

ZA5353 / ZA5656

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

**Field Questionnaire
Netherlands**

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?

Netherlands

☐ →

Go to

5

Turkey

☐

Morocco

☐

Surinam

☐

Netherlands Antilles/Aruba

☐

Other country

☐ →

Please specify:

4 How old were you when you moved to the Netherlands?

Age in years:

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

Netherlands

☐

Turkey

☐

Morocco

☐

Surinam

☐

Other nationality

☐ →

Please specify:

Other nationality

☐ →

Please specify:

6 How well do you think you can...

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

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

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

Yes ☐

No ☐



Go to

11

8 Which language is this?

Turkish ☐

Arabic ☐

Berbers ☐

English ☐

Hindi/Hindustani ☐

Other language ☐



Please specify:

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

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

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

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

Your school

11 Which school subject do you like most?

12 Which school subject do you like least?

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

- No degree ☐
- VMBO ☐
- HAVO ☐
- VWO ☐
- MBO ☐
- HBO ☐
- University ☐
- Don't know ☐

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

- No degree ☐
- VMBO ☐
- HAVO ☐
- VWO ☐
- MBO ☐
- HBO ☐
- University ☐
- Don't know ☐

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

- No degree ☐
- VMBO ☐
- HAVO ☐
- VWO ☐
- MBO ☐
- HBO ☐
- University ☐
- Don't know ☐

16 How well are you doing in the following subjects?

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

17 Which level of education do you attend?

VMBO-basis ☐
 VMBO-kader ☐
 VMBO-gt ☐
 VMBO-t ☐
 HAVO ☐
 Atheneum ☐
 Gymnasium ☐

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

Math:
 Dutch:
 English:
 We have no grades at school. ☐

19 Have you ever repeated a year at school?

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

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

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

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

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

22 How often do you...

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

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

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

Questions about your family

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

- 24** 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?

- Netherlands ☐ → Go to **26**
- Turkey ☐
- Morocco ☐
- Surinam ☐
- Netherlands Antilles/Aruba ☐
- Indonesia ☐
- Other country ☐ → Please specify:

I don't know the country ☐ → Go to **26**

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

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

26

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

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

- 27** Think about your mother's job. If she is not currently working, think about her last job. What is the name of her job?

She has never worked before. ☐ → Go to **29**

28 Additionally, please describe what she does in her job.

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

29 How often do you usually see your mother?

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

30 How well do you get along with your mother?

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

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

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

In which country was your biological father born?

- Netherlands ☐ → Go to **33**
- Turkey ☐
- Morocco ☐
- Surinam ☐
- Netherlands Antilles/Aruba ☐
- Indonesia ☐
- Other country ☐ → Please specify:

I don't know the country ☐ → Go to **33**

32 How often do you visit this country?

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

33

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

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

34

Think about your father's job. If he is not currently working, think about his last job. What is the name of his job?

He has never worked before. ☐ → Go to **36**

35

Additionally, please describe what he does in his job.

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

36

How often do you usually see your father?

Every day	<input type="checkbox"/>
Once or several times a week	<input type="checkbox"/>
Once or several times a month	<input type="checkbox"/>
Less often	<input type="checkbox"/>
Never	<input type="checkbox"/>

→ Go to **38**

37

How well do you get along with your father?

Very well	<input type="checkbox"/>
Well	<input type="checkbox"/>
Not that well	<input type="checkbox"/>
Not well at all	<input type="checkbox"/>

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

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

Yes ☐ → Go to **40**
No ☐

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

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

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

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

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

Number of people:

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

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

Yes ☐
No ☐ → Go to **45**

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

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

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

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

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

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

46 How often is each of the following true about your home?

	Always	Often	Some-times	Never
We like to spend free time with each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It becomes tense when everyone is at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We feel very close to each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When we are together, the atmosphere is uneasy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We fight about small things.	<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
My parents say that I must tell them everything that I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents want to know the parents of the people I hang out with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always need to tell my parents exactly where I am and what I am doing when I am not at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48 Could you tell how often your parents experienced the following events?

	Always	Often	Some-times	Never	Not applicable
Your parents had a profound discussion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One parent reproached the other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your parents did not want to talk to each other for some while.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arguments got out of hand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49 Were your grandparents (the parents of your biological parents) born in the Netherlands?

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

50

How often do you spend time in your neighbourhood...

(Please tick a box for every group.)

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

51

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

Almost all or all	<input type="checkbox"/>
A lot	<input type="checkbox"/>
About half	<input type="checkbox"/>
A few	<input type="checkbox"/>
None or very few	<input type="checkbox"/>

Your feelings, attitudes and beliefs

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

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

53 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"/>
... with home?	<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 friends?	<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 leisure time?	<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"/>

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

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

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

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

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

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

57 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"/>

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

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

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

Number of hours:

60 What is your height?

Height in cm:

61 What is your weight?

Weight in kg:

--	--	--

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

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

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

Your mother	<input type="checkbox"/>
Your father	<input type="checkbox"/>
A sibling	<input type="checkbox"/>
Other family member	<input type="checkbox"/>
A friend	<input type="checkbox"/>
Your boyfriend/girlfriend	<input type="checkbox"/>
A classmate	<input type="checkbox"/>
A teacher	<input type="checkbox"/>
Someone else	<input type="checkbox"/>
No one	<input type="checkbox"/>

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

Your mother	<input type="checkbox"/>
Your father	<input type="checkbox"/>
A sibling	<input type="checkbox"/>
Other family member	<input type="checkbox"/>
A friend	<input type="checkbox"/>
Your boyfriend/girlfriend	<input type="checkbox"/>
A classmate	<input type="checkbox"/>
A teacher	<input type="checkbox"/>
Someone else	<input type="checkbox"/>
No one	<input type="checkbox"/>

65 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"/>

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

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

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

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

68 How strongly do you feel Dutch?

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

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

- 69** 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 **72**

Turkish ☐

Kurdish ☐

Moroccan ☐

Berbers ☐

Surinamese ☐

Hindu ☐

Creole ☐

Javan ☐

Chinese ☐

Curacao ☐

Aruban ☐

Antillean ☐

Indonesian ☐

Other group ☐ → Please specify:

- 70** 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 ☐

- 71** 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 ☐

72

Please rate how you feel about the following groups in the Netherlands on a scale that runs from 0 to 100. The higher the number, the more positive you feel, and the lower the number, the more negative you feel towards this group. Please tick a box for every group.

	Negative					Neutral						Positive	I don't know this group
	0	10	20	30	40	50	60	70	80	90	100		
Dutch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Turks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moroccan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Surinamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Antilleans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

73

What is your religion?

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



Please specify:

74

How important is religion to you?

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

75

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

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

76

How often do you pray?

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

77

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

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

Leisure time activities

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

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

Yes ☐

No ☐ → Go to **83**

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

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

80 Now think about the club you go to most often. What type of club is this?

Gymnastics ☐

Music ☐

Scouting ☐

Tennis ☐

Drama ☐

Football ☐

Volleyball ☐

Singing ☐

Swimming ☐

Other ☐ → Please specify:

81 What is the name of this sports, music, drama or other club?

82 About how many members of this club are...
(Please tick a box for every group.)

	Almost all or all	A lot	About half	A few	None or very few	I don't know people from this background in these clubs.
... from a Dutch background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... from a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... from a Moroccan background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... from a Surinamese/Antillean background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... from another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

83 Do you have a boyfriend/girlfriend?

Yes ☐

No ☐ → Go to **90**

84 Does he/she go to your school?

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

Yes, but different class ☐

No, goes to another school ☐

No, has finished schooling ☐

85 How did you meet?

Through school ☐

Through the neighbourhood ☐

Through a sports, music, drama or any other club ☐

Through family or friends of family ☐

Through friends ☐

Through the internet ☐

Another way ☐

86 How old is he/she?

Age in years:

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

- VMBO-basis ☐
- VMBO-kader ☐
- VMBO-gt ☐
- VMBO-t ☐
- HAVO ☐
- VWO ☐
- MBO ☐
- HBO ☐
- University ☐

88 What is his/her background?

- Dutch ☐
- Turkish ☐
- Moroccan ☐
- Surinamese ☐
- Antillean ☐
- Other background ☐ →

Please specify:

89 How long have you been dating?

- 0 to 2 months ☐
- 3 to 6 months ☐
- 7 to 12 months ☐
- More than 1 year ☐

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

Number of boyfriends/girlfriends:

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

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

	Almost all or all	A lot	About half	A few	None of very few
... a Dutch 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"/>
... a Moroccan background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Surinamese/Antillean 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"/>

92 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?

☐☐

Stolen something from a shop/from someone else?

☐☐

Carried a knife or weapon?

☐☐

Been very drunk?

☐☐

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

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

Yes

☐

No

☐

Go to

97

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

Number of hours:

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

Yes

☐

No

☐

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

Amount in Euro:

97 Do you get money from your parents?

Yes, each week

☐

Euro

Yes, each month

☐

Euro

Yes, occasionally

☐

No

☐

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

Always

☐

Often

☐

Sometimes

☐

Never

☐

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

Yes

☐

No

☐

Don't know

☐

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

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

101 Do you have...

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

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

Number of rooms:

103 About how many books are there in your home?

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

How often do you...

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

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

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

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire:

Your friends

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

1. What is the name of this friend?	2. Is this friend a boy or a girl?	3. How old is this friend?	4. What is his/her background?	5. Does he/she go to your school?	6. What type of education does he/she do (If he/she is no longer in school: What type of education did he/she do?)	7. Where do you see or meet each other? <u>Please tick all that apply.</u>	8. How often do you talk or meet?	9. Does your mother or father know this friend?	10. Does he/she drink alcohol?	11. Does he/she smoke?
Friend 1: <div></div>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <div></div> <div></div>	Dutch <input type="checkbox"/> Turkish <input type="checkbox"/> Moroccan <input type="checkbox"/> Surinamese <input type="checkbox"/> Antillean <input type="checkbox"/> Other background <input type="checkbox"/>	Yes, same class <input type="checkbox"/> Yes, but different class <input type="checkbox"/> No, goes to another school <input type="checkbox"/> No, has finished schooling <input type="checkbox"/>	vmbo-basis <input type="checkbox"/> vwo <input type="checkbox"/> vmbo-kader <input type="checkbox"/> mbo <input type="checkbox"/> vmbo-gt <input type="checkbox"/> hbo <input type="checkbox"/> vmbo-t <input type="checkbox"/> universiteit <input type="checkbox"/> havo <input type="checkbox"/>	In school <input type="checkbox"/> In the neighborhood <input type="checkbox"/> At a sports, music, drama or other club <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Online <input type="checkbox"/> Elsewhere <input type="checkbox"/>	Every day <input type="checkbox"/> Once or several times a week <input type="checkbox"/> Less often <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 2: <div></div>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <div></div> <div></div>	Dutch <input type="checkbox"/> Turkish <input type="checkbox"/> Moroccan <input type="checkbox"/> Surinamese <input type="checkbox"/> Antillean <input type="checkbox"/> Other background <input type="checkbox"/>	Yes, same class <input type="checkbox"/> Yes, but different class <input type="checkbox"/> No, goes to another school <input type="checkbox"/> No, has finished schooling <input type="checkbox"/>	vmbo-basis <input type="checkbox"/> vwo <input type="checkbox"/> vmbo-kader <input type="checkbox"/> mbo <input type="checkbox"/> vmbo-gt <input type="checkbox"/> hbo <input type="checkbox"/> vmbo-t <input type="checkbox"/> universiteit <input type="checkbox"/> havo <input type="checkbox"/>	In school <input type="checkbox"/> In the neighborhood <input type="checkbox"/> At a sports, music, drama or other club <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Online <input type="checkbox"/> Elsewhere <input type="checkbox"/>	Every day <input type="checkbox"/> Once or several times a week <input type="checkbox"/> Less often <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 3: <div></div>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <div></div> <div></div>	Dutch <input type="checkbox"/> Turkish <input type="checkbox"/> Moroccan <input type="checkbox"/> Surinamese <input type="checkbox"/> Antillean <input type="checkbox"/> Other background <input type="checkbox"/>	Yes, same class <input type="checkbox"/> Yes, but different class <input type="checkbox"/> No, goes to another school <input type="checkbox"/> No, has finished schooling <input type="checkbox"/>	vmbo-basis <input type="checkbox"/> vwo <input type="checkbox"/> vmbo-kader <input type="checkbox"/> mbo <input type="checkbox"/> vmbo-gt <input type="checkbox"/> hbo <input type="checkbox"/> vmbo-t <input type="checkbox"/> universiteit <input type="checkbox"/> havo <input type="checkbox"/>	In school <input type="checkbox"/> In the neighborhood <input type="checkbox"/> At a sports, music, drama or other club <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Online <input type="checkbox"/> Elsewhere <input type="checkbox"/>	Every day <input type="checkbox"/> Once or several times a week <input type="checkbox"/> Less often <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 4: <div></div>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <div></div> <div></div>	Dutch <input type="checkbox"/> Turkish <input type="checkbox"/> Moroccan <input type="checkbox"/> Surinamese <input type="checkbox"/> Antillean <input type="checkbox"/> Other background <input type="checkbox"/>	Yes, same class <input type="checkbox"/> Yes, but different class <input type="checkbox"/> No, goes to another school <input type="checkbox"/> No, has finished schooling <input type="checkbox"/>	vmbo-basis <input type="checkbox"/> vwo <input type="checkbox"/> vmbo-kader <input type="checkbox"/> mbo <input type="checkbox"/> vmbo-gt <input type="checkbox"/> hbo <input type="checkbox"/> vmbo-t <input type="checkbox"/> universiteit <input type="checkbox"/> havo <input type="checkbox"/>	In school <input type="checkbox"/> In the neighborhood <input type="checkbox"/> At a sports, music, drama or other club <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Online <input type="checkbox"/> Elsewhere <input type="checkbox"/>	Every day <input type="checkbox"/> Once or several times a week <input type="checkbox"/> Less often <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 5: <div></div>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <div></div> <div></div>	Dutch <input type="checkbox"/> Turkish <input type="checkbox"/> Moroccan <input type="checkbox"/> Surinamese <input type="checkbox"/> Antillean <input type="checkbox"/> Other background <input type="checkbox"/>	Yes, same class <input type="checkbox"/> Yes, but different class <input type="checkbox"/> No, goes to another school <input type="checkbox"/> No, has finished schooling <input type="checkbox"/>	vmbo-basis <input type="checkbox"/> vwo <input type="checkbox"/> vmbo-kader <input type="checkbox"/> mbo <input type="checkbox"/> vmbo-gt <input type="checkbox"/> hbo <input type="checkbox"/> vmbo-t <input type="checkbox"/> universiteit <input type="checkbox"/> havo <input type="checkbox"/>	In school <input type="checkbox"/> In the neighborhood <input type="checkbox"/> At a sports, music, drama or other club <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Online <input type="checkbox"/> Elsewhere <input type="checkbox"/>	Every day <input type="checkbox"/> Once or several times a week <input type="checkbox"/> Less often <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

2

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

All of them	<input type="checkbox"/>
Some of them	<input type="checkbox"/>
None of them	<input type="checkbox"/>

3

How many of these friends...

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

Something about your child and his/her school career

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

- No degree ☐
- VMBO ☐
- HAVO ☐
- VWO ☐
- MBO ☐
- HBO ☐
- University degree ☐
- Don't know ☐

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

- No degree ☐
- VMBO ☐
- HAVO ☐
- VWO ☐
- MBO ☐
- HBO ☐
- University degree ☐
- Don't know ☐

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

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

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

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

5 What is your relationship to your child?

Biological mother or adoptive mother ☐

Biological father or adoptive father ☐

Stepmother ☐

Stepfather ☐

Another female guardian ☐



Please specify:

Another male guardian ☐



Please specify:

Your attitudes and beliefs

6 In a family, who should do the following?

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

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

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

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

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

9 How strongly do you feel Dutch?

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

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

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

No other group ☐ → Go to **13**

Turks ☐

Kurds ☐

Moroccans ☐

Berbers ☐

Surinamese ☐

Hindus ☐

Creoles ☐

Javans ☐

Chinese ☐

Curaçaoers ☐

Arubans ☐

Antilleans ☐

Indonesians ☐

Other group ☐ → Please specify:

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

Very strongly ☐

Fairly strongly ☐

Not very strongly ☐

Not at all strongly ☐

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

Very important ☐

Fairly important ☐

Not very important ☐

Not at all important ☐

- 13** What is your religion?

No Religion ☐

Buddhism ☐

Christianity: Catholic ☐

Christianity: Protestant ☐

Hinduism ☐

Islam ☐

Judaism ☐

Other religion ☐ → Please specify:

14 How important is religion to you?

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

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

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

16 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 ☐
- 5 times a day or more ☐

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The Dutch 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 Dutch society.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Dutch 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"/>

18 Do you want to live permanently in the Netherlands?

- Yes ☐
- No ☐
- Don't know ☐

Your friends, your neighbourhood and your spare time

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

	Almost all or all	A lot	About half	A few	None or very few
... a Dutch 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"/>
... a Moroccan background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Surinamese/Antillean 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"/>

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

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

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

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

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

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

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

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

Yes ☐

No ☐ ➔ Go to **25**

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

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

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

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

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

... with people from a Surinamese/
Antillean background? ☐ ☐ ☐ ☐ ☐ ☐

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

Something about you and your household

25 Are you male or female?

Male ☐
Female ☐

26 When were you born?

Day Month Year

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

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

27 In which country were you born?

Netherlands ☐ → **Go to 30**

Turkey ☐

Morocco ☐

Surinam ☐

Netherlands Antilles/Aruba ☐

Indonesia ☐

Other country ☐ → Please specify:

--

28 What year did you move to the Netherlands?

Year:

--	--	--	--

29 How often do you visit your country of birth?

Twice a year or more ☐

Once a year ☐

Less than once a year ☐

Never ☐

30 Where did you grow up?

Big city (more than 100,000 inhabitants) ☐

Town (up to 100,000 inhabitants) ☐

Village ☐

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

Dutch	<input type="checkbox"/>	
Turkish	<input type="checkbox"/>	
Moroccan	<input type="checkbox"/>	
Surinamese	<input type="checkbox"/>	
Indonesian	<input type="checkbox"/>	
Other nationality	<input type="checkbox"/>	→ Please specify: <input type="text"/>
Other nationality	<input type="checkbox"/>	→ Please specify: <input type="text"/>
Don't know	<input type="checkbox"/>	

32 In which country was your biological father born?

Netherlands	<input type="checkbox"/>	
Turkey	<input type="checkbox"/>	
Morocco	<input type="checkbox"/>	
Surinam	<input type="checkbox"/>	
Netherlands Antilles/Aruba	<input type="checkbox"/>	
Indonesia	<input type="checkbox"/>	
Other country	<input type="checkbox"/>	→ Please specify: <input type="text"/>

33 And in which country was your biological mother born?

Netherlands	<input type="checkbox"/>	
Turkey	<input type="checkbox"/>	
Morocco	<input type="checkbox"/>	
Surinam	<input type="checkbox"/>	
Netherlands Antilles/Aruba	<input type="checkbox"/>	
Indonesia	<input type="checkbox"/>	
Other country	<input type="checkbox"/>	→ Please specify: <input type="text"/>

34 How well do you think you can...

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

35 Is there a language other than Dutch spoken at your home?

Yes ☐

No ☐



Go to

39

36 Which language is this?

Turkish ☐

Arabic ☐

Berbers ☐

English ☐

Hindi/Hindustani ☐

Other language ☐



Please specify:

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

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

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

Always ☐

Often ☐

Sometimes ☐

Never ☐

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

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

I have never worked before ☐ → Go to **48**

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

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

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

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

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

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

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

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

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

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

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

I work for somebody else ☐

46 What is your job title?

47 Additionally, please describe what you do in your job.

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

48 If you suddenly needed 1700 Euro in one week, would you be able to get it?

Yes ☐

No ☐ → Go to **50**

49 How would you get it?

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

Other ☐



Please specify:

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

- 0 – 900 EUR ☐
- 901 – 1250 EUR ☐
- 1251 – 1550 EUR ☐
- 1551 – 1850 EUR ☐
- 1851 – 2200 EUR ☐
- 2201 – 2600 EUR ☐
- 2601 – 3000 EUR ☐
- 3001 – 3500 EUR ☐
- 3501 – 4300 EUR ☐
- > 4300 EUR ☐
- I don't want to say ☐

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

51 What is your marital status?

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



Go to

53

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

52 Do you have a partner/husband/wife?

☐☐

Go to

End

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

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

Yes ☐

No ☐ → Go to **End**

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

Yes ☐

No ☐

Something about your partner/husband/wife

55 When was your partner/husband/wife 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"/>

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

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

Netherlands	<input type="checkbox"/>	→	Go to	58
Turkey	<input type="checkbox"/>			
Morocco	<input type="checkbox"/>			
Surinam	<input type="checkbox"/>			
Netherlands Antilles/Aruba	<input type="checkbox"/>			
Indonesia	<input type="checkbox"/>			
Other country	<input type="checkbox"/>	→	Please specify:	<input type="text"/>

57 What year did he/she move to the Netherlands?

Year:

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

Big city (more than 100,000 inhabitants)	<input type="checkbox"/>
Town (up to 100,000 inhabitants)	<input type="checkbox"/>
Village	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

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

Dutch	<input type="checkbox"/>	
Turkish	<input type="checkbox"/>	
Moroccan	<input type="checkbox"/>	
Surinamese	<input type="checkbox"/>	
Indonesian	<input type="checkbox"/>	
Other nationality	<input type="checkbox"/>	→ Please specify: <input type="text"/>
Other nationality	<input type="checkbox"/>	→ Please specify: <input type="text"/>
Don't know	<input type="checkbox"/>	

60

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

Netherlands ☐Turkey ☐Morocco ☐Surinam ☐Netherlands Antilles/Aruba ☐Indonesia ☐Other country ☐ →

Please specify:

61

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

Netherlands ☐Turkey ☐Morocco ☐Surinam ☐Netherlands Antilles/Aruba ☐Indonesia ☐Other country ☐ →

Please specify:

62

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

No education ☐Primary school ☐Secondary school ☐Lower vocational education ☐Higher vocational education ☐University ☐

63

Where did your partner/husband/wife get his/her highest level of education?

Netherlands ☐Turkey ☐Morocco ☐Surinam ☐Netherlands Antilles/Aruba ☐Indonesia ☐Other country ☐ →

Please specify:

64 How old was your partner/husband/wife when he/she received his/her highest level of education?

Age in years:

He/she is still in education.

☐

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

Yes

☐

No

☐

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

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

He/she has never worked before

☐

Go to

70

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

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

☐

He/she works for somebody else

☐

68

What is his/her job title?

69

Additionally, please describe what he/she does in his/her job.

70

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

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

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

My partner/husband/wife answered them ☐

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire:

Something about your child and his/her school career

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

- No degree ☐
- VMBO ☐
- HAVO ☐
- VWO ☐
- MBO ☐
- HBO ☐
- University degree ☐
- Don't know ☐

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

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

3 What is your relationship to your child?

- Biological mother or adoptive mother ☐
- Biological father or adoptive father ☐
- Stepmother ☐
- Stepfather ☐

Another female guardian ☐ → Please specify:

Another male guardian ☐ → Please specify:

Your attitudes and beliefs

4 How strongly do you feel Dutch?

- 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.

5 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 **7**
- Turks ☐
- Kurds ☐
- Moroccans ☐
- Berbers ☐
- Surinamese ☐
- Hindus ☐
- Creoles ☐
- Javans ☐
- Chinese ☐
- Curaçaoers ☐
- Arubans ☐
- Antillean ☐
- Indonesians ☐
- Other group ☐ → Please specify:

6 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 ☐

7

What is your religion?

No religion ☐Buddhism ☐Christianity ☐Hinduism ☐Islam ☐Judaism ☐Other religion ☐

Please specify:

8

How important is religion to you?

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

9

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

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

Your friends, your neighbourhood and your spare time

10

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

(Please tick a box for every group.)

	Almost all or all	A lot	About half	A few	None or very few
... a Dutch 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"/>
... a Moroccan background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Surinamese/Antillean 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"/>

Something about you and your household

11 In which country were you born?

12 In which country was your biological father born?

13 And in which country was your biological mother born?

14 How well do you think you can speak Dutch?

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

15 What is your highest level of education? If you got your degree outside the Netherlands, please select the Dutch level that best matches your foreign degree.

- No education ☐
- Primary school ☐
- Secondary school ☐
- Lower vocational education ☐
- Higher vocational education ☐
- University ☐

16 Do you have a paid job?

- Yes ☐
- No ☐

17 Thinking about your job. If you are currently not working, think about your last job. What is your job title?

I have never worked before.

☐

Go to

End

18

Additionally, please describe what you do in your job.

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire:

Questions about you

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

2 Which subjects are you teaching in this school?

Subject 1:

Subject 2:

Subject 3:

Subject 4:

Subject 5:

3 In what grades are you teaching in this school?

	Vmbo-basis	Vmbo-kader	Vmbo-gt	Vmbo-t	Havo	Vwo	Gymnasium
Grade 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 Are you male or female?

Male ☐

Female ☐

5 How old are you?

Age in years:

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

Yes ☐

No ☐

7 Has one of your parents got a university degree?

Yes, my mother ☐

Yes, my father ☐

Yes, both parents ☐

No ☐

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

Duration in years:

9 And how many of these years have you been teaching in this school?

Duration in years:

10 What type of teachers license do you have?

1st grade licence ☐

2nd grade licence ☐

Lower than 2nd grade licence ☐

Zij-instromer ☐

I have no teachers license ☐

About the class

- 11** We would like to know what the reason for absence of students is. Please write down the number of the students that are absent, and indicate the reason for their absence.

	Illness	Skipping without permission	Has been suspended	Unknown
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 12a** During this school year, which subjects do you teach in this class? Please write in all subjects.

Subject 1:

Subject 2:

Subject 3:

Subject 4:

- 12b** How many instructional hours per week do you teach these subjects in this class?

→ Instructional hours:

→ Instructional hours:

→ Instructional hours:

→ Instructional hours:

- 13** How many minutes does one instruction hour last?

Duration in minutes:

- 14** Are you the tutor or class teacher of this class?

Yes ☐

No ☐

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

- 15** Which students in this class have a two-indication? Write down the number of these students below.

All students ☐

Some students, that is:

None of the students ☐ → Go to **17**

16 Do the students in this class follow education at lwoo level?

Yes ☐

No ☐

17 Are there any students in this class with dyslexia? Write down the numbers of these students below.

18 Are there any students in this class with dyscalculia? Write down the numbers of these students below.

19 Is this class attending the school type vmbo-mbo2?

Yes ☐

No ☐

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

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

--	--

... come from single-parent families?

--	--

... come from low-educated families?

--	--

... come from university-educated families?

--	--

... come from economically disadvantaged homes?

--	--

... come from economically affluent homes?

--	--

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

--	--

... come from families who receive social assistance?

--	--

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

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

22 Approximately how many students in this class...

... sometimes have problems to follow the curriculum?	<input type="text"/>	<input type="text"/>
... experience difficulties understanding spoken Dutch?	<input type="text"/>	<input type="text"/>

23 Now we would like to know something about the students who do not participate in our survey today due to whatever reasons. How many students do not participate in the survey?

Number of students:

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

... come from families with migration background?	<input type="text"/>	<input type="text"/>
... come from single-parent families?	<input type="text"/>	<input type="text"/>
... come from low-educated families?	<input type="text"/>	<input type="text"/>
... come from university-educated families?	<input type="text"/>	<input type="text"/>
... come from economically disadvantaged homes?	<input type="text"/>	<input type="text"/>
... come from economically affluent homes?	<input type="text"/>	<input type="text"/>
... come from families where at least one parent is unemployed?	<input type="text"/>	<input type="text"/>
... come from families who receive social assistance?	<input type="text"/>	<input type="text"/>

About the school

25 Now we have some questions about the whole school you are teaching in. Which type of school does the school you teach in belong to?

- Vmbo-basis ☐
- Vmbo-kader ☐
- Vmbo-gt ☐
- Vmbo-t ☐
- Havo ☐
- Vwo ☐
- Gymnasium ☐

26 What is the schools' denomination?

- Public ☐
- General Christian ☐
- Evangelical ☐
- Dutch reformed ☐
- Protestant Christian ☐
- Roman Catholic ☐
- Reformational ☐
- Interconfessional ☐
- Islamic ☐
- Dalton ☐
- Jenaplan ☐
- Nuts ☐
- Montessori ☐
- Free school ☐
- Other ☐

27 What is the total number of students attending this school in all grades? If you are uncertain about the exact number, please estimate as good as you can.

Number of students:

--	--	--

28 What is the average class size in your school in the following grades? Please tick a box in every line.

[illegible]

29 How many students in this school come from...

[illegible]

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

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

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

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

32 How many teachers are there in your school?

Number of teachers:

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

Number of teachers:

34 How many teachers in your school are male?

Number of teachers:

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

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

36

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

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

37

Does your school have a library?

Yes ☐No ☐

38

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

Yes ☐No ☐

39 How often...

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

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

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

41 How often does it happen that parents do not come to scheduled meetings with teachers?

Rarely or never	<input type="checkbox"/>
From time to time	<input type="checkbox"/>
Fairly often	<input type="checkbox"/>
Often	<input type="checkbox"/>

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

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

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

Strongly disagree ☐

Disagree ☐

Agree ☐

Strongly agree ☐

44 How many of the people living in the school's neighbourhood are Dutch?

Almost all or all ☐

A lot ☐

About half ☐

A few ☐

None or very few ☐

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

Almost all or all ☐

A lot ☐

About half ☐

A few ☐

None or very few ☐

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire: