checkbox"/>
University degree	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

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"/>
... 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"/>
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.

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:

German:

English:

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

Math:

German:

English:

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

No ☐

Yes, but not every week ☐

Yes, every week ☐

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 Germany 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 training)?

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 ☐

25 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 ☐
- Other way ☐



Please specify:

Questions about your future plans

26 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 ☐

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

- Stay on in school and get degree from intermediate secondary school ☐
- Stay on in school and get degree from upper secondary (vocational) school ☐
- Vocational preparation year ☐

- Full-time work ☐
- Apprenticeship ☐
- Internship ☐

28 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 ☐

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

Don't know ☐

30 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. ☐ ☐ ☐ ☐

That I can help people. ☐ ☐ ☐ ☐

That I can think and solve problems. ☐ ☐ ☐ ☐

That the risks of becoming unemployed are low. ☐ ☐ ☐ ☐

That I can be creative. ☐ ☐ ☐ ☐

Your feelings and attitudes

31 How strongly do you feel German?

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

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

32 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 **35**
- Italian ☐
- Polish ☐
- Russian ☐
- Turkish ☐
- Other group ☐ → Please specify:

33 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 ☐

34 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 ☐

35

What is your religion?

No religion ☐Buddhism ☐Christian: Catholic ☐Christian: Protestant ☐Hinduism ☐Islam ☐Judaism ☐Other religion ☐

Please specify:

36

How important is religion to you?

Very important ☐Fairly important ☐Not very important ☐Not at all important ☐

37

How often do you visit a religious meeting place (e.g., a church, a mosque, a synagogue or a 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 ☐

39

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"/>

40

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"/>

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"/>

42 Imagine someone offers you 50 Euros today or 100 Euros in a year. Which one would you choose?

50 Euros today ☐

100 Euros 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 Euros:

--	--	--

47 Do you get money from your parents?

Yes, each week

☐

--	--	--

Euros

Yes, each month

☐

--	--	--

Euros

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 100 Euros by tomorrow, would you be able to get it?

Yes

☐

No

☐

Don't know

☐

50 How interested are you in German politics?

Very much

☐

A lot

☐

Quite a lot

☐

A little

☐

Very little or not at all

☐

51 How much do you know about...

Very
much

A lot

Quite a
lot

A little

Very
little or
nothing
at all

... German politics?

☐☐☐☐☐

... German history?

☐☐☐☐☐

Questions about your family

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

- 52** 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 **56**

Italy ☐

Poland ☐

Russia ☐

Turkey ☐

Other country ☐ → Please specify:

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

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

Very much ☐

A lot ☐

Quite a lot ☐

A little ☐

Very little or not at all ☐

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

Yes, twice or more ☐

Yes, once ☐

No ☐

- 55** 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"/>

56 Does your mother currently have a job?

Yes ☐

No ☐

Don't know ☐

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

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?

Same country as my mother ☐ → Go to **61**

Germany ☐ → Go to **61**

Italy ☐

Poland ☐

Russia ☐

Turkey ☐

Other country ☐ → Please specify:

I don't know the country. ☐ → Go to **61**

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

Yes, twice or more ☐

Yes, once ☐

No ☐

60 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"/>

61

Does your father currently have a job?

Yes ☐No ☐Don't know ☐*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

62

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

Yes ☐ → Go to **64**No ☐

63

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:

64

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 ☐

65

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 ☐

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"/>

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 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.

68 Do you have a boyfriend/girlfriend?

Yes ☐

No ☐ → Go to **73**

69 Does he/she go to your school?

- Yes, same class ☐
- 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?)

- School for special needs ☐
- Lower secondary school ☐
- Intermediate secondary school ☐
- Upper secondary school ☐
- Comprehensive school ☐
- Don't know ☐

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		
... 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"/>		

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 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"/>

76 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 had...

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

78

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

Time:

:

79

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

Time:

:

80

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

81 Who is your favorite singer or band?

82 Which country does this singer or band come from?

83 Who is your favorite actor or actress?

84 Which country does this actor or actress come from?

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

85 How much are you interested in watching football?

Very much ☐

Much ☐

Some ☐

Little ☐

Very little or not at all ☐



Go to

88

86 Which football club do you like most?

87 Which country does this club come from?

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

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

No other sport

☐

Go to

91

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

90 Which country does this athlete come from?

91 What is your favorite TV show?

92 What is your favorite book?

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 How well do you think you can...

Not at all

Not well

Well

Very well

Excellently

... speak German?

☐☐☐☐☐

... write German?

☐☐☐☐☐

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

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

Yes

☐

No

☐

Go to

10

7 Which language is this?

Italian ☐
Polish ☐
Russian ☐
Turkish ☐
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?	<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?

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

13 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 ☐

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

No degree	<input type="checkbox"/>
Degree from lower secondary school	<input type="checkbox"/>
Degree from intermediate secondary school	<input type="checkbox"/>
Degree from upper secondary school	<input type="checkbox"/>
University degree	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

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"/>
... 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"/>
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.

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:

German:

English:

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

Math:

German:

English:

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

No ☐

Yes, but not every week ☐

Yes, every week ☐

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 Germany 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 training)?

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 ☐

25 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 ☐
- Other way ☐



Please specify:

Questions about your future plans

26 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 ☐

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

- Stay on in school and get degree from intermediate secondary school ☐
- Stay on in school and get degree from upper secondary (vocational) school ☐
- Vocational preparation year ☐

- Full-time work ☐
- Apprenticeship ☐
- Internship ☐

28 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 ☐

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

Don't know ☐

30 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. ☐ ☐ ☐ ☐

That I can help people. ☐ ☐ ☐ ☐

That I can think and solve problems. ☐ ☐ ☐ ☐

That the risks of becoming unemployed are low. ☐ ☐ ☐ ☐

That I can be creative. ☐ ☐ ☐ ☐

Your feelings and attitudes

31 How strongly do you feel German?

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

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

32 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 35**
- Italian ☐
- Polish ☐
- Russian ☐
- Turkish ☐
- Other group ☐ → Please specify:

33 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 ☐

34 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 ☐

35

What is your religion?

No religion ☐Buddhism ☐Christian: Catholic ☐Christian: Protestant ☐Hinduism ☐Islam ☐Judaism ☐Other religion ☐

Please specify:

36

How important is religion to you?

Very important ☐Fairly important ☐Not very important ☐Not at all important ☐

37

How often do you visit a religious meeting place (e.g., a church, a mosque, a synagogue or a 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 ☐

39

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"/>

40

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"/>

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"/>

42 Imagine someone offers you 50 Euros today or 100 Euros in a year. Which one would you choose?

50 Euros today ☐

100 Euros 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 Euros:

--	--	--

47 Do you get money from your parents?

Yes, each week

☐

--	--	--

Euros

Yes, each month

☐

--	--	--

Euros

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 100 Euros by tomorrow, would you be able to get it?

Yes

☐

No

☐

Don't know

☐

50 How interested are you in German 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?

☐☐☐☐☐

... drink alcohol?

☐☐☐☐☐

... do sports or go to the gym?

☐☐☐☐☐

... smoke cigarettes?

☐☐☐☐☐

... eat breakfast?

☐☐☐☐☐

... use drugs (e.g., hash, paddos, ecstasy pills)?

☐☐☐☐☐

52

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"/>

53

How much do you know about...

	Very much	A lot	Quite a lot	A little	Very little or nothing at all
... German politics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... German 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.

- 54** 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 **58**
- Italy ☐
- Poland ☐
- Russia ☐
- Turkey ☐
- Other country ☐ → Please specify:

I don't know the country. ☐ → Go to **58**

- 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 ☐

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

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

- 57** 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"/>

58 Does your mother currently have a job?

Yes ☐
No ☐
Don't know ☐

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

59 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?

Same country as my mother ☐ → Go to **63**

Germany ☐ → Go to **63**

Italy ☐

Poland ☐

Russia ☐

Turkey ☐

Other country ☐ → Please specify:

I don't know the country. ☐ → Go to **63**

60 How interested are you in this country's politics?

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

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

Yes, twice or more ☐
Yes, once ☐
No ☐

62 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"/>

63 Does your father currently have a job?

Yes ☐

No ☐

Don't know ☐

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

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

Yes ☐ → Go to **66**

No ☐

65 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:

66 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 ☐

67 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 ☐

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"/>

Questions about your friends

69 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 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.

70 Do you have a boyfriend/girlfriend?

Yes ☐

No ☐ → Go to **75**

71 Does he/she go to your school?

Yes, same class ☐

Yes, but different class ☐

No, goes to another school ☐

No, has finished schooling ☐

72 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 ☐

Don't know ☐

Your health, attitudes and views

76 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"/>			

77 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 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"/>

78 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"/>

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

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

80

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

Time:

:

81

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

Time:

:

82

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

83 Who is your favorite singer or band?

84 Which country does this singer or band come from?

85 Who is your favorite actor or actress?

86 Which country does this actor or actress come from?

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

87 How much are you interested in watching football?

Very much ☐

Much ☐

Some ☐

Little ☐

Very little or not at all ☐



Go to

90

88 Which football club do you like most?

89 Which country does this club come from?

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

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

No other sport ☐ → Go to **93**

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

92 Which country does this athlete come from?

93 What is your favorite TV show?

94 What is your favorite book?

Questions about you

1 Are you a boy or a girl?

Boy ☐
Girl ☐

2 When were you born?

Month Year

1 **9**

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 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"/>
...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.

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

Yes ☐
No ☐ → Go to **10**

7 Which language is this?

Italian ☐
Polish ☐
Russian ☐
Turkish ☐
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?	<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?

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

13 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 ☐

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

No degree	<input type="checkbox"/>
Degree from lower secondary school	<input type="checkbox"/>
Degree from intermediate secondary school	<input type="checkbox"/>
Degree from upper secondary school	<input type="checkbox"/>
University degree	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

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"/>
... 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"/>
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.

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:

German:

English:

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

Math:

German:

English:

21 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 Germany 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"/>

22 How much have you thought about your future education (including vocational training)?

A lot ☐

A bit ☐

Not much ☐

Not at all ☐

23

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 ☐

24

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 ☐
- Other way ☐



Please specify:

Questions about your future plans

25 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.

- Stay on in school and get degree from intermediate secondary school ☐
- Stay on in school and get degree from upper secondary (vocational) school ☐
- Vocational preparation year ☐

- Full-time work ☐
- 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 ☐

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. ☐ ☐ ☐ ☐

That I can help people. ☐ ☐ ☐ ☐

That I can think and solve problems. ☐ ☐ ☐ ☐

That the risks of becoming unemployed are low. ☐ ☐ ☐ ☐

That I can be creative. ☐ ☐ ☐ ☐

Your feelings and attitudes

30 How strongly do you feel German?

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

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

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**
- Italian ☐
- Polish ☐
- Russian ☐
- Turkish ☐
- 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 ☐

34 What is your religion?

- No religion ☐
- Buddhism ☐
- Christian: Catholic ☐
- Christian: Protestant ☐
- Hinduism ☐
- Islam ☐
- Judaism ☐
- Other religion ☐



Please specify:

35 How important is religion to you?

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

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

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

37 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 ☐

38

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"/>

39

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"/>

Your leisure time

40 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"/>

41 Imagine someone offers you 50 Euros today or 100 Euros in a year. Which one would you choose?

50 Euros today ☐

100 Euros in a year ☐

Don't know ☐

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

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

Yes ☐

No ☐ → Go to **46**

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

Number of hours:

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

Yes ☐

No ☐

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

Amount in Euros:

--	--	--

46 Do you get money from your parents?

Yes, each week

☐

--	--	--

Euros

Yes, each month

☐

--	--	--

Euros

Yes, occasionally

☐

No

☐

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

Always

☐

Often

☐

Sometimes

☐

Never

☐

48 If you suddenly needed 100 Euros by tomorrow, would you be able to get it?

Yes

☐

No

☐

Don't know

☐

49 How interested are you in German politics?

Very much

☐

A lot

☐

Quite a lot

☐

A little

☐

Very little or not at all

☐

50 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"/>

51

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"/>

52

How much do you know about...

	Very much	A lot	Quite a lot	A little	Very little or nothing at all
... German politics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... German 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?

- Germany ☐ → Go to **57**
- Italy ☐
- Poland ☐
- Russia ☐
- Turkey ☐
- Other country ☐ → Please specify:

I don't know the country. ☐ → Go to **57**

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

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

- 56** 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"/>

57 Does your mother currently have a job?

Yes ☐
No ☐
Don't know ☐

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

58 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?

Same country as my mother ☐ → Go to **62**

Germany ☐ → Go to **62**

Italy ☐

Poland ☐

Russia ☐

Turkey ☐

Other country ☐ → Please specify:

I don't know the country. ☐ → Go to **62**

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 ☐

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

Yes, twice or more ☐
Yes, once ☐
No ☐

61 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"/>

62 Does your father currently have a job?

Yes ☐

No ☐

Don't know ☐

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

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

Yes ☐ → Go to **65**

No ☐

64 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:

65 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 ☐

66 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 ☐

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"/>

Questions about your friends

68 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 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.

69 Do you have a boyfriend/girlfriend?

Yes ☐

No ☐ → Go to **74**

70 Does he/she go to your school?

Yes, same class ☐

Yes, but different class ☐

No, goes to another school ☐

No, has finished schooling ☐

71 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 ☐

Don't know ☐

Your health, attitudes and views

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

	<div>Very unsatisfied</div> <div>1 2 3 4 5 6 7 8 9 10</div> <div>Very satisfied</div>									
... 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"/>

76 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 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"/>

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

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

79

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

Time:

:

80

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

Time:

:

81

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

82 Who is your favorite singer or band?

83 Which country does this singer or band come from?

84 Who is your favorite actor or actress?

85 Which country does this actor or actress come from?

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

86 How much are you interested in watching football?

Very much ☐

Much ☐

Some ☐

Little ☐

Very little or not at all ☐



Go to

89

87 Which football club do you like most?

88 Which country does this club come from?

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

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

No other sport ☐ → Go to **92**

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

91 Which country does this athlete come from?

92 What is your favorite TV show?

93 What is your favorite book?

Your current situation

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

1 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 **8**

School

2 Which grade do you currently attend?

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

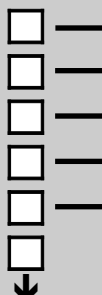


Please specify:

*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.*

3 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 ☐



Go to

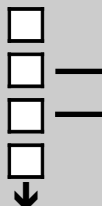
82

Please specify:

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

4 Have you graduated during the last school year?

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



Go to

6

Please specify:

5 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.

6 Which school type do you currently attend?

- Hauptschule ☐
- Realschule ☐
- Gymnasium ☐
- Fachoberschule ☐
- Mittelschule ☐
- Regelschule ☐
- Sekundarschule ☐
- Haupt-Realschule ☐
- Förderschule ☐
- Waldorfschule ☐
- Integrierte Gesamtschule ☐
- Kooperative Gesamtschule ☐



Go to 39

- Berufsschule ☐
- Berufsfachschule ☐
- Höhere Berufsfachschule ☐
- Handelsschule ☐
- Höhere Handelsschule ☐
- Other school ☐

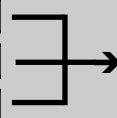
Please specify:



Go to 10

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

- Lower secondary track ☐
- Intermediate secondary track ☐
- Upper secondary track ☐



Go to 39

School-leaver

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

8 Have you graduated during the last school year?

No	<input type="checkbox"/>	
Yes, from lower secondary school	<input type="checkbox"/>	
Yes, from intermediate secondary school	<input type="checkbox"/>	
Yes, from another school	<input type="checkbox"/>	
Please specify:	<div><input type="text"/></div>	
Go to 10		

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

Insufficient grades or failing final exam	<input type="checkbox"/>
Don't want to go to school	<input type="checkbox"/>
Problems with teachers or other students	<input type="checkbox"/>
Skipped school too often	<input type="checkbox"/>
Health problems	<input type="checkbox"/>
Alcohol or drug problems	<input type="checkbox"/>
Familial or personal reasons	<input type="checkbox"/>
I prefer to work.	<input type="checkbox"/>
Financial reasons	<input type="checkbox"/>
Other reason	<input type="checkbox"/>
<div>Please specify <input type="text"/></div>	
No particular reason	<input type="checkbox"/>

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

10 What are you currently doing?

Apprenticeship (in a company and in school)	<input type="checkbox"/>	
Apprenticeship (only school)	<input type="checkbox"/>	
Vocational preparation year	<input type="checkbox"/>	
Working	<input type="checkbox"/>	
Internship	<input type="checkbox"/>	
Nothing	<input type="checkbox"/>	
Something else	<input type="checkbox"/>	
Please specify:	<div><input type="text"/></div>	
Go to 36		

Apprenticeship

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

12 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:

13 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.

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

Yes ☐

No ☐ →

Go to **16**

15 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.

16 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"/>	
201-400 Euro	<input type="checkbox"/>	
401-600 Euro	<input type="checkbox"/>	
601-800 Euro	<input type="checkbox"/>	
801-1000 Euro	<input type="checkbox"/>	
1001-1200 Euro	<input type="checkbox"/>	

Go to **39**

1201-1400 Euro	<input type="checkbox"/>	
1401-1600 Euro	<input type="checkbox"/>	
1601-1800 Euro	<input type="checkbox"/>	
1801-2000 Euro	<input type="checkbox"/>	
More than 2000 Euro	<input type="checkbox"/>	
I don't want to say.	<input type="checkbox"/>	

Go to **39**

Vocational preparation year

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

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

To receive or improve my educational degree	<input type="checkbox"/>	→	Go to	20
Because I did not find an apprenticeship	<input type="checkbox"/>			
Because I want to gain practical experience and receive further qualifications	<input type="checkbox"/>			
Because I did not complete my compulsory education yet	<input type="checkbox"/>	}	→	Go to 39
Because I don't have any visions of the future	<input type="checkbox"/>			
Other reason	<input type="checkbox"/>			
	↓			
Please specify:	<input type="text"/>			

18 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.

19 How many applications have you sent out?

Number:	<input type="text"/>	<input type="text"/>	}	→	Go to 39
I haven't sent out any applications.	<input type="checkbox"/>				

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

20 Which educational degree is this?

Degree from lower secondary school	<input type="checkbox"/>	}	→	Go to 39
Degree from intermediate secondary school	<input type="checkbox"/>			
Degree from upper secondary vocational school	<input type="checkbox"/>			
Degree from upper secondary school	<input type="checkbox"/>			
Other educational degree	<input type="checkbox"/>			
Please specify:	<input type="text"/>			

Full-time job

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

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

Yes ☐

No ☐ → Go to **24**

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

23 How many applications have you sent out?

Number:

I haven't sent out any applications. ☐

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

25 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 ☐
201-400 Euro ☐
401-600 Euro ☐
601-800 Euro ☐
801-1000 Euro ☐
1001-1200 Euro ☐

1201-1400 Euro ☐
1401-1600 Euro ☐
1601-1800 Euro ☐
1801-2000 Euro ☐
More than 2000 Euro ☐
I don't want to say. ☐

26 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.

27 Do you have a contract for this job?

Yes ☐

No ☐ → Go to **30**

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

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

- Permanent contract ☐ → Go to **30**
- Fixed-term contract ☐
- Temporary contract for seasonal work ☐

29 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.

30 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 **32**
- Go to **32**

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

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

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

Month

--	--

Year

--	--	--	--

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

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

Yes

☐

Go to

39

No

☐

34 How many jobs did you have since you have left school?

Number:

--	--

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

35 What was your first job? Please name the exact title.

--



Go to

39

Internship/nothing/something else

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

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

Yes ☐

No ☐ → Go to **39**

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

38 How many applications have you sent out?

Number: → Go to **39**

I haven't sent out any applications. ☐

Main questionnaire (short version)

Questions about your future plans

39 What are you planning to do after the summer?

Stay on in school and get degree from
intermediate secondary school ☐

Stay on in school and get degree from
upper secondary (vocational) school ☐

Vocational preparation year ☐

Full-time work ☐

Apprenticeship ☐

Internship ☐

Something else ☐



Please specify:

Don't know ☐

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

Don't know ☐

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

Very Fairly Not very Not at all
important important important important

That I have a high income. ☐ ☐ ☐ ☐

That I can help people. ☐ ☐ ☐ ☐

That I can think and solve problems. ☐ ☐ ☐ ☐

That the risks of becoming unemployed are low. ☐ ☐ ☐ ☐

That I can be creative. ☐ ☐ ☐ ☐

42

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 ☐

43

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 ☐

Your school

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

44 Was there a setting system at your school?

Yes ☐

No ☐ → Go to **46**

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

Math:

German:

English:

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

Math:

German:

English:

47 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 Germany 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"/>

Questions about you

48 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"/>
... 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.

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

Yes ☐

No ☐ → Go to **53**

50 Which language is this?

Italian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Other language	<input type="checkbox"/>



Please specify:

51 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"/>

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

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

Your feelings and attitudes

53 How strongly do you feel German?

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

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

54 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 **57**
- Italian ☐
- Polish ☐
- Russian ☐
- Turkish ☐
- Other group ☐ → Please specify:

55 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 ☐

56 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 ☐

57

What is your religion?

No religion ☐Buddhism ☐Christian: Catholic ☐Christian: Protestant ☐Hinduism ☐Islam ☐Judaism ☐Other religion ☐

Please specify:

58

How important is religion to you?

Very important ☐Fairly important ☐Not very important ☐Not at all important ☐

59

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

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

60

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 ☐

61

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"/>

62

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"/>

Your leisure time

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

63 Do you have a side-job (e.g., do a paper round, help your parents in their business, babysit)?

Yes ☐

No ☐ → Go to **67**

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

Number of hours:

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

Yes ☐

No ☐

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

Amount in Euros:

67 Do you get money from your parents?

Yes, each week ☐ → Euros

Yes, each month ☐ → Euros

Yes, occasionally ☐

No ☐

68

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"/>

69

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"/>

Questions about your family

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

- 70** 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 **72**

Italy ☐

Poland ☐

Russia ☐

Turkey ☐

Other country ☐ → Please specify:

I don't know the country. ☐ → Go to **72**

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

Yes, twice or more ☐

Yes, once ☐

No ☐

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

- 72** 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?

Same country as my mother ☐ → Go to **74**

Germany ☐ → Go to **74**

Italy ☐

Poland ☐

Russia ☐

Turkey ☐

Other country ☐ → Please specify:

I don't know the country. ☐ → Go to **74**

73

Have you visited this country during the last 12 months?

Yes, twice or more ☐

Yes, once ☐

No ☐

74

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"/>

Questions about your friends

75 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 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.

76 Do you have a boyfriend/girlfriend?

Yes ☐

No ☐ → Go to **78**

77 What is his/her background?

German ☐

Italian ☐

Polish ☐

Russian ☐

Turkish ☐

Other background ☐ → Please specify:

78

How often do you talk...

(Please tick a box for every group.)

[illegible]

Your health, attitudes and views

79 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 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"/>

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

	Often true	Sometimes true	Rarely true	Never true
... a headache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a stomachache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... difficulties falling asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

81 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"/>

Main questionnaire (long version)

Questions about you

82 When were you born?

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

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

83 In which country were you born?

Germany	<input type="checkbox"/>	→	Go to	85
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"/>

84 How old were you when you moved to Germany?

Age in years:

85 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"/>
... 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.

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

Yes	<input type="checkbox"/>			
No	<input type="checkbox"/>	→	Go to	90

87 Which language is this?

Italian	<input type="checkbox"/>	
Polish	<input type="checkbox"/>	
Russian	<input type="checkbox"/>	
Turkish	<input type="checkbox"/>	
Other language	<input type="checkbox"/>	<div>→ Please specify:</div> <div></div>

88 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"/>

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

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

Your school

90 Which school subject do you like most?

91 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?	<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"/>

92 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 ☐

93 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 ☐

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

No degree	<input type="checkbox"/>
Degree from lower secondary school	<input type="checkbox"/>
Degree from intermediate secondary school	<input type="checkbox"/>
Degree from upper secondary school	<input type="checkbox"/>
University degree	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

95 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"/>
... university?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

96 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"/>

97 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"/>
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.

98 Is there a setting system at your school?

Yes ☐

No ☐ → Go to **100**

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

Math:

German:

English:

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

Math:

German:

English:

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

No ☐

Yes, but not every week ☐

Yes, every week ☐

102 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 Germany 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"/>

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

A lot ☐

A bit ☐

Not much ☐

Not at all ☐

104

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 ☐

105

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 ☐
- Other way ☐



Please specify:

Questions about your future plans

106 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 ☐

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

- Stay on in school and get degree from intermediate secondary school ☐
- Stay on in school and get degree from upper secondary (vocational) school ☐
- Vocational preparation year ☐

- Full-time work ☐
- Apprenticeship ☐
- Internship ☐

108 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 ☐

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

Don't know ☐

110 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

111 How strongly do you feel German?

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

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

112 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 **115**
- Italian ☐
- Polish ☐
- Russian ☐
- Turkish ☐
- Other group ☐ → Please specify:

113 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 ☐

114 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 ☐

115 What is your religion?

- No religion ☐
- Buddhism ☐
- Christian: Catholic ☐
- Christian: Protestant ☐
- Hinduism ☐
- Islam ☐
- Judaism ☐
- Other religion ☐



Please specify:

116 How important is religion to you?

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

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

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

118 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 ☐

119

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"/>

120

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"/>

Your leisure time

121 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"/>

122 Imagine someone offers you 50 Euros today or 100 Euros in a year. Which one would you choose?

50 Euros today ☐

100 Euros in a year ☐

Don't know ☐

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

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

Yes ☐

No ☐ → Go to **127**

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

Number of hours:

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

Yes ☐

No ☐

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

Amount in Euros:

--	--	--

127 Do you get money from your parents?

Yes, each week

☐

--	--	--

Euros

Yes, each month

☐

--	--	--

Euros

Yes, occasionally

☐

No

☐

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

Always

☐

Often

☐

Sometimes

☐

Never

☐

129 If you suddenly needed 100 Euros by tomorrow, would you be able to get it?

Yes

☐

No

☐

Don't know

☐

130 How interested are you in German politics?

Very much

☐

A lot

☐

Quite a lot

☐

A little

☐

Very little or not at all

☐

131 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?

☐☐☐☐☐

... drink alcohol?

☐☐☐☐☐

... do sports or go to the gym?

☐☐☐☐☐

... smoke cigarettes?

☐☐☐☐☐

... eat breakfast?

☐☐☐☐☐

... use drugs (e.g., hash, paddos, ecstasy pills)?

☐☐☐☐☐

132

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"/>

133

How much do you know about...

	Very much	A lot	Quite a lot	A little	Very little or nothing at all
... German politics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... German 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.

- 134** 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 **138**

Italy ☐

Poland ☐

Russia ☐

Turkey ☐

Other country ☐ → Please specify:

I don't know the country. ☐ → Go to **138**

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

Very much ☐

A lot ☐

Quite a lot ☐

A little ☐

Very little or not at all ☐

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

Yes, twice or more ☐

Yes, once ☐

No ☐

- 137** 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"/>

138 Does your mother currently have a job?

Yes ☐

No ☐

Don't know ☐

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

139 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?

Same country as my mother ☐ → Go to **143**

Germany ☐ → Go to **143**

Italy ☐

Poland ☐

Russia ☐

Turkey ☐

Other country ☐ → Please specify:

I don't know the country. ☐ → Go to **143**

140 How interested are you in this country's politics?

Very much ☐

A lot ☐

Quite a lot ☐

A little ☐

Very little or not at all ☐

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

Yes, twice or more ☐

Yes, once ☐

No ☐

142 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"/>

143 Does your father currently have a job?

Yes ☐

No ☐

Don't know ☐

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

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

Yes ☐ → Go to **146**

No ☐

145 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:

146 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 ☐

147 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 ☐

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"/>

Questions about your friends

149 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 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.

150 Do you have a boyfriend/girlfriend?

Yes ☐

No ☐ → Go to **155**

151 Does he/she go to your school?

Yes, same class ☐

Yes, but different class ☐

No, goes to another school ☐

No, has finished schooling ☐

152 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 ☐

Don't know ☐

Your health, attitudes and views

156

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"/>

157

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 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"/>

158

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"/>

159

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

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

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

Time: :

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

Time: :

162 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"/>

Questions about you

1 Are you a boy or a girl?

Boy ☐

Girl ☐

2 When were you born?

Day

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 How well do you think you can...

Not at all

Not well

Well

Very well

Excellently

... speak German?

☐☐☐☐☐

... write German?

☐☐☐☐☐

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

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

Yes ☐

No ☐



Go to

10

7 Which language is this?

Italian ☐
Polish ☐
Russian ☐
Turkish ☐
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 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 ☐

11 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 ☐

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

12 Was there a setting system at the school you visited during the last school year?

Yes ☐

No ☐ → Go to **14**

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

Math:

German:

English:

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

Math:

German:

English:

	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 Germany 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"/>

Questions about your future plans

16 What are you planning to do after summer? Please tick only one box.

Stay on in school and get degree from intermediate secondary school ☐

Stay on in school and get degree from upper secondary (vocational) school ☐

Vocational preparation year ☐

Full-time work ☐

Apprenticeship ☐

Internship ☐

Something else ☐ → Please specify:

Don't know ☐

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

Don't know ☐

18 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. ☐ ☐ ☐ ☐

That I can help people. ☐ ☐ ☐ ☐

That I can think and solve problems. ☐ ☐ ☐ ☐

That the risks of becoming unemployed are low. ☐ ☐ ☐ ☐

That I can be creative. ☐ ☐ ☐ ☐

Your feelings and attitudes

19 How strongly do you feel German?

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

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

20 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 23**
- Italian ☐
- Polish ☐
- Russian ☐
- Turkish ☐
- Other group ☐ → Please specify:

21 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 ☐

22 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 ☐

23

What is your religion?

No religion ☐Buddhism ☐Christian: Catholic ☐Christian: Protestant ☐Hinduism ☐Islam ☐Judaism ☐Other religion ☐

Please specify:

24

How important is religion to you?

Very important ☐Fairly important ☐Not very important ☐Not at all important ☐

25

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

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

26

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 ☐

27

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"/>

28

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"/>

Your leisure time

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

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

Yes ☐

No ☐ → Go to **33**

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

Number of hours:

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

Yes ☐

No ☐

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

Amount in Euros:

33 Do you get money from your parents?

Yes, each week ☐ → Euros

Yes, each month ☐ → Euros

Yes, occasionally ☐

No ☐

34 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"/>

35

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"/>

Questions about your family

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

- 36** 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 **38**

Italy ☐

Poland ☐

Russia ☐

Turkey ☐

Other country ☐ → Please specify:

I don't know the country. ☐ → Go to **38**

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

Yes, twice or more ☐

Yes, once ☐

No ☐

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

- 38** 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?

Same country as my mother ☐ → Go to **40**

Germany ☐ → Go to **40**

Italy ☐

Poland ☐

Russia ☐

Turkey ☐

Other country ☐ → Please specify:

I don't know the country. ☐ → Go to **40**

39 Have you visited this country during the last 12 months?Yes, twice or more ☐Yes, once ☐No ☐

40 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"/>

41 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 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"/>

42 Do you have a boyfriend/girlfriend?

Yes ☐

No ☐ → Go to **44**

German	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Turkish	<input type="checkbox"/>

Other background ☐ → Please specify:

44 How often do you talk...
(Please tick a box for every group.)

[illegible]

Your health, attitudes and views

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

	<div>Very unsatisfied</div> <div>1 2 3 4 5 6 7 8 9 10</div> <div>Very satisfied</div>									
... 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 your current situation (e.g., school, apprenticeship, job)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

47 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 current situation

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

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

Yes, same school ☐

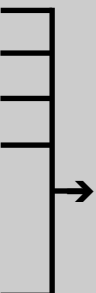

No, another school ☐ → Go to **50**

No, I don't attend school anymore. ☐ → Go to **57**

School

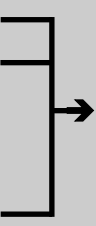

Attention: Remember to check for a "Go to" instruction after you answer the question below.

49 Which grade do you currently attend?


9 th grade	<input type="checkbox"/>		Go to 55	
10 th grade	<input type="checkbox"/>			
11 th grade	<input type="checkbox"/>			
No grade	<input type="checkbox"/>			
Other grade	<input type="checkbox"/>			
Please specify:		<div></div> <div><input type="text"/></div>		

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


50 Have you graduated during the last school year?

No	<input type="checkbox"/>		Go to 52	
Yes, from lower secondary school	<input type="checkbox"/>			
Yes, from intermediate secondary school	<input type="checkbox"/>			
Yes, from another school	<input type="checkbox"/>			
Please specify:		<div></div> <div><input type="text"/></div>		

51 Why did you change school?

I changed school tracks.	<input type="checkbox"/>		Please specify:	<input type="text"/>
I moved houses.	<input type="checkbox"/>			
I had problems with teachers or students in my old school.	<input type="checkbox"/>			
Other reason	<input type="checkbox"/>			

52 Which grade do you currently attend?

9 th grade	<input type="checkbox"/>		Please specify:	<input type="text"/>
10 th grade	<input type="checkbox"/>			
11 th grade	<input type="checkbox"/>			
No grade	<input type="checkbox"/>			
Other grade	<input type="checkbox"/>			

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

53 Which school type do you currently attend?

Hauptschule	<input type="checkbox"/>		Berufsschule	<input type="checkbox"/>	
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 type	<input type="checkbox"/>	
Sekundarschule	<input type="checkbox"/>				
Haupt-Realschule	<input type="checkbox"/>				
Förderschule	<input type="checkbox"/>				
Waldorfschule	<input type="checkbox"/>				
Integrierte Gesamtschule	<input type="checkbox"/>				
Kooperative Gesamtschule	<input type="checkbox"/>				

Go to **55**

Please specify:

Go to **59**

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

Lower secondary track	<input type="checkbox"/>
Intermediate secondary track	<input type="checkbox"/>
Upper secondary track	<input type="checkbox"/>

55 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"/>
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.

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

Yes, from lower secondary school	<input type="checkbox"/>		Go to	End (last page)
Yes, from intermediate secondary school	<input type="checkbox"/>			
No	<input type="checkbox"/>			

School-leaver

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

57 Have you graduated during the last school year?

No	<input type="checkbox"/>	
Yes, from lower secondary school	<input type="checkbox"/>	
Yes, from intermediate secondary school	<input type="checkbox"/>	
Yes, from another school	<input type="checkbox"/>	
Please specify:	<div><input type="text"/></div>	

Go to **59**

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

Insufficient grades or failing final exam	<input type="checkbox"/>
Don't want to go to school	<input type="checkbox"/>
Problems with teachers or other students	<input type="checkbox"/>
Skipped school too often	<input type="checkbox"/>
Health problems	<input type="checkbox"/>
Alcohol or drug problems	<input type="checkbox"/>
Familial or personal reasons	<input type="checkbox"/>
I prefer to work.	<input type="checkbox"/>
Financial reasons	<input type="checkbox"/>
Other reason	<input type="checkbox"/>
	Please specify <div><input type="text"/></div>
No particular reason	<input type="checkbox"/>

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

59 What are you currently doing?

Apprenticeship (in a company and in school)	<input type="checkbox"/>	
Apprenticeship (only school)	<input type="checkbox"/>	
Vocational preparation year	<input type="checkbox"/>	
Full-time job	<input type="checkbox"/>	
Internship	<input type="checkbox"/>	
Nothing	<input type="checkbox"/>	
Something else	<input type="checkbox"/>	
Please specify:	<div><input type="text"/></div>	Go to 84

Apprenticeship

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

61 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:

62 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.

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

Yes ☐

No ☐



Go to **65**

64 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.

65

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.

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

To receive or improve my educational degree

☐

Go to

69

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)

67 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.

68 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.

69 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:



Go to

End (last page)

Full-time job

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

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

Yes ☐

No ☐ → Go to **73**

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

72 How many applications have you sent out?

Number:

I haven't sent out any applications. ☐

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

74 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 ☐

201-400 Euro ☐

401-600 Euro ☐

601-800 Euro ☐

801-1000 Euro ☐

1001-1200 Euro ☐

1201-1400 Euro ☐

1401-1600 Euro ☐

1601-1800 Euro ☐

1801-2000 Euro ☐

More than 2000 Euro ☐

I don't want to say. ☐

75 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.

76 Do you have a contract for this job?

Yes ☐

No ☐ → Go to **78**

77

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

Permanent contract

☐

Fixed-term contract

☐

Temporary contract for seasonal work

☐

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

78

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

80

Go to

80

79

What is this/these person(s) background?

German

☐

Italian

☐

Polish

☐

Russian

☐

Turkish

☐

Other background

☐


Please specify:

80

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

Month

--	--

Year

--	--	--	--

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

81

Is this your first job since you have left school?

Yes

☐

Go to

End (last page)

No

☐

82

How many jobs did you have since you have left school?

Number:

--	--

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

83

What was your first job? Please name the exact title.

--



Go to

End (last page)

Internship/nothing/something else

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

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

Yes ☐

No ☐ → Go to **End (last page)**

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

86 How many applications have you sent out?

Number: → Go to

End (last page)

I haven't sent out any applications. ☐

Your current situation

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

1 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 **8**

School

2 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.*

3 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:

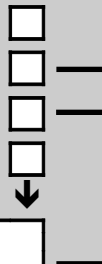


Go to **82**

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

4 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 **6**

5



Please specify:

--

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

6

1

9

9

☐☐☐

7

1

☐☐

7

9

5

7

7

11

Please specify:

39

10

7

1

1

39

School-leaver

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

8 Have you graduated during the last school year?

No	<input type="checkbox"/>	
Yes, from lower secondary school	<input type="checkbox"/>	
Yes, from intermediate secondary school	<input type="checkbox"/>	
Yes, from another school	<input type="checkbox"/>	
Please specify:	<div><input type="text"/></div>	
Go to 10		

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

Insufficient grades or failing final exam	<input type="checkbox"/>
Don't want to go to school	<input type="checkbox"/>
Problems with teachers or other students	<input type="checkbox"/>
Skipped school too often	<input type="checkbox"/>
Health problems	<input type="checkbox"/>
Alcohol or drug problems	<input type="checkbox"/>
Familial or personal reasons	<input type="checkbox"/>
I prefer to work.	<input type="checkbox"/>
Financial reasons	<input type="checkbox"/>
Other reason	<input type="checkbox"/>
Please specify <input type="text"/>	
No particular reason	<input type="checkbox"/>

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

10 What are you currently doing?

Apprenticeship (in a company and in school)	<input type="checkbox"/>	
Apprenticeship (only school)	<input type="checkbox"/>	
Vocational preparation year	<input type="checkbox"/>	
Working	<input type="checkbox"/>	
Internship	<input type="checkbox"/>	
Nothing	<input type="checkbox"/>	
Something else	<input type="checkbox"/>	
Please specify:	<div><input type="text"/></div>	
Go to 36		

Apprenticeship

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

12 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:

13 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.

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

Yes ☐

No ☐



Go to

16

15 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 ☐ →

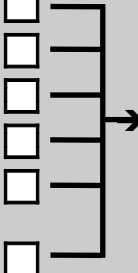
Please specify:

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

16 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"/>	
201-400 Euro	<input type="checkbox"/>	
401-600 Euro	<input type="checkbox"/>	
601-800 Euro	<input type="checkbox"/>	
801-1000 Euro	<input type="checkbox"/>	
1001-1200 Euro	<input type="checkbox"/>	

Go to **39**

1201-1400 Euro	<input type="checkbox"/>	
1401-1600 Euro	<input type="checkbox"/>	
1601-1800 Euro	<input type="checkbox"/>	
1801-2000 Euro	<input type="checkbox"/>	
More than 2000 Euro	<input type="checkbox"/>	
I don't want to say.	<input type="checkbox"/>	

Go to **39**

Vocational preparation year

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

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

To receive or improve my educational degree ☐ → Go to **20**

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 **39**

18 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.

19 How many applications have you sent out?

Number:

I haven't sent out any applications. ☐

→ Go to **39**

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

20 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:

↓

→ Go to **39**

Full-time job

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

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

Yes ☐

No ☐ → Go to **24**

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

23 How many applications have you sent out?

Number:

I haven't sent out any applications. ☐

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

25 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 ☐
201-400 Euro ☐
401-600 Euro ☐
601-800 Euro ☐
801-1000 Euro ☐
1001-1200 Euro ☐

1201-1400 Euro ☐
1401-1600 Euro ☐
1601-1800 Euro ☐
1801-2000 Euro ☐
More than 2000 Euro ☐
I don't want to say. ☐

26 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.

27 Do you have a contract for this job?

Yes ☐

No ☐ → Go to **30**

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

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

- Permanent contract ☐ → Go to **30**
- Fixed-term contract ☐
- Temporary contract for seasonal work ☐

29 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.

30 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 **32**
- Go to **32**

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

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

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

Month

--	--

Year

--	--	--	--

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

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

Yes

☐

Go to

39

No

☐

34 How many jobs did you have since you have left school?

Number:

--	--

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

35 What was your first job? Please name the exact title.

--



Go to

39

Internship/nothing/something else

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

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

Yes ☐

No ☐ → Go to **39**

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

38 How many applications have you sent out?

Number: → Go to **39**

I haven't sent out any applications. ☐

Main questionnaire (short version)

Questions about your future plans

39 What are you planning to do after the summer?

Stay on in school and get degree from
intermediate secondary school ☐

Stay on in school and get degree from
upper secondary (vocational) school ☐

Vocational preparation year ☐

Full-time work ☐

Apprenticeship ☐

Internship ☐

Something else ☐



Please specify:

Don't know ☐

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

Don't know ☐

41 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. ☐ ☐ ☐ ☐

That I can help people. ☐ ☐ ☐ ☐

That I can think and solve problems. ☐ ☐ ☐ ☐

That the risks of becoming unemployed are low. ☐ ☐ ☐ ☐

That I can be creative. ☐ ☐ ☐ ☐

42

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 ☐
-

43

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 ☐
-

Your school

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

44 Was there a setting system at your school?

Yes ☐

No ☐ → Go to **46**

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

Math:

German:

English:

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

Math:

German:

English:

47 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 Germany 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"/>

Questions about you

48 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"/>
... 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.

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

Yes ☐

No ☐



Go to

53

50 Which language is this?

Italian ☐

Polish ☐

Russian ☐

Turkish ☐

Other language ☐



Please specify:

51 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"/>

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

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

Your feelings and attitudes

53 How strongly do you feel German?

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

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

54 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 **57**
- Italian ☐
- Polish ☐
- Russian ☐
- Turkish ☐
- Other group ☐ → Please specify:

55 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 ☐

56 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 ☐

57 What is your religion?

- No religion ☐
- Buddhism ☐
- Christian: Catholic ☐
- Christian: Protestant ☐
- Hinduism ☐
- Islam ☐
- Judaism ☐
- Other religion ☐



Please specify:

58 How important is religion to you?

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

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

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

60 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 ☐

61

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"/>

62

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"/>

Your leisure time

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

63 Do you have a side-job (e.g., do a paper round, help your parents in their business, babysit)?

Yes ☐

No ☐ → Go to **67**

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

Number of hours:

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

Yes ☐

No ☐

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

Amount in Euros:

67 Do you get money from your parents?

Yes, each week ☐ → Euros

Yes, each month ☐ → Euros

Yes, occasionally ☐

No ☐

68

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"/>

69

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"/>

Questions about your family

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

- 70** 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 **72**

Italy ☐

Poland ☐

Russia ☐

Turkey ☐

Other country ☐ → Please specify:

I don't know the country. ☐ → Go to **72**

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

Yes, twice or more ☐

Yes, once ☐

No ☐

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

- 72** 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?

Same country as my mother ☐ → Go to **74**

Germany ☐ → Go to **74**

Italy ☐

Poland ☐

Russia ☐

Turkey ☐

Other country ☐ → Please specify:

I don't know the country. ☐ → Go to **74**

73

Have you visited this country during the last 12 months?

Yes, twice or more ☐

Yes, once ☐

No ☐

74

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"/>

Questions about your friends

75 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 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.

76 Do you have a boyfriend/girlfriend?

Yes ☐

No ☐ → Go to **78**

77 What is his/her background?

German ☐

Italian ☐

Polish ☐

Russian ☐

Turkish ☐

Other background ☐ → Please specify:

How often do you talk...

(Please tick a box for every group.)

[illegible]

Your health, attitudes and views

79 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 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"/>

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

	Often true	Sometimes true	Rarely true	Never true
... a headache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a stomachache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... difficulties falling asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

81 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"/>

Main questionnaire (long version)

Questions about you

82 Are you male or female?

Male ☐

Female ☐

83 When were you born?

Day

Month

Year

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

83 In which country were you born?

Germany ☐



Go to **85**

Italy ☐

Poland ☐

Russia ☐

Turkey ☐

Other country ☐



Please specify:

84 How old were you when you moved to Germany?

Age in years:

85 How well do you think you can...

Not at all Not well Well Very well Excellently

... speak German? ☐ ☐ ☐ ☐ ☐

... write German? ☐ ☐ ☐ ☐ ☐

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

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

Yes ☐

No ☐



Go to **90**

87 Which language is this?

Italian	<input type="checkbox"/>	
Polish	<input type="checkbox"/>	
Russian	<input type="checkbox"/>	
Turkish	<input type="checkbox"/>	
Other language	<input type="checkbox"/>	→ Please specify: <input type="text"/>

88 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"/>

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

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

Your school

90 Which school subject do you like most?

91 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?	<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"/>

92 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 ☐

93 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 ☐

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

No degree	<input type="checkbox"/>
Degree from lower secondary school	<input type="checkbox"/>
Degree from intermediate secondary school	<input type="checkbox"/>
Degree from upper secondary school	<input type="checkbox"/>
University degree	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

95 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"/>
... university?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

96 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"/>

97 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"/>
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.

98 Is there a setting system at your school?

Yes ☐

No ☐ → Go to **100**

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

Math:

German:

English:

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

Math:

German:

English:

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

No ☐

Yes, but not every week ☐

Yes, every week ☐

102 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 Germany 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"/>

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

A lot ☐

A bit ☐

Not much ☐

Not at all ☐

104

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 ☐

105

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 ☐
- Other way ☐



Please specify:

Questions about your future plans

106 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 ☐

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

- Stay on in school and get degree from intermediate secondary school ☐
- Stay on in school and get degree from upper secondary (vocational) school ☐
- Vocational preparation year ☐

- Full-time work ☐
- Apprenticeship ☐
- Internship ☐

108 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 ☐

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

Don't know ☐

110 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

111 How strongly do you feel German?

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

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

112 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 **115**
- Italian ☐
- Polish ☐
- Russian ☐
- Turkish ☐
- Other group ☐ → Please specify:

113 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 ☐

114 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 ☐

115 What is your religion?

- No religion ☐
- Buddhism ☐
- Christian: Catholic ☐
- Christian: Protestant ☐
- Hinduism ☐
- Islam ☐
- Judaism ☐
- Other religion ☐



Please specify:

116 How important is religion to you?

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

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

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

118 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 ☐

119

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"/>

120

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"/>

Your leisure time

121 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"/>

122 Imagine someone offers you 50 Euros today or 100 Euros in a year. Which one would you choose?

50 Euros today ☐

100 Euros in a year ☐

Don't know ☐

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

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

Yes ☐

No ☐ → Go to **127**

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

Number of hours:

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

Yes ☐

No ☐

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

Amount in Euros:

--	--	--

127 Do you get money from your parents?

Yes, each week

☐

--	--	--

Euros

Yes, each month

☐

--	--	--

Euros

Yes, occasionally

☐

No

☐

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

Always

☐

Often

☐

Sometimes

☐

Never

☐

129 If you suddenly needed 100 Euros by tomorrow, would you be able to get it?

Yes

☐

No

☐

Don't know

☐

130 How interested are you in German politics?

Very much

☐

A lot

☐

Quite a lot

☐

A little

☐

Very little or not at all

☐

131 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?

☐☐☐☐☐

... drink alcohol?

☐☐☐☐☐

... do sports or go to the gym?

☐☐☐☐☐

... smoke cigarettes?

☐☐☐☐☐

... eat breakfast?

☐☐☐☐☐

... use drugs (e.g., hash, paddos, ecstasy pills)?

☐☐☐☐☐

132

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"/>

133

How much do you know about...

	Very much	A lot	Quite a lot	A little	Very little or nothing at all
... German politics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... German 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.

- 134** 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 **138**

Italy ☐

Poland ☐

Russia ☐

Turkey ☐

Other country ☐ → Please specify:

I don't know the country. ☐ → Go to **138**

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

Very much ☐

A lot ☐

Quite a lot ☐

A little ☐

Very little or not at all ☐

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

Yes, twice or more ☐

Yes, once ☐

No ☐

- 137** 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"/>

138 Does your mother currently have a job?

Yes ☐

No ☐

Don't know ☐

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

139 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?

Same country as my mother ☐ → Go to **143**

Germany ☐ → Go to **143**

Italy ☐

Poland ☐

Russia ☐

Turkey ☐

Other country ☐ → Please specify:

I don't know the country. ☐ → Go to **143**

140 How interested are you in this country's politics?

Very much ☐

A lot ☐

Quite a lot ☐

A little ☐

Very little or not at all ☐

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

Yes, twice or more ☐

Yes, once ☐

No ☐

142 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"/>

143 Does your father currently have a job?

Yes ☐

No ☐

Don't know ☐

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

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

Yes ☐ → Go to **146**

No ☐

145 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:

146 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 ☐

147 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 ☐

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"/>

Questions about your friends

149 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 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.

150 Do you have a boyfriend/girlfriend?

Yes ☐

No ☐ → Go to **155**

151 Does he/she go to your school?

Yes, same class ☐

Yes, but different class ☐

No, goes to another school ☐

No, has finished schooling ☐

152 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 ☐

Don't know ☐

153 What is his/her background?

Italian ☐

Polish ☐

Russian ☐

Turkish ☐

Other background ☐ ➔

Please specify:

154 Since when are you together with this boy/girl?

Year

--	--

--	--	--	--

155 How often do you talk...
(Please tick a box for every group.)

Once or
several
times a
week

Once or
several
times a
month

Less often

Never

**I don't know
people from this
background.**

... to people from a German background?

... to people from an Italian background?

... to people from a Polish background?

... to people from a Russian background?

... to people from a Turkish background?

... to people from another background?

Your health, attitudes and views

156

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"/>

157

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 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"/>

158

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"/>

159

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

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

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

Time: :

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

Time: :

162 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"/>