

**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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... write Dutch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... write this language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7

In this language, how often do you...

Always   Often   Sometimes   Never

... talk to your family?

☐☐☐☐

... watch TV?

☐☐☐☐

... talk to friends?

☐☐☐☐

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  
dayOnce or  
several  
times a  
weekOnce or  
several  
times a  
monthLess  
often

Never

... have a hot meal?

☐☐☐☐☐

... drink alcohol?

☐☐☐☐☐

... do sports or go to the gym?

☐☐☐☐☐

... smoke cigarettes?

☐☐☐☐☐

... eat breakfast?

☐☐☐☐☐

... use drugs such as hash, paddos or ecstasy pills?

☐☐☐☐☐

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?

☐☐

Stolen something from a shop/from someone else?

☐☐

Carried a knife or weapon?

☐☐

Been very drunk?

☐☐

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

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

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

## 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"/>	<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"/>

**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"/>	<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"/>

53

Please rate how you feel about the following Dutch groups on a scale that runs from 0 to 100. The higher the number, the more positive you feel, and the lower the number, the more negative you feel towards this group. (Please tick a box for every group.)

[illegible]

**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"/>		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?

4 <sup>th</sup> grade	<input type="checkbox"/>
5 <sup>th</sup> grade	<input type="checkbox"/>
Other grade	<input type="checkbox"/>



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	<input type="checkbox"/>
Permanent contract	<input type="checkbox"/>
Temporary contract	<input type="checkbox"/>
Temporary contract for seasonal work	<input type="checkbox"/>

**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	<input type="checkbox"/>	→	Go to	<b>End (last page)</b>
No	<input type="checkbox"/>			

*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	<b>End (last page)</b>
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## 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 type="text"/>	Age: <input type="text"/> <input 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 type="text"/>	Age: <input type="text"/> <input 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 type="text"/>	Age: <input type="text"/> <input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... write this language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

## Your feelings and attitudes

**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  
dayOnce or  
several  
times a  
weekOnce or  
several  
times a  
monthLess  
often

Never

... have a hot meal?

☐☐☐☐☐

... drink alcohol?

☐☐☐☐☐

... do sports or go to the gym?

☐☐☐☐☐

... smoke cigarettes?

☐☐☐☐☐

... eat breakfast?

☐☐☐☐☐

... use drugs such as hash, paddos or ecstasy pills?

☐☐☐☐☐

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?

☐☐

Stolen something from a shop/from someone else?

☐☐

Carried a knife or weapon?

☐☐

Been very drunk?

☐☐

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

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

**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:

46

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



## 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**49** 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"/>	<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"/>



## 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 ☐

VMBO-kader ☐

VMBO-gt ☐

VMBO-t ☐

**59**

HAVO ☐

VWO ☐

Gymnasium ☐

**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?

4<sup>th</sup> grade ☐

5<sup>th</sup> 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	<input type="checkbox"/>
Permanent contract	<input type="checkbox"/>
Temporary contract	<input type="checkbox"/>
Temporary contract for seasonal work	<input type="checkbox"/>

**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	<input type="checkbox"/>	→	Go to	<b>End (last page)</b>
No	<input type="checkbox"/>			

*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"/>	<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"/>

**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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... write Dutch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... write this language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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"/>

**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, 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  
dayOnce or  
several  
times a  
weekOnce or  
several  
times a  
monthLess  
often

Never

... have a hot meal?

☐☐☐☐☐

... drink alcohol?

☐☐☐☐☐

... do sports or go to the gym?

☐☐☐☐☐

... smoke cigarettes?

☐☐☐☐☐

... eat breakfast?

☐☐☐☐☐

... use drugs such as hash, paddos or ecstasy pills?

☐☐☐☐☐

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?

☐☐

Stolen something from a shop/from someone else?

☐☐

Carried a knife or weapon?

☐☐

Been very drunk?

☐☐

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

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

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

## 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"/>	<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"/>

**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"/>	<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"/>





## 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 ☐

Working ☐

Something else ☐



Please specify:

→ Go to

**68**

**62**

**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?

4<sup>th</sup> grade ☐

5<sup>th</sup> 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? ☐ ☐ ☐ ☐ ☐

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

... skip a lesson? ☐ ☐ ☐ ☐ ☐

... come late to school? ☐ ☐ ☐ ☐ ☐

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	<input type="checkbox"/>
Permanent contract	<input type="checkbox"/>
Temporary contract	<input type="checkbox"/>
Temporary contract for seasonal work	<input type="checkbox"/>

**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	<input type="checkbox"/>	→	Go to	<b>End (last page)</b>
No	<input type="checkbox"/>			

*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:

## Questions about you

1 Are you a boy or a girl?

Boy ☐  
Girl ☐

2 When were you born?

Day                      Month                      Year  
                                              
*1 9*

3 How well do you think you can...

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

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

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... write this language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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"/>

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

No degree	<input type="checkbox"/>
VMBO	<input type="checkbox"/>
HAVO	<input type="checkbox"/>
VWO	<input type="checkbox"/>
MBO	<input type="checkbox"/>
HBO	<input type="checkbox"/>
University degree	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

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

No degree	<input type="checkbox"/>
VMBO	<input type="checkbox"/>
HAVO	<input type="checkbox"/>
VWO	<input type="checkbox"/>
MBO	<input type="checkbox"/>
HBO	<input type="checkbox"/>
University degree	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

**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:	<input type="text"/>
Dutch:	<input type="text"/>
English:	<input type="text"/>

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  
dayOnce or  
several  
times a  
weekOnce or  
several  
times a  
monthLess  
often

Never

... have a hot meal?

☐☐☐☐☐

... drink alcohol?

☐☐☐☐☐

... do sports or go to the gym?

☐☐☐☐☐

... smoke cigarettes?

☐☐☐☐☐

... eat breakfast?

☐☐☐☐☐

... use drugs such as hash, paddos or ecstasy pills?

☐☐☐☐☐

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?

☐☐

Stolen something from a shop/from someone else?

☐☐

Carried a knife or weapon?

☐☐

Been very drunk?

☐☐

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

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

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

## Your health, attitudes and views

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

Probably yes	<input type="checkbox"/>
Probably no	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

**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"/>	<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"/>	

**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	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"/>

**52** 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"/>

53

Please rate how you feel about the following Dutch groups on a scale that runs from 0 to 100. The higher the number, the more positive you feel, and the lower the number, the more negative you feel towards this group. (Please tick a box for every group.)

[illegible]

## 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?

- 4<sup>th</sup> grade ☐
- 5<sup>th</sup> 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	<input type="checkbox"/>
Permanent contract	<input type="checkbox"/>
Temporary contract	<input type="checkbox"/>
Temporary contract for seasonal work	<input type="checkbox"/>

**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	<input type="checkbox"/>	→	Go to	<b>End (last page)</b>
No	<input type="checkbox"/>			

*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)**

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**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: