

ZA5353 / ZA5656

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

Wave 3

**Field Questionnaire
Netherlands (English Translation)**

Questions about you

1 Are you a boy or a girl?

Boy

Girl

2 When were you born?

Day

Month

Year

3 How well do you think you can...

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

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

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

Yes

No → Go to **8**

5 Which language is this?

Turkish

Arabic

Berbers

English

Hindi/Hindustani

Other language → Please specify:

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

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

7**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"/>

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

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

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

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

10**What occupation would you like to have as an adult? Please name only one occupation and give the exact title.****11****What grades did you get in your last school report in the following subjects?**

- Math:
- Dutch:
- English:

What are you planning to do after this school year (after the summer holidays 2013)? Please tick only one box.

Intermediate secondary school, year 4 (HAVO 4)

Intermediate secondary school, year 5 (HAVO 5)

Upper secondary school, year 4
(VWO/gymnasium 4)

Upper secondary school, year 5
(VWO/gymnasium 5)

Upper secondary school, year 6
(VWO/gymnasium 6)

Apprenticeship

Lower tertiary school (MBO-opleiding)

Working

Don't know

Something else



Please specify:

Your feelings and attitudes

13 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.

14 How strongly do you feel Dutch?

Very strongly

Fairly strongly

Not very strongly

Not at all strongly

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

15 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 18**

Turkish

Kurdish

Moroccan

Berbers

Surinamese

Hindu

Creole

Javan

Chinese

Curacao

Aruban

Antillean

Indonesians

Other group → Please specify:

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

Very strongly

Fairly strongly

Not very strongly

Not at all strongly

17 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

18 What is your religion?

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



Please specify:

19 How important is religion to you?

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

20 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

21 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

Your leisure time

22 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.

23 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 **27**

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

Number of hours:

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

Yes

No

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

Amount in Euros:

27 Do you get money from your parents?

Yes, each week → Euros

Yes, each month → Euros

Yes, occasionally

No

28

How interested are you in Dutch politics?

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

29

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"/>

30

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.

- 31** 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 in the Netherlands?

Yes → Go to **34**
No

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

Yes, twice or more
Yes, once
No

- 33** 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

- 34** 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

- 35** Does your mother currently have a job?

Yes
No

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

36 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 in the Netherlands?

Yes → Go to **39**
No

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

Yes, twice or more
Yes, once
No

38 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

39 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

40 Does your father currently have a job?

Yes
No

41

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

42

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 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"/>

Questions about your friends

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

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

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

44 Do you have a boyfriend/girlfriend?

Yes

No → Go to **47**

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

- VMBO-basis
- VMBO-kader
- VMBO-gt
- VMBO-t
- HAVO
- VWO
- MBO
- HBO
- University
- Don't know

46 What is his/her background?

Dutch

Turkish

Moroccan

Surinamese

Antillean

Other background →

Please specify:

47

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 Dutch background?	<input type="checkbox"/>				
... a Turkish background?	<input type="checkbox"/>				
... a Moroccan background?	<input type="checkbox"/>				
... a Surinamese/ Antillean background?	<input type="checkbox"/>				
... another background?	<input type="checkbox"/>				

Your health, attitudes and views

48 When you are 30 years old, do you think you will be living in the Netherlands?

- Probably yes
- Probably no
- Don't know

49 On a scale from 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"/>									

50 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"/>

51 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	Sometimes	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"/>

52 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"/>				
Divorce	<input type="checkbox"/>				
Abortion	<input type="checkbox"/>				
Homosexuality	<input type="checkbox"/>				

Your current situation

54 Have you graduated during the last school year?

Yes, from VMBO

No, (I still attend HAVO or I have not graduated yet from VMBO)

Yes, from another school

→ Please specify:

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

55 What are you currently doing?

General educational school

Vocational school



Go to

68

Working



Go to

62

Something else



Please specify:



Go to

End (last page)

School

56 Are you attending the same school as last year?

Yes

No

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

57 Which school type do you currently attend?

VMBO-basis	<input type="checkbox"/>	}	→	59	HAVO	<input type="checkbox"/>
VMBO-kader	<input type="checkbox"/>				VWO	<input type="checkbox"/>
VMBO-gt	<input type="checkbox"/>				Gymnasium	<input type="checkbox"/>
VMBO-t	<input type="checkbox"/>					

58 Which profile do you currently follow? Please tick all that apply.

Nature and health	<input type="checkbox"/>
Nature and technology	<input type="checkbox"/>
Economics and society	<input type="checkbox"/>
Culture and society	<input type="checkbox"/>

59 Which grade do you currently attend?

4th grade

5th grade

Other grade



Please specify:

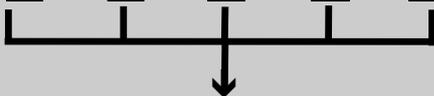
60 How often do you...

	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.

61 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)**

Working

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

63 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.

- | | | | |
|----------------|--------------------------|----------------------|--------------------------|
| 0-200 Euro | <input type="checkbox"/> | 1201-1400 Euro | <input type="checkbox"/> |
| 201-400 Euro | <input type="checkbox"/> | 1401-1600 Euro | <input type="checkbox"/> |
| 401-600 Euro | <input type="checkbox"/> | 1601-1800 Euro | <input type="checkbox"/> |
| 601-800 Euro | <input type="checkbox"/> | 1801-2000 Euro | <input type="checkbox"/> |
| 801-1000 Euro | <input type="checkbox"/> | More than 2000 Euro | <input type="checkbox"/> |
| 1001-1200 Euro | <input type="checkbox"/> | I don't want to say. | <input type="checkbox"/> |

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

- No contract
- Permanent contract
- Temporary contract
- Temporary contract for seasonal work

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

Month		Year			
<input type="text"/>					

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

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

- Yes → **Go to** **End (last page)**
- No

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

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

→ **Go to** **End (last page)**

Apprenticeship/work-related training

68 Which level or type of apprenticeship are you doing?

Level 1

Level 2

Level 3

Level 4

69 Which sector do you currently follow?

Agriculture

Economy

Technology

Care and well-being

ICT

70 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:

End

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 three friends. You should not count your boyfriend/girlfriend.

1. What is the name of this friend?	2. How old is this friend?	3. What is his/her background?	4. What type of education does he/she do? (If he/she is no longer in school: What type of education did he/she do?)
Friend 1: <input style="width: 80px; height: 25px;" type="text"/>	Age: <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>	Dutch <input type="checkbox"/> Turkish <input type="checkbox"/> Moroccan <input type="checkbox"/> Surinamese <input type="checkbox"/> Antillean <input type="checkbox"/> Other background <input type="checkbox"/>	vmbo-basis <input type="checkbox"/> havo <input type="checkbox"/> vmbo-kader <input type="checkbox"/> vwo <input type="checkbox"/> vmbo-gt <input type="checkbox"/> mbo <input type="checkbox"/> vmbo-t <input type="checkbox"/> hbo <input type="checkbox"/> university <input type="checkbox"/>
Friend 2: <input style="width: 80px; height: 25px;" type="text"/>	Age: <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>	Dutch <input type="checkbox"/> Turkish <input type="checkbox"/> Moroccan <input type="checkbox"/> Surinamese <input type="checkbox"/> Antillean <input type="checkbox"/> Other background <input type="checkbox"/>	vmbo-basis <input type="checkbox"/> havo <input type="checkbox"/> vmbo-kader <input type="checkbox"/> vwo <input type="checkbox"/> vmbo-gt <input type="checkbox"/> mbo <input type="checkbox"/> vmbo-t <input type="checkbox"/> hbo <input type="checkbox"/> university <input type="checkbox"/>
Friend 3: <input style="width: 80px; height: 25px;" type="text"/>	Age: <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>	Dutch <input type="checkbox"/> Turkish <input type="checkbox"/> Moroccan <input type="checkbox"/> Surinamese <input type="checkbox"/> Antillean <input type="checkbox"/> Other background <input type="checkbox"/>	vmbo-basis <input type="checkbox"/> havo <input type="checkbox"/> vmbo-kader <input type="checkbox"/> vwo <input type="checkbox"/> vmbo-gt <input type="checkbox"/> mbo <input type="checkbox"/> vmbo-t <input type="checkbox"/> hbo <input type="checkbox"/> university <input type="checkbox"/>

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?

Questions about you

1 When were you born?

Day		Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>	<input type="text" value="9"/>

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

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

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

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

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

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

- Math:
- Dutch:
- English:

6

What are you planning to do after this school year (after the summer holidays 2013)? Please tick only one box.

Intermediate secondary school, year 4 (HAVO 4)

Intermediate secondary school, year 5 (HAVO 5)

Upper secondary school, year 4
(VWO/gymnasium 4)

Upper secondary school, year 5
(VWO/gymnasium 5)

Upper secondary school, year 6
(VWO/gymnasium 6)

Apprenticeship

Lower tertiary school (MBO-opleiding)

Working

Don't know

Something else



Please specify:

7

How well do you think you can...

Not at all Not well Well Very well Excellently

... speak Dutch?

... write Dutch?

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

8

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

Yes

No



Go to

12

9

Which language is this?

Turkish

Arabic

Berbers

English

Hindi/Hindustani

Other language



Please specify:

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

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

11 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"/>

Your feelings and attitudes

12 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.

13 How strongly do you feel Dutch?

Very strongly

Fairly strongly

Not very strongly

Not at all strongly

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

14 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 18**

Turkish

Kurdish

Moroccan

Berbers

Surinamese

Hindu

Creole

Javan

Chinese

Curacao

Aruban

Antillean

Indonesians

Other group → Please specify:

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

Very strongly

Fairly strongly

Not very strongly

Not at all strongly

16 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

17 What is your religion?

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



Please specify:

18 How important is religion to you?

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

19 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

20 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

Your leisure time

21 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"/>
... 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.

22 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 **26**

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

Number of hours:

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

Yes

No

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

Amount in Euros:

26 Do you get money from your parents?

Yes, each week → Euros

Yes, each month → Euros

Yes, occasionally

No

27 How interested are you in Dutch politics?

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

28 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"/>

29 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.

- 30** 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 in the Netherlands?

Yes → Go to **33**
No

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

Yes, twice or more
Yes, once
No

- 32** 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

- 33** 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

- 34** Does your mother currently have a job?

Yes
No

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

35 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 in the Netherlands?

Yes → Go to **38**
No

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

Yes, twice or more
Yes, once
No

37 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

38 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

39 Does your father currently have a job?

Yes
No

40

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

41

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 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"/>

Questions about your friends

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

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

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

43 Do you have a boyfriend/girlfriend?

Yes

No → Go to **46**

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

- VMBO-basis
- VMBO-kader
- VMBO-gt
- VMBO-t
- HAVO
- VWO
- MBO
- HBO
- University
- Don't know

45 What is his/her background?

Dutch

Turkish

Moroccan

Surinamese

Antillean

Other background → Please specify:

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 Dutch background?	<input type="checkbox"/>				
... a Turkish background?	<input type="checkbox"/>				
... a Moroccan background?	<input type="checkbox"/>				
... a Surinamese/ Antillean background?	<input type="checkbox"/>				
... another background?	<input type="checkbox"/>				

Your health, attitudes and views

47 When you are 30 years old, do you think you will be living in the Netherlands?

- Probably yes
- Probably no
- Don't know

48 On a scale from 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"/>									

49 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"/>

50 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	Sometimes	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"/>

51 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"/>				
Divorce	<input type="checkbox"/>				
Abortion	<input type="checkbox"/>				
Homosexuality	<input type="checkbox"/>				

Your current situation

53 Have you graduated during the last school year?

- Yes, from VMBO
- No, (I still attend HAVO
or I have not graduated yet from VMBO)
- Yes, from another school

→ Please specify:

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

54 What are you currently doing?

General educational school

Vocational school



Go to

67

Working



Go to

61

Something else



Please specify:



Go to

End (last page)

School

55 Are you attending the same school as last year?

Yes
 No

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

56 Which school type do you currently attend?

VMBO-basis	<input type="checkbox"/>					HAVO	<input type="checkbox"/>
VMBO-kader	<input type="checkbox"/>	} } } } →	} } } } →	59		VWO	<input type="checkbox"/>
VMBO-gt	<input type="checkbox"/>			Gymnasium	<input type="checkbox"/>		
VMBO-t	<input type="checkbox"/>						
	<input type="checkbox"/>						

57 Which profile do you currently follow? Please tick all that apply.

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

58 Which grade do you currently attend?

4th grade
 5th grade
 Other grade → Please specify:

59 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.

60 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)**

Working

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

62 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.

- | | | | |
|----------------|--------------------------|----------------------|--------------------------|
| 0-200 Euro | <input type="checkbox"/> | 1201-1400 Euro | <input type="checkbox"/> |
| 201-400 Euro | <input type="checkbox"/> | 1401-1600 Euro | <input type="checkbox"/> |
| 401-600 Euro | <input type="checkbox"/> | 1601-1800 Euro | <input type="checkbox"/> |
| 601-800 Euro | <input type="checkbox"/> | 1801-2000 Euro | <input type="checkbox"/> |
| 801-1000 Euro | <input type="checkbox"/> | More than 2000 Euro | <input type="checkbox"/> |
| 1001-1200 Euro | <input type="checkbox"/> | I don't want to say. | <input type="checkbox"/> |

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

- No contract
- Permanent contract
- Temporary contract
- Temporary contract for seasonal work

64 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"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

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

- Yes → **Go to** **End (last page)**
- No

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

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

→ **Go to** **End (last page)**

Apprenticeship/work-related training

67 Which level or type of apprenticeship are you doing?

Level 1

Level 2

Level 3

Level 4

68 Which sector do you currently follow?

Agriculture

Economy

Technology

Care and well-being

ICT

69 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:

End

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire:

Questions about you

1 Have you graduated during the last school year?

- Yes, from VMBO
- No, (I still attend HAVO or I have not graduated yet from VMBO)

Yes, from another school

→ Please specify:

2 What are you currently doing?

General educational school

Vocational school

Working

Something else

→ Please specify:

3 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

4 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.

5 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"/>

6

On a scale from 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"/>										
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

End

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire:

Questions about you

1 Are you a boy or a girl?

Boy

Girl

2 When were you born?

Day

Month

Year

3 How well do you think you can...

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

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

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

Yes

No → Go to **8**

5 Which language is this?

Turkish

Arabic

Berbers

English

Hindi/Hindustani

Other language → Please specify:

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

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

7

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"/>

8What is the highest level of education you wish to get?

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

9And what is the highest level of education that you think you will actually get?

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

10

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

11

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

- Math:
- Dutch:
- English:

What are you planning to do after this school year (after the summer holidays 2013)? Please tick only one box.

Intermediate secondary school, year 4 (HAVO 4)

Intermediate secondary school, year 5 (HAVO 5)

Upper secondary school, year 4
(VWO/gymnasium 4)

Upper secondary school, year 5
(VWO/gymnasium 5)

Upper secondary school, year 6
(VWO/gymnasium 6)

Apprenticeship

Lower tertiary school (MBO-opleiding)

Working

Don't know

Something else



Please specify:

Your feelings and attitudes

13 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.

14 How strongly do you feel Dutch?

Very strongly

Fairly strongly

Not very strongly

Not at all strongly

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

15 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 18**

Turkish

Kurdish

Moroccan

Berbers

Surinamese

Hindu

Creole

Javan

Chinese

Curacao

Aruban

Antillean

Indonesians

Other group → Please specify:

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

Very strongly

Fairly strongly

Not very strongly

Not at all strongly

17 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

18 What is your religion?

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



Please specify:

19 How important is religion to you?

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

20 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
- Everyday

21 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

Your leisure time

22 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.

23 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 **27**

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

Number of hours:

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

Yes

No

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

Amount in Euros:

27 Do you get money from your parents?

Yes, each week → Euros

Yes, each month → Euros

Yes, occasionally

No

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

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

29**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"/>

30**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.

- 31** 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 in the Netherlands?

Yes → Go to **34**
No

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

Yes, twice or more
Yes, once
No

- 33** 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

- 34** 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

- 35** Does your mother currently have a job?

Yes
No

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

36 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 in the Netherlands?

