

ZA5353 / ZA5656

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

Wave 2

**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

Other country



Please specify:

4 How well do you think you can...

Not at all

Not well

Well

Very well

Excellently

... speak 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...

If you wrote down more than one language, answer this question about the language you speak most often (besides Swedish).

Not at all

Not well

Well

Very well

Excellently

... speak this language?

... write this language?

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"/>
... 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

9 Which school subject do you like most?

10 How often do you...

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

... argue with teacher?

... get a punishment in school (e.g., being kept in detention, being sent out of class, writing lines)?

... skip a lesson?

... come late to school?

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

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

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"/>
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"/>

17 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"/>

18 What grades did you get in your last school report?

	MVG	VG	G	IG
Math	<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"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

20 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 Sweden 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"/>

21 How much have you thought about your future education?

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

22 At your age, how important is it that you think carefully about your future education?

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

23

Where did you get information about your future education? You can tick several boxes.

I did not get any information.

Parents

Siblings

Other relatives

Classmates

Other friends

Study counsellor

Teachers

Internet

Newspapers

Open days

Career fairs

Other way →

Please specify:

Questions about your future plans

24 What are you planning to do after this school year (after the summer holidays)?

- Upper secondary school, academic track
- Upper secondary school, vocational track
- Upper secondary school, provisional track

I will not study but intend to work instead

25 Have you applied for a job already?

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

Something else



Please specify:

Don't know

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

Don't know

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

Very Fairly Not very Not at all
important important important important

That I have a high income.

That I can help people.

That I can think and solve problems.

That the risks of becoming unemployed are low.

That I can be creative.

Your feelings and attitudes

28 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.

29 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 32**
- Assyrian/Syrian
- Bosnian
- Finnish
- Iraqi
- Iranian
- Jewish
- Croatian
- Kurdish
- Polish
- Roman
- Sami
- Serbian
- Somali
- Sweden-Finnish
- Tornedali
- Turkish
- Other group → Please specify:

30 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

31 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

32 What is your religion?

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



Please specify:

33 How important is religion to you?

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

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

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

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 Swedish people should do all they can to keep their culture 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"/>

38**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

39 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"/>

40 Imagine someone offers you 500 SEK today or 1000 SEK in a year. Which one would you choose?

500 SEK today

1000 SEK in a year

Don't know

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

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

Yes

No → Go to **45**

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

Number of hours:

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

Yes

No

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

Amount in SEK:

--	--	--

45 Do you get money from your parents?

Yes, each week



--	--	--

SEK

Yes, each month



--	--	--

SEK

Yes, occasionally

No

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

Always

Often

Sometimes

Never

47 If you suddenly needed 1000 SEK by tomorrow, would you be able to get it?

Yes

No

Don't know

48 How interested are you in Swedish politics?

Very much

A lot

Quite a lot

A little

Very little or not at all

49 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.

- 51** 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. If you are adopted, answer the questions for your adoptive mother.

In which country was your biological mother born?

Sweden → Go to **54**

Other country → Please specify:

I don't know the country. → Go to **54**

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

Yes, twice or more

Yes, once

No

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

Very much

A lot

Quite a lot

A little

Very little or not at all

54

	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"/>

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

- 55** Is your mother alive?

Yes

No → Go to **57**

56

Does your mother currently have a job?

- Yes
- No
- Don't know

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

57

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

In which country was your biological father born?

Same country as my mother → Go to **60**

Sweden → Go to **60**

Other country → Please specify:

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

58

Have you visited this country during the last 12 months?

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

59

How interested are you in this country's politics?

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

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"/>

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

61

Is your father alive?

- Yes
- No → Go to **63**

62

Does your father currently have a job?

- Yes
- No
- Don't know

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

63

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

- Yes → Go to **65**
- No

64

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

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

Please specify:

65

What kind of housing do you live in?

- In an apartment
- In a townhouse/terraced house
- In a house
- In another kind of housing →

Please specify:

66

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

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

Were your grandparents (the parents of your biological parents) born in 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"/>

Your health, attitudes and views

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

	Very unsatisfied									Very satisfied
	1	2	3	4	5	6	7	8	9	10
... with your life in general?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with school in general?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Often true	Sometimes true	Rarely true	Never true
I feel very worried.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get angry easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel 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"/>

76 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...

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

78

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

Time: : **79**

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

Time: : **80**

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

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

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 do you sometimes do your homework with?

6

Who do your parents know?

7

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