

ZA5353 / ZA5656

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

Wave 3

- Basic Questionnaire -

Questions about you

1 Are you a boy or a girl?

Boy

Girl

2 When were you born?

Day

Month

Year

2_{en} What is your ethnic group?

White

English/Welsh/Scottish/Northern Irish/British

Irish

Gypsy or Irish Traveller

Any other White background →

Please specify:

Mixed/Multiple Ethnic

White and Black Caribbean

White and Black African

White and Asian

Any other mixed/multiple ethnic background →

Please specify:

Asian/Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background →

Please specify:

Black/African/Caribbean/Black British

African

Caribbean

Any other Black/African/Caribbean background →

Please specify:

Other ethnic group

Arab

Any other ethnic group →

Please specify:

3

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

<Survey country nationality>

<Nationality 1>

<Nationality 2>

<Nationality 3>

Other nationality



Please specify:

Don't know

4

How well do you think you can...

Not at all Not well Well Very well Excellently

... speak <survey country language>?

... write <survey country language>?

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

5

Is there a language other than <survey country language> spoken at your home?

Yes

No



Go to

9

6

Which language is this?

<Language 1>

<Language 2>

<Language 3>

Other language



Please specify:

7

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

Not at all Not well Well Very well Excellently

... speak this language?

... write this language?

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

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

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

- <Educational degree 1>
- <Educational degree 2>
- <Educational degree 3>
- Don't know

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

- <Educational degree 1>
- <Educational degree 2>
- <Educational degree 3>
- Don't know

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

Don't know

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

12 Thinking back to the last school year. Was there a setting system at your school?

Yes

No → Go to **14**

I did not attend school any more. → Go to **15**

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

Math:

<Survey country language>:

English:

14

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

Math:

<Survey country language>:

English:

15

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

Further education

Full-time job

Apprenticeship

Internship

Something else



Please specify:

Don't know

Your feelings and attitudes

16 Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?

Most people can be trusted.

You can't be too careful.

17 How strongly do you feel <survey country member>?

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.

18 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 only one box.

No other group → Go to **21**

<Group 1>

<Group 2>

<Group 3>

Other group → Please specify:

19 How strongly do you feel that you belong to this group?

Very strongly

Fairly strongly

Not very strongly

Not at all strongly

20 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

21**What is your religion?**No religion Buddhism Christianity Christianity: Catholic Christianity: Protestant Hinduism Islam Judaism Sikhism Other religion 

Please specify:

22**How important is religion to you?**Very important Fairly important Not very important Not at all important **23****How often do you visit a religious meeting place (e.g., 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 **24****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

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

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| The <survey country> 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 <survey country> society. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The <survey country> 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"/> |

26 How much do you agree or disagree that religious people should be allowed to...

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| ... praying at home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... dressing in a particular way? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... taking days off work or school for religious festivals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... building new religious meeting places? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Your leisure time

27 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 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"/> |
| ... do voluntary or community work? | <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.

28 Outside of the time that you spend doing your main day-to-day activity like being in school, working a full-time job, doing vocational training, do you have a side job (e.g., do a paper round, help your parents in their business, babysit)?

Yes

No → Go to **32**

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

Number of hours:

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

Yes

No

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

Amount in <currency>:

32 Do you get money from your parents?

Yes, each week → <currency>

Yes, each month → <currency>

Yes, occasionally

No

33

If you suddenly needed 90 Pounds/100 Euros/1000 SEK by tomorrow, would you be able to get it?

- Yes
- No
- Don't know

34

How interested are you in <survey country's> politics?

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

34_{sw}

Have you done any of the following during the last 12 months in order to change something or to express your opinion?

- | | Yes | No |
|--|--------------------------|--------------------------|
| Discussed political or social issues on the internet, e.g. in blogs or discussion fora | <input type="checkbox"/> | <input type="checkbox"/> |
| Been to a meeting with a (youth) political party | <input type="checkbox"/> | <input type="checkbox"/> |
| Carried badges or symbols to express an opinion | <input type="checkbox"/> | <input type="checkbox"/> |

35

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 such as hash, paddos or ecstasy pills? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

36

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.

- 37** 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?

<Survey country> → Go to **40**

<Country 1>

<Country 2>

<Country 3>

Other country → Please specify:

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

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

- 37** 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.

Was your mother born abroad?

No → Go to **40**

Yes

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

Twice a year or more

Once a year

Less than once a year

Never

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

Yes, twice or more

Yes, once

No

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

Very much

A lot

Quite a lot

A little

Very little or not at all

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

40

- | | 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"/> |



40_{ge1} Which secondary school did she complete?

- Lower secondary school
- Intermediate secondary school
- Upper secondary school

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| Did your mother complete lower/intermediate secondary school (or a similar foreign education)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did your mother complete lower secondary school (or a similar foreign education)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did your mother complete intermediate secondary school (or a similar foreign education)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did your mother complete upper 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"/> |

40_{nl}

What is your mother's highest education?

- No school degree
- Primary education
- Lower secondary education
- Higher secondary education
- Lower vocational education
- Higher vocational education
- University
- Don't know

40

Does your mother currently have a job?

- Yes
- No
- Don't know

40_{ge2}

Think about your mother's job. If she is not currently working, think about her last job. What is the name of her job? Additionally, please describe what she does in his job.

She has never worked before.

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

- 41** 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?

<Survey country> → Go to **44**

<Country 1>

<Country 2>

<Country 3>

Other country → Please specify:

I don't know the country. → Go to **44**

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

- 41** 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.

Was your father born abroad?

No → Go to **44**

Yes, in the same country as my mother → Go to **44**

Yes, but in a different country to my mother

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

Twice a year or more

Once a year

Less than once a year

Never

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

Yes, twice or more

Yes, once

No

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

Very much

A lot

Quite a lot

A little

Very little or not at all

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

44

- | | 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"/> |

44_{ge1}

Which secondary school did he complete?

- Lower secondary school
- Intermediate secondary school
- Upper secondary school

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| Did your father complete lower/intermediate secondary school (or a similar foreign education)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did your father complete lower secondary school (or a similar foreign education)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did your father complete intermediate secondary school (or a similar foreign education)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did your father complete upper 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"/> |

44_{nl}

What is your father's highest education?

- No school degree
- Primary education
- Lower secondary education
- Higher secondary education
- Lower vocational education
- Higher vocational education
- University
- Don't know

44

Does your father currently have a job?

- Yes
- No
- Don't know

44_{ge2}

Think about your father's job. If he is not currently working, think about his last job. What is the name of his job? Additionally, please describe what he does in his job.

He has never worked before.

45

With whom do you live? If you move between two homes, choose your mother's home when answering this question.

- With both biological parents
- With my biological mother and her partner
- With my biological father and his partner
- Only with my biological mother
- Only with my biological father
- In another arrangement

45_{ge}

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

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

45_{sw}

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.

46

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 **49**

47

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

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

47_{sw}

How many people in total live in this home, including yourself?

Number of people:

48

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

49

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 friends I hang out with. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My parents know the parents of the friends 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"/> |

Were your grandparents (the parents of your biological parents) born in <survey country>?

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

Questions about your friends

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

| | Almost all or all | A lot | About half | A few | None or very few |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ... a <survey country> background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... a <country 1> background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... a <country 2> background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... a <country 3> background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... another background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

51 Do you have a boyfriend/girlfriend?

Yes

No → Go to **54**

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

<Type of education 1>

<Type of education 2>

<Type of education 3>

Don't know

53 What is his/her background?

<Survey country>

<Country 1>

<Country 2>

<Country 3>

Other background →

Please specify:

54

How often do you talk...

(Please tick a box for every group.)

| | Every day | Once or several times a week | Once or several times a month | Less often | Never | I don't know people from this background. |
|---|--------------------------|------------------------------|-------------------------------|--------------------------|--------------------------|---|
| ... to people from a <survey country> background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... to people from a <country 1> background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... to people from a <country 2> background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... to people from a <country 3> background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... to people from another background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

55

Thinking about your main day-to-day activity like being in school, working a full-time-job, doing vocational training. How many of the people at your school or work are from...

(Please tick a box for every group.)

| | Almost all or all | A lot | About half | A few | None or very few |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ... a <survey country> background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... a <country 1> background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... a <country 2> background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... a <country 3> background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... another background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Your health, attitudes and views

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

| | Probably yes | Probably no | 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 living in <survey country>? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

57 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"/> |

58 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"/> |
| I have difficulties concentrating. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

59 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"/> |

60

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, cafes, 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"/> |

60

During the last 12 months, how often have you felt discriminated against or treated unfairly because of your skin color, race, ethnic background or religion...

| | 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, cafes, 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"/> |

60_{sw}

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

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|---------------------------------|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|
| 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"/> |

61

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"/> |

64 What grades did you get in your school-leaving certificate?

Maths:

German:

English:

64 What overall grade did you get in your school-leaving certificate?

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

65 What are you currently doing?

School

Apprenticeship/work-related training → Go to **71**

Working → Go to **75**

Internship

Something else

↓ → Go to **81**

Please specify:

67_{nl}Which profile do you currently follow? **Please tick all that apply.**<Profile 1> <Profile 2> <Profile 3>

68

Which grade do you currently attend?

<Grade 1> <Grade 2> <Grade 3> Other grade 

Please specify:

69

How often do you...

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

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

70

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 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"/> |
| 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"/> |

Go to **End (last page)**

Apprenticeship/work-related training

71 In which profession are you doing your apprenticeship/work-related training? Please name the exact title.

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

71_{en} Are you doing an apprenticeship?

Yes

No → Go to **73**

72 Which level or type of apprenticeship are you doing?

<Level 1>

<Level 2>

<Level 3>

Other level → Please specify:

Don't know

72_{nl1} Which sector do you currently follow?

<Sector 1>

<Sector 2>

<Sector 3>

Other Sector → Please specify:

72_{nl2} Are you following a dual or full-time apprenticeship/work-related training?

Dual apprenticeship/
work-related training (BBL)

Full-time apprenticeship/
work-related training (BOL)

Other apprenticeship/
work-related training → Please specify:

73**How long will your apprenticeship take in total?**<Duration 1> <Duration 2> <Duration 3> Other duration → Please specify:*Attention: Remember to check for a "Go to" instruction after you answer the question below.***73_{ge1}****Do you receive an additional educational degree with your apprenticeship?**Yes No → **Go to 74****73_{ge2}****Which educational degree is this?**Degree from lower secondary school Degree from intermediate secondary school Degree from upper secondary vocational school Degree from upper secondary school Other educational degree → Please specify:*Attention: Remember to check for a "Go to" instruction after you answer the question below.***74****Please tell us your monthly total income, after tax and compulsory deductions, from all sources. If you don't know exactly, please try to answer as best as you can.**

<Amount 1>

<Amount 2>

<Amount 3>

<Amount 4>

<Amount 5>

<Amount 6>

Go to**End
(last page)**

<Amount 7>

<Amount 8>

<Amount 9>

<Amount 10>

<Amount 11>

I don't want to say.

Go to**End
(last page)**

Working

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

76 Please tell us your monthly total income, after tax and compulsory deductions, from all sources. If you don't know exactly, please try to answer as best as you can.

| | | | |
|------------|--------------------------|----------------------|--------------------------|
| <Amount 1> | <input type="checkbox"/> | <Amount 7> | <input type="checkbox"/> |
| <Amount 2> | <input type="checkbox"/> | <Amount 8> | <input type="checkbox"/> |
| <Amount 3> | <input type="checkbox"/> | <Amount 9> | <input type="checkbox"/> |
| <Amount 4> | <input type="checkbox"/> | <Amount 10> | <input type="checkbox"/> |
| <Amount 5> | <input type="checkbox"/> | <Amount 11> | <input type="checkbox"/> |
| <Amount 6> | <input type="checkbox"/> | I don't want to say. | <input type="checkbox"/> |

77 What type of contract do you have for this job?

| | |
|--------------------------------------|--------------------------|
| No contract | <input type="checkbox"/> |
| Permanent contract | <input type="checkbox"/> |
| Temporary contract | <input type="checkbox"/> |
| Temporary contract for seasonal work | <input type="checkbox"/> |

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

| Month | | Year | |
|----------------------|----------------------|--------------------------------|--------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text" value="2"/> | <input type="text" value="0"/> |

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

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

| | | | | |
|-----|--------------------------|---|-------|------------------------|
| Yes | <input type="checkbox"/> | → | Go to | End (last page) |
| No | <input type="checkbox"/> | | | |

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

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

→ Go to **End (last page)**

Internship/nothing/something else

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

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

Yes

No →

Go to

End

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

End Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire:

Your friends

X Here are some questions about your friends. You can answer these questions for one to three [SW: one to five] friends. You should not count your boyfriend/girlfriend.

| 1. What is the name of this friend? | 2. ^{sw} Is this friend a boy or a girl? | 3. How old is this friend? | 4. What is his/her background? | 5. What type of education does he/she do (If he/she is no longer in school: What type of education did he/she do?) |
|--|---|---|--|--|
| Friend 1: <input style="width: 80px; height: 25px;" type="text"/> | Boy <input type="checkbox"/> Girl <input type="checkbox"/> | Age: <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> | <Survey country> <input type="checkbox"/> <Country 1> <input type="checkbox"/> <Country 2> <input type="checkbox"/> <Country 3> <input type="checkbox"/> Other background <input type="checkbox"/> → Please specify: <input style="width: 100px; height: 25px;" type="text"/> | <Type of education 1> <input type="checkbox"/> <Type of education 2> <input type="checkbox"/> <Type of education 3> <input type="checkbox"/> |
| Friend 2: <input style="width: 80px; height: 25px;" type="text"/> | Boy <input type="checkbox"/> Girl <input type="checkbox"/> | Age: <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> | <Survey country> <input type="checkbox"/> <Country 1> <input type="checkbox"/> <Country 2> <input type="checkbox"/> <Country 3> <input type="checkbox"/> Other background <input type="checkbox"/> → Please specify: <input style="width: 100px; height: 25px;" type="text"/> | <Type of education 1> <input type="checkbox"/> <Type of education 2> <input type="checkbox"/> <Type of education 3> <input type="checkbox"/> |
| Friend 3: <input style="width: 80px; height: 25px;" type="text"/> | Boy <input type="checkbox"/> Girl <input type="checkbox"/> | Age: <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> | <Survey country> <input type="checkbox"/> <Country 1> <input type="checkbox"/> <Country 2> <input type="checkbox"/> <Country 3> <input type="checkbox"/> Other background <input type="checkbox"/> → Please specify: <input style="width: 100px; height: 25px;" type="text"/> | <Type of education 1> <input type="checkbox"/> <Type of education 2> <input type="checkbox"/> <Type of education 3> <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 are the most popular students in this class?
Here you may write down no more than five numbers.

3 Who do you often spend time with outside of school?
From now on you can write as many numbers as you like.

4 Who is sometimes mean to you?