Yes → Go to **39**
No

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

Yes, twice or more
Yes, once
No

38 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

39 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

40 Does your father currently have a job?

Yes
No

41

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

42

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 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"/>

Questions about your friends

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

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

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

44 Do you have a boyfriend/girlfriend?

Yes

No → Go to **47**

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

- VMBO-basis
- VMBO-kader
- VMBO-gt
- VMBO-t
- HAVO
- VWO
- MBO
- HBO
- University
- Don't know

46 What is his/her background?

Dutch

Turkish

Moroccan

Surinamese

Antillean

Other background →

Please specify:

47

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 Dutch background?	<input type="checkbox"/>				
... a Turkish background?	<input type="checkbox"/>				
... a Moroccan background?	<input type="checkbox"/>				
... a Surinamese/ Antillean background?	<input type="checkbox"/>				
... another background?	<input type="checkbox"/>				

Your health, attitudes and views

48 When you are 30 years old, do you think you will be living in the Netherlands?

- Probably yes
- Probably no
- Don't know

49 On a scale from 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"/>									

50 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"/>

51 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	Sometimes	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"/>

52 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"/>				
Divorce	<input type="checkbox"/>				
Abortion	<input type="checkbox"/>				
Homosexuality	<input type="checkbox"/>				

Your current situation

54 Have you graduated during the last school year?

- Yes, from VMBO
- No (I still attend HAVO or
I have not graduated yet from VMBO)
- Yes, from another school

→ Please specify:

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

55 What are you currently doing?

General educational school

Vocational school



Go to

68

Working



Go to

62

Something else



Please specify:



Go to

End (last page)

56 Are you attending the same school as last year?

Yes
No

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

57 Which school type do you currently attend?

VMBO-basis	<input type="checkbox"/>	}	→	59	HAVO	<input type="checkbox"/>
VMBO-kader	<input type="checkbox"/>				VWO	<input type="checkbox"/>
VMBO-gt	<input type="checkbox"/>				Gymnasium	<input type="checkbox"/>
VMBO-t	<input type="checkbox"/>					

58 Which profile do you currently follow? Please tick all that apply.

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

59 Which grade do you currently attend?

4th grade
5th grade
Other grade → Please specify:

60 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.

61 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)**

Working

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

63 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.

- | | | | |
|----------------|--------------------------|----------------------|--------------------------|
| 0-200 Euro | <input type="checkbox"/> | 1201-1400 Euro | <input type="checkbox"/> |
| 201-400 Euro | <input type="checkbox"/> | 1401-1600 Euro | <input type="checkbox"/> |
| 401-600 Euro | <input type="checkbox"/> | 1601-1800 Euro | <input type="checkbox"/> |
| 601-800 Euro | <input type="checkbox"/> | 1801-2000 Euro | <input type="checkbox"/> |
| 801-1000 Euro | <input type="checkbox"/> | More than 2000 Euro | <input type="checkbox"/> |
| 1001-1200 Euro | <input type="checkbox"/> | I don't want to say. | <input type="checkbox"/> |

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

- No contract
- Permanent contract
- Temporary contract
- Temporary contract for seasonal work

65 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"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

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

- Yes → **Go to** **End (last page)**
- No

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

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

<input type="text"/>	→ Go to End (last page)
----------------------	---------------------------------------

Apprenticeship/work-related training

68 Which level or type of apprenticeship are you doing?

Level 1

Level 2

Level 3

Level 4

69 Which sector do you currently follow?

Agriculture

Economy

Technology

Care and well-being

ICT

70 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:

Questions about you

1 Are you a boy or a girl?

Boy

Girl

2 When were you born?

Day

Month

Year

3 How well do you think you can...

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

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

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

Yes

No → Go to **8**

5 Which language is this?

Turkish

Arabic

Berbers

English

Hindi /Hindustanii

Other language → Please specify:

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

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

7

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"/>

8What is the highest level of education you wish to get?

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

9And what is the highest level of education that you think you will actually get?

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

10

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

11

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

- Math:
- Dutch:
- English:

What are you planning to do after this school year (after the summer holidays 2013)? Please tick only one box.

Intermediate secondary school, year 4
(HAVO 4)

Intermediate secondary school, year 5
(HAVO 5)

Upper secondary school, year 4
(VWO/gymnasium 4)

Upper secondary school, year 5
(VWO/gymnasium 5)

Upper secondary school, year 6
(VWO/gymnasium 6)

Lower tertiary school
(MBO-opleiding)

Apprenticeship

Working

Don't know

Something else



Please specify:

Your feelings and attitudes

13 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.

14 How strongly do you feel Dutch?

Very strongly

Fairly strongly

Not very strongly

Not at all strongly

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

15 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 18**

Turkish

Kurdish

Moroccan

Berbers

Surinamese

Hindu

Creole

Javan

Chinese

Curacao

Aruban

Antillean

Indonesians

Other group → Please specify:

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

Very strongly

Fairly strongly

Not very strongly

Not at all strongly

17 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

18 What is your religion?

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



Please specify:

19 How important is religion to you?

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

20 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

21 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

Your leisure time

22 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.

23 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 **27**

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

Number of hours:

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

Yes

No

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

Amount in Euros:

27 Do you get money from your parents?

Yes, each week → Euros

Yes, each month → Euros

Yes, occasionally

No

28

How interested are you in the Dutch politics?

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

29

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"/>

30

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.

- 31** 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 in the Netherlands?

Yes → Go to **34**
No

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

Yes, twice or more
Yes, once
No

- 33** 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

- 34** 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

- 35** Does your mother currently have a job?

Yes
No

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

36 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 in the Netherlands?

Yes → Go to **39**
No

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

Yes, twice or more
Yes, once
No

38 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

39 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

40 Does your father currently have a job?

Yes
No

41

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

42

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 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"/>

Questions about your friends

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

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

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

44 Do you have a boyfriend/girlfriend?

Yes

No → **Go to 47**

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

VMBO-basis

VMBO-kader

VMBO-gt

VMBO-t

HAVO

VWO

MBO

HBO

University

Don't know

46 What is his/her background?

Dutch

Turkish

Moroccan

Surinamese

Antillean

Other background → Please specify:

47

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 Dutch background?	<input type="checkbox"/>				
... a Turkish background?	<input type="checkbox"/>				
... a Moroccan background?	<input type="checkbox"/>				
... a Surinamese/ Antillean background?	<input type="checkbox"/>				
... another background?	<input type="checkbox"/>				

Your health, attitudes and views

48 When you are 30 years old, do you think you will be living in the Netherlands?

- Probably yes
- Probably no
- Don't know

49 On a scale from 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"/>									

50 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"/>

51 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	Sometimes	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"/>

52 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"/>				
Divorce	<input type="checkbox"/>				
Abortion	<input type="checkbox"/>				
Homosexuality	<input type="checkbox"/>				

Your current situation

54 Have you graduated during the last school year?

- Yes, from VMBO
- No (I still attend HAVO or I have not graduated yet from VMBO)
- Yes, from another school

→ Please specify:

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

55 What are you currently doing?

General educational school

Vocational school



Go to 68

Working



Go to 62

Something else



Please specify:



Go to End (last page)

56 Are you attending the same school as last year?

Yes

No

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

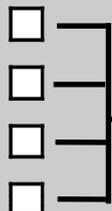
57 Which school type do you currently attend?

VMBO-basis

VMBO-kader

VMBO-gt

VMBO-t



59

HAVO

VWO

Gymnasium

58

Which profile do you currently follow? Please tick all that apply.

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

59

Which grade do you currently attend?

- 4th grade
- 5th grade
- Other grade → Please specify:

60

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.

61

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)

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

63 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.

- | | | | |
|----------------|--------------------------|----------------------|--------------------------|
| 0-200 Euro | <input type="checkbox"/> | 1201-1400 Euro | <input type="checkbox"/> |
| 201-400 Euro | <input type="checkbox"/> | 1401-1600 Euro | <input type="checkbox"/> |
| 401-600 Euro | <input type="checkbox"/> | 1601-1800 Euro | <input type="checkbox"/> |
| 601-800 Euro | <input type="checkbox"/> | 1801-2000 Euro | <input type="checkbox"/> |
| 801-1000 Euro | <input type="checkbox"/> | More than 2000 Euro | <input type="checkbox"/> |
| 1001-1200 Euro | <input type="checkbox"/> | I don't want to say. | <input type="checkbox"/> |

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

- No contract
- Permanent contract
- Temporary contract
- Temporary contract for seasonal work

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

Month		Year			
<input type="text"/>					

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

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

- Yes → **Go to** **End (last page)**
- No

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

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

→ **Go to** **End (last page)**

68**Which level or type of apprenticeship are you doing?**

- Level 1
 - Level 2
 - Level 3
 - Level 4
-

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

- Agriculture
 - Economy
 - Technology
 - Care and well-being
 - ICT
-

70**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
-

End

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire: