

ZA5353 / ZA5656

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

Wave 3

**Field Questionnaire
Sweden (English Translation)**

Questions about you

1 Are you a boy or a girl?

Boy

Girl

2 When were you born?

Day

Month

Year

3 How well do you think you can...

Not at all Not well Well Very well Excellently

... speak Swedish?

... write Swedish?

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

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

Yes

No → Go to **8**

5 Which language is this?

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

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

Not at all Not well Well Very well Excellently

... speak this language?

... write this language?

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

Always Often Some-times Never

... talk to your family?

... watch TV?

... talk to friends?

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

- None
 - Compulsory School
 - Upper Secondary School
 - College/University degree
 - Don't know
-

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

- None
 - Compulsory School
 - Upper Secondary School
 - College/University degree
 - Don't know
-

10**What occupation would you like to have as an adult? Please name only one occupation and give the exact title.**Don't know

Your feelings and beliefs

11 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.

12 How strongly do you feel Swedish?

Very strongly

Fairly strongly

Not very strongly

Not at all strongly

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

13 Some people feel that they belong to other groups, too. Which, if any, of the following groups do you feel you belong to? Please tick all that apply.

No other group → **Go to 16**

Assyrian/Syrian

Bosnian

Finnish

Iraqi

Iranian

Jewish

Croatian

Kurdish

Polish

Roman

Sami

Serbian

Somali

Sweden-Finnish

Tornedali

Turkish

Other group → Please specify:

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

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

15 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

16 What is your religion?

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



Please specify:

17 How important is religion to you?

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

18 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

19 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

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

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

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

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

Your leisure time

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 SEK:

27 Do you get money from your parents?

Yes, each week → SEK

Yes, each month → SEK

Yes, occasionally

No

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

- Yes
- No
- Don't know

29 How interested are you in Swedish politics?

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

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

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

31 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"/> |

32 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.

- 33** The following questions are about your biological mother. If she is no longer alive or if you are not in touch with her, please answer the questions as best as you can. (If you are adopted, answer the questions for your adoptive mother.)

In which country was your biological mother born?

Sweden → Go to **36**

Other country → Please specify:

I don't know the country. → Go to **36**

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

Yes, twice or more

Yes, once

No

- 35** 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

36

	Yes	No	Don't know
Did your mother complete primary school (or a similar foreign education)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your mother complete secondary school (or a similar foreign education)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your mother complete university?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your mother currently have a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

In which country was your biological father born?

Sweden → Go to **40**

Other country → Please specify:

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

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

Yes, twice or more

Yes, once

No

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

Very much

A lot

Quite a lot

A little

Very little or not at all

40

Yes No Don't know

Did your father complete primary school (or a similar foreign education)?

Did your father complete secondary school (or a similar foreign education)?

Did your father complete university?

Does your father currently have a job?

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

41 With whom do you live? If you are adopted, count both your biological and adoptive parents. If you move between two homes, choose your mother's home when answering this question. We will then ask you if you live in a second home and who lives there.

With both biological parents → Go to **47** but answer Q42 first

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 → Go to **48** but answer Q42 first

42 How many people in total live in your home, including yourself?

Number of people:

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

43 Do you also live in another home on a regular basis? By this, we mean at least once every week or once every other week.

Yes

No → Go to **47**

44 Who lives in this second home? Please tick all that apply. (If you are adopted, count both your biological and adoptive parents.)

Biological mother

Biological father

Mother's partner

Father's partner

Other family members

Other persons

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

Number of people:

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

More than half the time

About half the time

Less than half the time

Almost never

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My parents say that I must tell them everything that I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents want to know the parents of the friends I hang out with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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

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

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

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

49 Do you have a boyfriend/girlfriend?

Yes

No → **Go to 52**

50 What type of education does he/she do?

Compulsory school	<input type="checkbox"/>	
Upper secondary school, academic track	<input type="checkbox"/>	
Upper secondary school, vocational track	<input type="checkbox"/>	
Upper secondary school, introductory track	<input type="checkbox"/>	
College/University	<input type="checkbox"/>	
He/she does not attend school but works.	<input type="checkbox"/>	
Something else	<input type="checkbox"/>	→ Please specify: <div style="border: 1px solid black; width: 150px; height: 40px; display: inline-block; vertical-align: middle;"></div>

51 Does he/she have a foreign background?

No

Yes

52 How often do you talk...

	Every day	Once or several times a week	Once or several times a month	Less often	Never	I don't know people from this background.
... to people from a Swedish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... to people from a foreign background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53 How many of the people at your school are from...

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

Your health, attitudes and views

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

	Probably yes	Probably no	Don't know
... have a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have a university degree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... be living in Sweden?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

55 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"/>

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

	Often true	Sometimes true	Rarely true	Never true
I feel very worried.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get angry easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel anxious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel worthless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I act without thinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have difficulties concentrating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

57 In the last six months, how often have you...

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

58 How often do you feel discriminated against or treated unfairly...

	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"/>

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

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

60 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"/>

Questions about your future plans

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

62 What are you currently doing?

Compulsory school

Upper secondary school

63 Which school type do you currently attend?

Academic programme preparing for higher education

Vocational programme: school-located training

Vocational programme: workplace-based training

Introductory programme: preparatory course

Introductory programme: programme-oriented individual selection

Introductory programme: vocational introduction

Introductory programme: individual alternative

Introductory programme: language introduction

Working →

Go to **66**

Something else

Please specify:

School

64 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"/>

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

65 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"/>

Go to

End (last page)

Working

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

67 Additionally, please describe what you do in your job.

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

- Permanent contract
- Temporary contract
- Temporary contract for seasonal work

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

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

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

70 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.

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

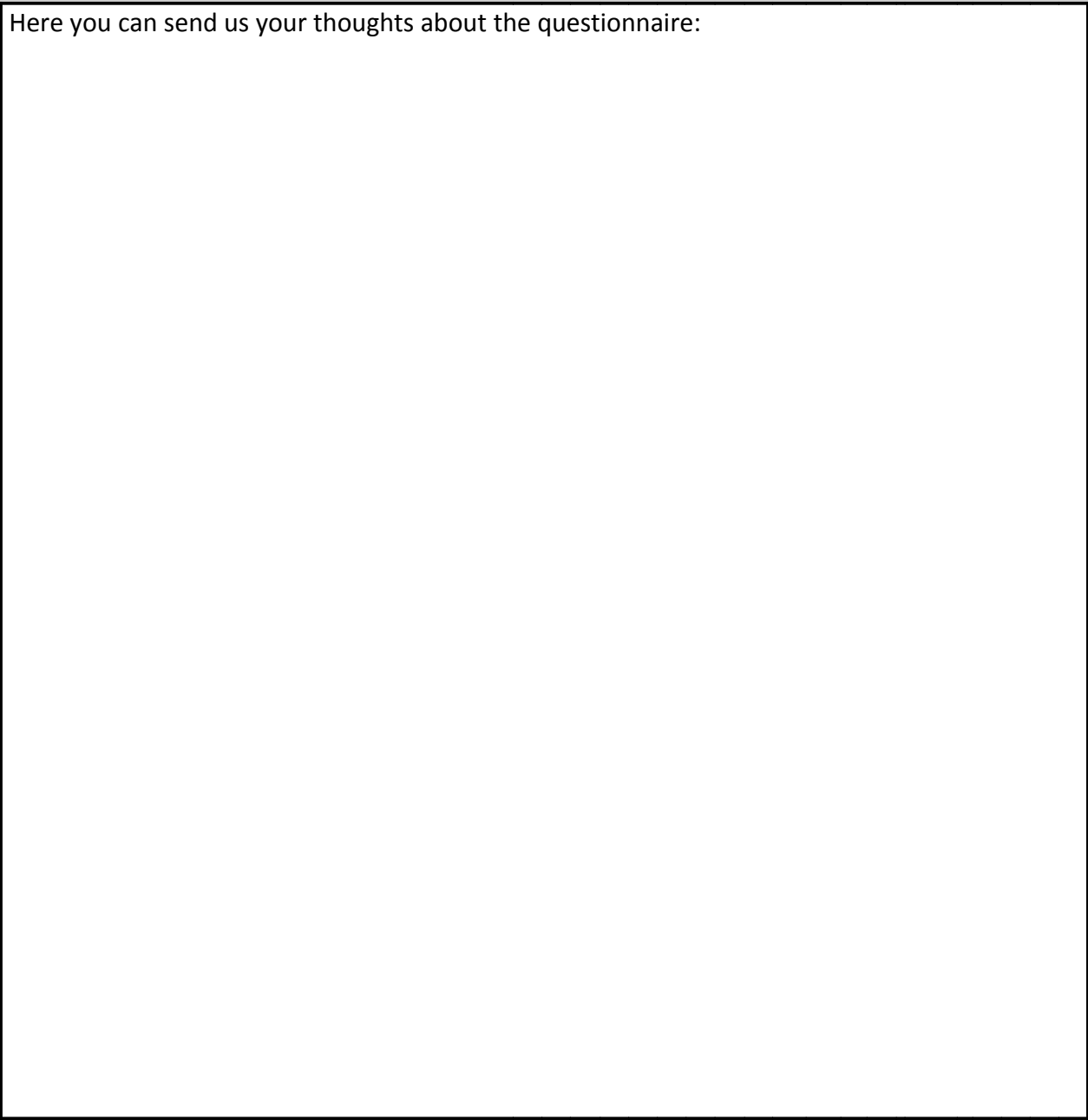
72 Additionally, please describe what you did in your first job.

→ Go to **End (last page)**

End

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire:



Your friends

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

1. What is the name of this friend?	2. Is this friend a boy or a girl?	3. How old is this friend?	4. Does he/she have a foreign background?
Friend 1: <input style="width: 80px; height: 25px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Friend 2: <input style="width: 80px; height: 25px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Friend 3: <input style="width: 80px; height: 25px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Friend 4: <input style="width: 80px; height: 25px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Friend 5: <input style="width: 80px; height: 25px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>