

ZA5353 / ZA5656

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

**Field Questionnaire
Sweden (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?

Sweden →

Go to **5**

Other country →

Please specify:

4 How well do you think you can...

Not at all Not well Well Very well Excellently

... speak Swedish?

... understand Swedish?

... read Swedish?

...write Swedish?

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

5 Is there a language other than Swedish spoken at your home?

Yes

No →

Go to **9**

6 Which language is this?

7**Think of the language you just wrote down. 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"/>

8**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

9 Which school subject do you like most?

10 Which school subject do you like least?

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

- None
- Compulsory school
- Upper secondary school
- College/University degree
- Don't know

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

- None
- Compulsory school
- Upper secondary school
- College/University degree
- Don't know

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

- None
- Compulsory school
- Upper secondary school
- College/University degree
- Don't know

14 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"/>
Swedish	<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"/>

15 Do you attend a group based on the level of learning in any of the following subjects?

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

16 Do you study Swedish as a second language?

Yes

No

17 Have you ever repeated a year at school?

No

Yes

18 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"/>

19 How often do you spend time during breaks at school...

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... with students from a Swedish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with students from a foreign background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20 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"/>

21 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.

- 22** 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?

Sweden → Go to **24**

Other country → Please specify:

I don't know the country → Go to **24**

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

Twice a year or more

Once a year

Less than once a year

Never

24

	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"/>

- 25a** Think about your mother's job. If she is not currently working, think about her last job. What is the name of her job?

- 25b** Additionally, please describe what she does in her job.

She has never worked before.

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

26 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 28**

27 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.

28 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?

- Sweden → **Go to 30**
- Other country → Please specify:
- I don't know the country → **Go to 30**

29 How often do you visit this country?

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

30

	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"/>

31a Think about your father's job. If he is not currently working, think about his last job. What is the name of his job?

31b Additionally, please describe what he does in his job.

He has never worked before.

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

32 How often do you usually see your father?

- Every day
- Once or several times a week
- Once or several times a month
- Less often
- Never → **Go to 34**

33 How well do you get along with your father?

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

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

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

- Yes → **Go to 36**
- No

35 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:

36 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/father's cohabiting partner

Stepfather/mother's cohabiting partner

Foster mother

Foster father

Brother(s) (include step/halfbrothers)



How many:

Sister(s) (include step/halfsisters)



How many:

Grandparents

Other family members

Other persons

37 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.

38 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

41

39

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

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

40

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

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

41

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"/>

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

	Always	Often	Sometimes	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"/>

43 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"/>

44 Were your grandparents (the parents of your biological parents) born in Sweden?

	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"/>

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

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... with people from a Swedish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a foreign background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Almost all or all
- A lot
- About half
- A few
- None or very few

Your feelings, attitudes and beliefs

47 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 Sweden?	<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"/>

48 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"/>

49 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"/>

50 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"/>

51 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"/>

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

- Very good
- Good
- About the same
- Bad
- Very bad

53 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"/>

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

Number of hours:

55 What is your height?

Height in cm:

56 What is your weight?

Weight in kg:

57 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"/>

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

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

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

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

60 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"/>

61 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"/>

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

	Always OK	Often OK	Sometimes 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"/>

63 How strongly do you feel Swedish?

- 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.

64 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** **67**
- Assyrian/Syrian
- Bosnian
- Finnish
- Iraqi
- Iranian
- Jewish
- Croatian
- Kurdish
- Polish
- Roman
- Sami
- Serbian
- Somali
- Sweden-Finnish
- Tornedali
- Turkish
- Other group → Please specify:

65 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

66 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

67

Please rate how you feel about the following groups 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		
Americans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bosnians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iranians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Romani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Samis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somalis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swedes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
Germans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

68

What is your religion?

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

69

How important is religion to you?

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

70**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

71**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

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

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

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

Yes

No → Go to **75**

74 How often do you spend time in these clubs...

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... with people from Swedish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a foreign 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.

75 Do you have a boyfriend/girlfriend?

Yes

No → Go to **79**

76 Does he/she go to your school?

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

77 How old is he/she?

Age in years:

78 Does he/she have foreign background?

No

Yes

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

Number of boyfriends/girlfriends:

I haven't had a boyfriend/girlfriend yet.

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

	Almost all or all	A lot	About half	A few	None of very few
... a Swedish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a foreign background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

Yes

No → Go to **86**

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

Number of hours:

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

Yes

No

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

Amount in SEK:

86 Do you get money from your parents?

Yes, each week → SEK

Yes, each month → SEK

Yes, occasionally

No

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

Always

Often

Sometimes

Never

88 If you suddenly needed 300 SEK by tomorrow, would you be able to get it?

- Yes
- No
- Don't know

89 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"/>

90 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"/>

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

Number of rooms:

92 About how many books are there in your home?

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

93

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, pados, ecstasy pills)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

94

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. Does he/she have a foreign background?	5. Does he/she go to your school?	6. Where do you see or meet each other? <u>Please tick all that apply.</u>	7. How often do you talk or meet?	8. Does your mother or father know this friend?
Friend 1: <input style="width: 40px; height: 20px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	No <input type="checkbox"/> Yes <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"/>	In school <input type="checkbox"/> In the neighborhood <input type="checkbox"/> At a sports, music, drama or other club <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Online <input type="checkbox"/> Elsewhere <input type="checkbox"/>	Every day <input type="checkbox"/> One or several times a week <input type="checkbox"/> Less often <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 2: <input style="width: 40px; height: 20px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	No <input type="checkbox"/> Yes <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"/>	In school <input type="checkbox"/> In the neighborhood <input type="checkbox"/> At a sports, music, drama or other club <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Online <input type="checkbox"/> Elsewhere <input type="checkbox"/>	Every day <input type="checkbox"/> One or several times a week <input type="checkbox"/> Less often <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 3: <input style="width: 40px; height: 20px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	No <input type="checkbox"/> Yes <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"/>	In school <input type="checkbox"/> In the neighborhood <input type="checkbox"/> At a sports, music, drama or other club <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Online <input type="checkbox"/> Elsewhere <input type="checkbox"/>	Every day <input type="checkbox"/> One or several times a week <input type="checkbox"/> Less often <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 4: <input style="width: 40px; height: 20px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	No <input type="checkbox"/> Yes <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"/>	In school <input type="checkbox"/> In the neighborhood <input type="checkbox"/> At a sports, music, drama or other club <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Online <input type="checkbox"/> Elsewhere <input type="checkbox"/>	Every day <input type="checkbox"/> One or several times a week <input type="checkbox"/> Less often <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 5: <input style="width: 40px; height: 20px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	No <input type="checkbox"/> Yes <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"/>	In school <input type="checkbox"/> In the neighborhood <input type="checkbox"/> At a sports, music, drama or other club <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Online <input type="checkbox"/> Elsewhere <input type="checkbox"/>	Every day <input type="checkbox"/> One or several times a week <input type="checkbox"/> Less often <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

- All of them
- Some of them
- None of them

3 How many of these friends...

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

Something about your child and his/her school career

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

- None
- Compulsory school
- Upper secondary school
- College/University degree
- Don't know

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

- None
- Compulsory school
- Upper secondary school
- College/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
- That he/she tries hard to succeed
- That he/she has self-control
- That he/she is interested in how and why things happen
- That he/she has good manners
- That he/she has good sense and sound judgement
- That he/she is considerate of others
- That he/she acts like a boy/girl should
- That he/she has respect of elderly people
- That he/she obeys his/her parents

9 How strongly do you feel Swedish?

- 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.

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**
- Assyrian
- Bosnian
- Finnish
- Iraqi
- Iranian
- Jewish
- Croatian
- Kurdish
- Polish
- Roman
- Sami
- Serbian
- Somali
- Sweden-Finnish
- Syrian
- Tornedali
- Turkish
- Other group → Please specify:

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

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

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

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

13 What is your religion?

No religion

Buddhism

Christianity

Hinduism

Islam

Judaism

Other religion → Please specify:

14 How important is religion to you?

Very important

Fairly important

Not very important

Not at all important

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

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

16 Do you want to live permanently in Sweden?

Yes

No

Don't know

Your friends, your neighbourhood and your spare time

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

	Almost all or all	A lot	About half	A few	None or very few
... a Swedish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a foreign background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... with people from a Swedish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a foreign background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

- I own the place where I live
- I rent the place where I live
- Other



Please specify:

20b How many flats are there in the building where you live, including all entrances?

- 1 flat (detached house, terrace house)
- 2 flats
- 3 to 10 flats
- 11 or more flats

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

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

Yes

No → Go to **23**

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

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... with people from a Swedish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a foreign background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Something about you and your household

23 Are you male or female?

Male
Female

24 When were you born?

Year

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

25 In which country were you born?

Sweden → **Go to 27**
Other country → Please specify:

26 How often do you visit your country of birth?

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

27 Where did you grow up?

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

28 In which country was your biological father born?

Sweden
Other country → Please specify:

29 And in which country was your biological mother born?

Sweden
Other country → Please specify:

30 How well do you think you can...

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

31 Is there a language other than Swedish spoken at your home?

Yes

No → Go to **35**

32 Which language is this?

33 Think of the language you just wrote down. 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"/>

34 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

35 What is your highest level of education? If you got your degree outside Sweden, please select the Swedish level that best matches your foreign degree.

- I don't have a school leaving certificate
Degree below upper secondary school
Degree from upper secondary school
University degree

36 Where did you get your highest level of education (including school or university degree, not counting vocational training)?

Sweden

Other country



Please specify:

37 How old were you when you received your highest level of education (including school or university degree, not counting vocational training)?

Age in years:

I am still in education.

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

38 Do you have a paid job?

Yes

No



Go to **40**

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

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... with people from a Swedish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a foreign 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.

40 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 **43**

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)

Other worker (for example: cleaner, factory worker, nursing assistant, warehouse worker, mechanic, driver)

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

41 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

42a What is your job title?

42b Additionally, please describe what you do in your job.

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

42c Do (or did) you supervise any employees in this job? Supervision involves overseeing the work of other employees on a day-to-day basis.

Yes

No → Go to **43**

42d And how many people do you supervise?

Number of people:

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

43 If you suddenly needed 12.000 kronor in one week, would you be able to get it?

Yes

No → Go to **45**

44 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:

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

45 What is your marital status?

- Single
- Married → Go to **47**
- Divorced
- Separated
- Widowed

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

46 Do you have a partner/husband/wife?

- Yes
- No → Go to **End**

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

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

- Yes
- No → Go to **End**

48 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

49 When was your partner/husband/wife born?

Year

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

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

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

Sweden → Go to **52**

Other country → Please specify:

51 What year did he/she move to Sweden?

Year:

--	--	--	--

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

Big city (more than 100,000 inhabitants)

Town (up to 100,000 inhabitants)

Village

Don't know

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

Swedish

Other nationality → Please specify:

Other nationality → Please specify:

Don't know

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

Sweden

Other country → Please specify:

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

Sweden

Other country



Please specify:

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

He/she doesn't have a school leaving certificate

Degree below upper secondary school

Degree from upper secondary school

University degree

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

Sweden

Other country



Please specify:

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

Age in years:

He/she is still in education.

59 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.

60 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 **63**

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)

Other worker (for example: cleaner, factory worker, nursing assistant, warehouse worker, mechanic, driver)

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

61 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

62a What is his/her job title?

62b Additionally, please describe what he/she does in his/her job.

63 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?

- None
- Compulsory school
- Upper secondary school
- College/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 Swedish?

- 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**
- Assyrian
- Bosnian
- Finnish
- Iraqi
- Iranian
- Jewish
- Croatian
- Kurdish
- Polish
- Romani
- Sami
- Serbian
- Somali
- Sweden-Finnish
- Syrian
- Tornedali
- Turkish
- 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

Your friends, your neighbourhood and your spare time

9

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 Swedish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a foreign background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Something about you and your household

10 In which country were you born?

Sweden

Other country →

Please specify:

11 In which country was your biological father born?

Sweden

Other country →

Please specify:

12 And in which country was your biological mother born?

Sweden

Other country →

Please specify:

13 How well do you think you can...

Not at all Not well Well Very well Excellently

... speak Swedish?

... understand Swedish?

... read Swedish?

...write Swedish?

14 What is your highest level of education? If you got your degree outside Sweden, please select the Swedish level that best matches your foreign degree.

I don't have a school leaving certificate

Degree below upper secondary school

Degree from upper secondary school

University degree

15 Do you have a paid job?

Yes

No

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

16 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 **18**

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)

Other worker (for example: cleaner, factory worker, nursing assistant, warehouse worker, mechanic, driver)

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

17a What is your job title?

17b Additionally, please describe what you do in your job.

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

17c Do (or did) you supervise any employees in this job? Supervision involves overseeing the work of other employees on a day-to-day basis.

Yes

No → Go to **18**

17d And how many people do you supervise?

Number of people:

Something about your partner/husband/wife

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

18 Do you have a partner/husband/wife?

Yes

No → Go to **End**

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

Sweden

Other country → Please specify:

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

He/she doesn't have a school leaving certificate

Degree below upper secondary school

Degree from upper secondary school

University degree

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

Yes

No

22a What is his/her job title?

22b Additionally, please describe what he/she does in his/her 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?

7th grade

8th grade

9th grade

Other grade



Please specify:

4 Are you male or female?

Male

Female

5 In which year were you born?

Year or birth:

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

6

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

Yes

No

7a

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

Duration in years:

7b

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

Duration in years:

7c

Have you got an exam from a teachers' college or some other university degree?

Bachelor of Education
for the Compulsory School Year 4-9

Bachelor of Education
for the Compulsory School Year 1-7

Bachelor of Education
for the Primary School

Bachelor of Education
for the Secondary School

Other teachers' degree →

Please specify:

Other college or university degree →

Please specify:

No

7d

In your job as a teacher, how often does it happen that you...

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... feel mentally exhausted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have to work in the evening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... feel strengthened or mentally satisfied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have to be in touch with the police or with social workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About the class

8a 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:

8b How many instructional hours per week do you teach these subjects in this class?

→ Instructional hours:

→ Instructional hours:

→ Instructional hours:

→ Instructional hours:

9 How many minutes does one instruction hour last?

Duration in minutes:

10 Is this school class mainly an “ordinary” class or is it in some way a special class (e.g. for students with special needs or a class consisting of gifted students)?

Ordinary class

Special



Please specify:

11 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
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swedish	<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"/>

12 Approximately how many students in this class...

... sometimes have problems to follow the curriculum?

... experience difficulties understanding spoken Swedish?

About the school

13 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"/>

14 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"/>
There is high fluctuation of teachers in this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>
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"/>
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"/>
Profanity	<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"/>

16

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 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"/>

17

Does your school have...

	Yes	No
... a library?	<input type="checkbox"/>	<input type="checkbox"/>
... computers that students can use out of class?	<input type="checkbox"/>	<input type="checkbox"/>
... a school nurse?	<input type="checkbox"/>	<input type="checkbox"/>
... a school psychologist?	<input type="checkbox"/>	<input type="checkbox"/>
... a school social worker?	<input type="checkbox"/>	<input type="checkbox"/>
... a study counsellor?	<input type="checkbox"/>	<input type="checkbox"/>

18 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 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 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"/>

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

- Very high
- High
- Medium
- Low
- Very low
- Don't know

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

- Rarely or never
- From time to time
- Fairly often
- Often
- Don't know

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire: