

**ZA5353 / ZA5656**

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

**Wave 2**

**Field Questionnaire  
Netherlands (English Translation)**

## Questions about you

**1** Are you a boy or a girl?

Boy

Girl

**2** When were you born?

Day

Month

Year

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

**3** In which country were you born?

Netherlands  → **Go to** **5**

Turkey

Morocco

Suriname

Netherlands Antilles/Aruba

Other country  → Please specify:

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

Age in years:

**5** How well do you think you can...

Not at all   Not well   Well   Very well   Excellently

... speak Dutch?

... write Dutch?

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

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

Yes

No  → **Go to** **10**

**7****Which language is this?**

- Turkish
- Arabic
- Berbers
- English
- Hindi/Hindustani
- Other language



Please specify:

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

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

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

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

## Your school

10 Which school subject do you like most?

11 How often do you...

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

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

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

13 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

**14**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

**15**

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I am sure that I can do well at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't like that I am obliged to go to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am sure that I can get good grades at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I put a great deal of effort into my school work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hate school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students who study hard are not cool.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**16**

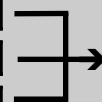
How well are you doing in the following subjects?

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

Go to **19**

**18** Which sector do you currently follow?

- Agriculture
- Care and well-being
- Technology
- Economics
- Other sector

Please specify:

Go to **20**

**19** Which profile do you currently follow? Tick all boxes that apply.

- Nature and health
- Nature and technology
- Economics and society
- Culture and society

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

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

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

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

**22** Have you ever repeated a year at school?

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

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

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

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

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

## Questions about your future plans

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

- Lower secondary school, basic profession-orientated learning path, year 4 (VMBO-B 4)
- Lower secondary school, middle management-orientated learning path, year 4 (VMBO-k 4)
- Lower secondary school, mixed learning path, year 4 (VMBO-g 4)
- Lower secondary school, theoretical learning path, year 4 (VMBO-t 4)
- Intermediate secondary school, year 4 (HAVO 4)
- Intermediate secondary school, year 5 (HAVO 5)
- Upper secondary school, year 4 (VWO/gymnasium 4)
- Upper secondary school, year 5 (VWO/gymnasium 5)
- Lower tertiary school (MBO-opleiding)  →

Please specify:

Please specify:

- Apprenticeship
- Working

**26** Have you applied for a job/ apprenticeship already?

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

- Something else  →

Please specify:

- Don't know

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

- Don't know



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

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

## Your feelings and attitudes

**29** 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.*

**30** 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 33**
- Turkish
- Kurdish
- Moroccan
- Berbers
- Surinamese
- Hindu
- Creole
- Javan
- Chinese
- Curacao
- Aruban
- Antillean
- Indonesian
- Other group  → Please specify:

**31** 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

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

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

**33** What is your religion?

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



Please specify:

**34** How important is religion to you?

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

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

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

**36** How often do you pray?

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

**37** 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"/>



## Your leisure time

**40** In your spare time, how often do you...

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

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

50 Euros today

100 Euros in a year

Don't know

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

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

Yes

No  → Go to **46**

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

Number of hours:

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

Yes

No

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

Amount in Euros:

--	--	--

**46** Do you get money from your parents?

Yes, each week  → 

--	--	--

 Euros

Yes, each month  → 

--	--	--

 Euros

Yes, occasionally

No

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

Always

Often

Sometimes

Never

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

Yes

No

Don't know

**49** How interested are you in Dutch politics?

Very much

A lot

Quite a lot

A little

Very little or not at all

**50** How often do you...

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

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

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

## Questions about your family

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

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

In which country was your biological mother born?

Netherlands  → Go to **55**

Turkey

Morocco

Surinam

Netherlands Antilles/Aruba

Indonesia

Other country  → Please specify:

I don't know the country.  → Go to **55**

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

Yes, twice or more

Yes, once

No

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

Very much

A lot

Quite a lot

A little

Very little or not at all



55

	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"/>

56 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

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

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

In which country was your biological father born?

- Netherlands  → Go to **60**
- Same country as my mother  → Go to **60**
- Turkey
- Morocco
- Surinam
- Netherlands Antilles/Aruba
- Indonesia
- Other country  → Please specify:
- I don't know the country.  → Go to **60**

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

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

**59** How much are you interested in this country's politics?

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

**60**

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

**61** How often do you usually see your father?

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

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

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

- Yes  → Go to **64**
- No

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

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

Please specify:

64

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

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

65

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"/>

## Questions about your friends

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

	Almost all or all	A lot	About half	A few	None or very few
... a 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"/>

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

**67** Do you have a boyfriend/girlfriend?

Yes

No  → Go to **72**

**68** 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

**69** 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

Don't know



## Your health, attitudes and views

**73** 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"/>

**74** How often are each of these statements true about you?

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

**75** How good is your health compared to others of your age?

Very good

Good

About the same

Bad

Very bad

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

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

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

Time:   :

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

Time:   :

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

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

## Questions about your classmates

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

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

*Example:*

**E1** Which classmates do you sometimes spend your breaks with?

3, 8, 12

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

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

*Example:*

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

*X*



---

**1**

Who are your best friends in class?

Here you may write down no more than five numbers.

---

**2**

Who is your best friend in class?

Here you may write down no more than one number.

---

**3**

Who are the most popular students in this class?

Here you may write down no more than five numbers.

---

**4**

Who do you often spend time with outside of school?

From now on you can write as many numbers as you like.

---

**5**

Who is sometimes mean to you?

---

**6**

Who do you sometimes do your homework with?

---

**7**

Who do your parents know?

---

**8**

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

---

## Your friends

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

1. What is the name of this friend?	2. What is his/her background?	3. Does he/she go to your school?	4. What type of education does he/she do (If he/she is no longer in school: What type of education did he/she do?)	5. Does he/she drink alcohol?
Friend 1: <input style="width: 40px; height: 20px;" type="text"/>	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"/> HAVO <input type="checkbox"/> VMBO-kader <input type="checkbox"/> VWO <input type="checkbox"/> VMBO-gt <input type="checkbox"/> MBO <input type="checkbox"/> VMBO-t <input type="checkbox"/> HBO <input type="checkbox"/> University <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 2: <input style="width: 40px; height: 20px;" type="text"/>	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"/> HAVO <input type="checkbox"/> VMBO-kader <input type="checkbox"/> VWO <input type="checkbox"/> VMBO-gt <input type="checkbox"/> MBO <input type="checkbox"/> VMBO-t <input type="checkbox"/> HBO <input type="checkbox"/> University <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 3: <input style="width: 40px; height: 20px;" type="text"/>	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"/> HAVO <input type="checkbox"/> VMBO-kader <input type="checkbox"/> VWO <input type="checkbox"/> VMBO-gt <input type="checkbox"/> MBO <input type="checkbox"/> VMBO-t <input type="checkbox"/> HBO <input type="checkbox"/> University <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 4: <input style="width: 40px; height: 20px;" type="text"/>	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"/> HAVO <input type="checkbox"/> VMBO-kader <input type="checkbox"/> VWO <input type="checkbox"/> VMBO-gt <input type="checkbox"/> MBO <input type="checkbox"/> VMBO-t <input type="checkbox"/> HBO <input type="checkbox"/> University <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 5: <input style="width: 40px; height: 20px;" type="text"/>	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"/> HAVO <input type="checkbox"/> VMBO-kader <input type="checkbox"/> VWO <input type="checkbox"/> VMBO-gt <input type="checkbox"/> MBO <input type="checkbox"/> VMBO-t <input type="checkbox"/> HBO <input type="checkbox"/> University <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Questions about you

**1** Are you a boy or a girl?

Boy

Girl

**2** When were you born?

Day

Month

Year

--	--

--	--

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

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

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

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

--

She has never worked before.  → Go to

**5**

**4** Additionally, please describe what she does in her job.

--

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

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

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

--

He has never worked before.  → Go to

**7**

**6** Additionally, please describe what he does in his job.

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

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

**8** 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.*

**9** 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 **12**



**13** Do you have...

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

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

Number of rooms:

**15** 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"/>

## Your current situation

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

**1** Do you currently attend the same school as last year?

Yes, same school

No, another school  → Go to **5**

No, I don't attend school anymore.  → Go to **8**

## Same school

### 2 Which school type do you currently attend?

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

Please specify:

### 3 Which grade do you currently attend?

- 3<sup>rd</sup> grade
- 4<sup>th</sup> grade
- 5<sup>th</sup> grade
- Other grade  →

Please specify:

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

### 4 Why did you not participate in the school survey?

- I changed classes.
- I repeat 3<sup>rd</sup> grade.
- No school survey this year at my school
- Other reason

Please specify:

Don't know

Go to **10**



## Another school

### 5 Why did you change school?

I changed school tracks.

I moved houses.

I had problems with teachers  
or students in my old school.

Other reason



Please specify:

### 6 Which school type do you currently attend?

VMBO-basis

VMBO-kader

VMBO-gt

VMBO-t

HAVO

VWO

Gymnasium

Other school type



Please specify:

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

### 7 Which grade do you currently attend?

3<sup>rd</sup> grade

4<sup>th</sup> grade

5<sup>th</sup> grade

Other grade



Please specify:

Go to **10**

## School-leaver

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

- Insufficient grades
- Completed compulsory education, don't want to go to school
- Problems with teachers or other students
- Skipped school too often
- Health problems
- Alcohol or drug problems
- Familial or personal reasons
- I prefer to work
- Financial reasons
- Other reason  →
- No particular reason

Please specify:

### 9 What are you currently doing?

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

Please specify:

## Questions about your future plans

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

- Lower secondary school, basic profession-orientated learning path, year 4 (VMBO-B 4)
- Lower secondary school, middle management-orientated learning path, year 4 (VMBO-k 4)
- Lower secondary school, mixed learning path, year 4 (VMBO-g 4)
- Lower secondary school, theoretical learning path, year 4 (VMBO-t 4)
- Intermediate secondary school, year 4 (HAVO 4)
- Intermediate secondary school, year 5 (HAVO 5)
- Upper secondary school, year 4 (VWO/gymnasium 4)
- Upper secondary school, year 5 (VWO/gymnasium 5)
- Lower tertiary school (MBO-opleiding)
- Apprenticeship
- Full-time job
- Something else  → Please specify:
- Don't know

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

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

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

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

- Math:
- Dutch:
- English:

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
A university education is very important for getting a good job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting a full-time job is just as good as getting more education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Questions about you

**17** How well do you think you can...

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

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

Yes

No  → **Go to** 22

**19** Which language is this?

Turkish	<input type="checkbox"/>	
Arabic	<input type="checkbox"/>	
Berbers	<input type="checkbox"/>	
English	<input type="checkbox"/>	
Hindi/Hindustani	<input type="checkbox"/>	
Other language	<input type="checkbox"/> →	Please specify: <div style="border: 1px solid black; width: 150px; height: 30px; display: inline-block; vertical-align: middle;"></div>

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

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

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

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

## Your feelings and attitudes

**22** 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.*

**23** 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 26**
- Turkish
- Moroccan
- Berbers
- Surinamese
- Hindu
- Creole
- Javan
- Chinese
- Curacao
- Aruban
- Antillean
- Indonesian
- Other group  → Please specify:

**24** 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

**25** 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

**26** What is your religion?

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

**27** How important is religion to you?

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

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

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

**29** How often do you pray?

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

**30** 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"/>

31

In a family, who should do the following?

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



## Your leisure time

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

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

Yes

No  → Go to **37**

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

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

Number of hours:

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

Yes

No

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

Amount in Euros:

**37** Do you get money from your parents?

Yes, each week  →  Euros

Yes, each month  →  Euros

Yes, occasionally

No

**38** How often do you...

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

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

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

**40** In your spare time, how often do you...

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

## Questions about your family

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

- 41** 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 **43**
- Turkey
- Morocco
- Surinam
- Netherlands Antilles/Aruba
- Indonesia
- Other country  → Please specify:
- I don't know the country.  → Go to **43**

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

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

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

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

In which country was your biological father born?

- Same country as my mother  → Go to **45**
- Netherlands  → Go to **45**
- Turkey
- Morocco
- Surinam
- Netherlands Antilles/Aruba
- Indonesia
- Other country  → Please specify:
- I don't know the country.  → Go to **45**

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

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

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

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

- Yes  → Go to **47**
- No

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

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

Please specify:

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

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

## Questions about your friends

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

	Almost all or all	A lot	About half	A few	None or very few
... a 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"/>

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

**49** Do you have a boyfriend/girlfriend?

Yes

No  → Go to **52**

**50** What is his/her background?

Dutch

Turkish

Moroccan

Surinamese

Antillean

Other background  →

Please specify:

**51** Since when are you together with this boy/girl?

Month

Year



## Your health, attitudes and views

**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 your current situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**54** How often are each of these statements true about you?

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

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

Very good

Good

About the same

Bad

Very bad

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

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

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

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

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## Your friends

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

1. What is the name of this friend?	2. Is this friend a boy or a girl?	3. What is his/her background?	4. What type of education does he/she do (If he/she is no longer in school: What type of education did he/she do?)
Friend 1: <input style="width: 80px; height: 20px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	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"/>	VMBO-basis <input type="checkbox"/> HAVO <input type="checkbox"/> VMBO-kader <input type="checkbox"/> VWO <input type="checkbox"/> VMBO-gt <input type="checkbox"/> MBO <input type="checkbox"/> VMBO-t <input type="checkbox"/> HBO <input type="checkbox"/> University <input type="checkbox"/>
Friend 2: <input style="width: 80px; height: 20px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	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"/>	VMBO-basis <input type="checkbox"/> HAVO <input type="checkbox"/> VMBO-kader <input type="checkbox"/> VWO <input type="checkbox"/> VMBO-gt <input type="checkbox"/> MBO <input type="checkbox"/> VMBO-t <input type="checkbox"/> HBO <input type="checkbox"/> University <input type="checkbox"/>
Friend 3: <input style="width: 80px; height: 20px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	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"/>	VMBO-basis <input type="checkbox"/> HAVO <input type="checkbox"/> VMBO-kader <input type="checkbox"/> VWO <input type="checkbox"/> VMBO-gt <input type="checkbox"/> MBO <input type="checkbox"/> VMBO-t <input type="checkbox"/> HBO <input type="checkbox"/> University <input type="checkbox"/>
Friend 4: <input style="width: 80px; height: 20px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	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"/>	VMBO-basis <input type="checkbox"/> HAVO <input type="checkbox"/> VMBO-kader <input type="checkbox"/> VWO <input type="checkbox"/> VMBO-gt <input type="checkbox"/> MBO <input type="checkbox"/> VMBO-t <input type="checkbox"/> HBO <input type="checkbox"/> University <input type="checkbox"/>