

ZA5353 / ZA5656

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

- Basic Questionnaire -

Questions about you

1 Are you a boy or a girl?

Boy

Girl

2 When were you born?

Day

Month

Year

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

3 In which country were you born?

<Survey country> → **Go to** **5**

<Country 1>

<Country 2>

<Country 3>

Other country → Please specify:

4 How old were you when you moved to <survey country>?

Age in years:

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

<Survey country nationality>

<Nationality 1>

<Nationality 2>

<Nationality 3>

Other nationality → Please specify:

Don't know

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

5_{ge1}

Do you have a so called migration background? (That is, is your mother or your father or one of your grandparents born abroad and moved to <survey county> later on?)

Yes

No → Go to **6**

5_{ge2}

Which migration background do you have?

<Country 1> background

<Country 2> background

<Country 3> background

Other migration background → Please specify:

5_{ge3}

How often do you visit this country your migration background refers to?

Twice a year or more

Once a year

Less than once a year

Never

6

How well do you think you can...

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

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

7

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

Yes

No → Go to **11**

8 Which language is this?

<Language 1>

<Language 2>

<Language 3>

Other language →

Please specify:

9 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"/>				
... understand this language?	<input type="checkbox"/>				
... read this language?	<input type="checkbox"/>				
... write this language?	<input type="checkbox"/>				

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

	Always	Often	Sometimes	Never
... talk to your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... do things on the computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... listen to music?	<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"/>

Your school

11 Which school subject do you like most?

12 Which school subject do you like least?

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

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

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

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

15 And what is the highest level of education that your parents want you to get?

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

16 How well are you doing in the following subjects?

	Very well	Quite well	OK	Not that well	Not well at all
Math	<input type="checkbox"/>				
<Survey country language>	<input type="checkbox"/>				
English	<input type="checkbox"/>				

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

17 Is there a setting system at your school?

Yes

No → Go to **19**

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

Math:

<Survey country language>:

English:

18_{sw1} Do you attend a group based on the level of learning in any of the following subjects?

	Yes, in the highest group	Yes, in the middle group	Yes, in the lowest group	No	Don't know
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<Survey country language>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18_{sw2} Do you study <survey country language> as a second language?

Yes

No

18_{nl} Which level of education do you attend?

<Level of education 1>

<Level of education 2>

<Level of education 3>

19 Which grades did you get in the last school year in the following subjects?

Math:

<Survey country language>:

English:

20

Have you ever repeated a year at school?

- No
- Yes, in primary school
- Yes, in secondary school
- Yes, in primary and secondary school

21

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I am sure that I can do well at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School is not for people like me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am sure that I can get good grades at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
Education is very important for getting a good life later on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is very important for me to get an education at least to the same level as my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22

How often do you spend time during breaks at school...
(Please tick a box for every group.)

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

23

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 (for example, 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"/>

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My parents show a lot of interest in my grades and my achievement in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents tell me that they are proud of me when I do well in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents encourage me to work hard for school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get the help I need from the teachers at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teachers encourage me at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are teachers who treat me unfairly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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.

25 The following questions are about your biological mother. If she is no longer alive or if you are not in touch with her, please answer the questions as best as you can.

In which country was your biological mother born?

<Survey country> → **Go to** **27**

<Country 1>

<Country 2>

<Country 3>

Other country → Please specify:

I don't know the country → **Go to** **27**

26 How often do you visit this country?

Twice a year or more

Once a year

Less than once a year

Never

27

	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"/>

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

She has never worked before.

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

29 How often do you usually see your mother?

- Every day
- Once or several times a week
- Once or several times a month
- Less often
- Never → Go to **31**

30 How well do you get along with your mother?

- Very well
- Well
- Not that well
- Not well at all

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

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

In which country was your biological father born?

- <Survey country> → Go to **33**
- <Country 1>
- <Country 2>
- <Country 3>
- Other country → Please specify:
- I don't know the country → Go to **33**

32 How often do you visit this country?

- Twice a year or more
- Once a year
- Less than once a year
- Never

33

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

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

He has never worked before.

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

35 How often do you usually see your father?

- Every day
- Once or several times a week
- Once or several times a month
- Less often
- Never → Go to **37**

36 How well do you get along with your father?

- Very well
- Well
- Not that well
- Not well at all

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

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

- Yes → Go to **39**
- No

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

My biological parents are divorced/separated

My biological parents were never married or living together

My biological parent(s) is/are no longer alive

My biological parent(s) is/are living/working abroad

Other reason →

Please specify:

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

Biological mother

Biological father

Adoptive mother

Adoptive father

Stepmother

Stepfather

Foster mother

Foster father

Brother(s) (include step/halfbrothers) → How many:

Sister(s) (include step/halfsisters) → How many:

Grandparents

Other family members

Other persons

40 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.

41 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 **44**

42

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

Biological mother	<input type="checkbox"/>	
Biological father	<input type="checkbox"/>	
Adoptive mother	<input type="checkbox"/>	
Adoptive father	<input type="checkbox"/>	
Stepmother	<input type="checkbox"/>	
Stepfather	<input type="checkbox"/>	
Foster mother	<input type="checkbox"/>	
Foster father	<input type="checkbox"/>	
Brother(s) (includes step/halfbrothers)	<input type="checkbox"/>	→ How many: <input type="text"/> <input type="text"/>
Sister(s) (includes) step/halfsisters)	<input type="checkbox"/>	→ How many: <input type="text"/> <input type="text"/>
Grandparents	<input type="checkbox"/>	
Other family members	<input type="checkbox"/>	
Other persons	<input type="checkbox"/>	

43

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

More than half the time	<input type="checkbox"/>
About half the time	<input type="checkbox"/>
Less than half the time	<input type="checkbox"/>
Almost never	<input type="checkbox"/>

44

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
When I feel sad, my parents try to comfort me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents often tell me to be quiet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents are very strict with me, even over small things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents often criticize me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents try to help me when I have a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents show me that they love me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents try to understand what I think and feel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45 How often is each of the following true about your home?

	Always	Often	Sometimes	Never
We like to spend free time with each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It becomes tense when everyone is at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We feel very close to each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When we are together, the atmosphere is uneasy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We fight about small things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45_{nl} Could you tell how often your parents experienced the following events?

	None	A few times	Several times
Your parents had a profound discussion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One parent reproached the other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your parents did not want to talk to each other for some while.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arguments got out of hand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46 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 people 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"/>

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

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

48

How often do you spend time in your neighbourhood...
(Please tick a box for every group.)

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

49

How many of the people who live in your neighbourhood are <survey country members>?

Almost all or all	<input type="checkbox"/>
A lot	<input type="checkbox"/>
About half	<input type="checkbox"/>
A few	<input type="checkbox"/>
None or very few	<input type="checkbox"/>

Your feelings, attitudes and beliefs

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

	Probably yes	Probably not	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 married?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... be living in <survey country>?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have a lot of money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... be in good health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I have a lot of good qualities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a lot to be proud of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like myself just the way I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think things will go well for me in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53 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"/>

54 How often have the following things happened in the last month?

	Every day	Once or several times a week	Less often	Never
I was scared of other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was teased by other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was bullied by other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

55 How good is your health compared to others of your age?

Very good

Good

About the same

Bad

Very bad

56 In the last 6 month, how often have you had...

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... a headache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a stomach-ache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... difficulties falling asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

57 On a typical school night how many hours sleep do you get?

Number of hours:

58 What is your height?

Height in cm:

59 What is your weight?

Weight in kg:

--	--	--

60 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, cafés, 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"/>

61 If you had a worry or concern, who would you go to? Please tick all that apply.

- Your mother
- Your father
- A sibling
- Other family member
- A friend
- Your boyfriend/girlfriend
- A classmate
- A teacher
- Someone else
- No one

62 Have you had serious arguments with any of the following people in the past 3 months?
Please tick all that apply.

- Your mother
- Your father
- A sibling
- Other family member
- A friend
- Your boyfriend/girlfriend
- A classmate
- A teacher
- Someone else
- No one

63

In a family, who should do the following?

	Mostly the man	Mostly the woman	Both about the same
Take care of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earn money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

64

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
A man should be ready to use violence to defend his wife and children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A man should be ready to use violence against insults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A man should be ready to use violence if someone talks badly about his family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

65

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

66

How strongly do you feel <survey country member>?

Very strongly	<input type="checkbox"/>
Fairly strongly	<input type="checkbox"/>
Not very strongly	<input type="checkbox"/>
Not at all strongly	<input type="checkbox"/>

71 What is your religion?

- No religion
- Buddhism
- Christianity
- Christianity: Catholic
- Christianity: Protestant
- Hinduism
- Islam
- Judaism
- Sikh
- Other religion → Please specify:

72 How important is religion to you?

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

73 How often do you visit a religious meeting place (for example, 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

74 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
- 5 times a day or more

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

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

Leisure time activities

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

76 Are you a member of any sports, music, drama or any other club?

Yes

No → Go to **78**

77 How often do you spend time in these clubs...
(Please tick a box for every group.)

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

77_{n1} Now think about the club you go to most often. What type of club is this?

Gymnastics

Music

Scouting

Tennis

Drama

Football

Volleyball

Singing

Swimming

Other → Please specify:

77_{n2} What is the name of this sports, music, drama or other club?

77_{nl3}

About how many members of this club are...

(Please tick a box for every group.)

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

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

78

Do you have a boyfriend/girlfriend?

Yes No → Go to **83**

79

Does he/she go to your school?

Yes, same class → His/her student number is: Yes, but different class No, goes to another school No, has finished schooling 79_{nl}

How did you meet?

Through school Through the neighbourhood Through a sports, music, drama or any other club Through family or friends of family Through friends Through the internet Another way

80

How old is he/she?

Age in years:

81

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

<Type of education 1> <Type of education 2> <Type of education 3> Don't know

82

What is his/her background?

<Survey country> <Country 1> <Country 2> <Country 3> Other background 

Please specify:

82_{nl}

How long have you been dating?

0 to 2 months 3 to 6 months 7 to 12 months More than 1 year

83

How many boyfriends/girlfriends have you had in the past?

Number of boyfriends/girlfriends:

I haven't had a boyfriend/girlfriend yet.

84

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 of very few
... a <survey country> background?	<input type="checkbox"/>				
... a <country 1> background?	<input type="checkbox"/>				
... a <country 2> background?	<input type="checkbox"/>				
... a <country 3> background?	<input type="checkbox"/>				
... another background?	<input type="checkbox"/>				

85

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"/>

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

86 Do you usually work outside of school (for example, do a paper round, help your parents in their business, babysit)?

Yes

No → Go to **90**

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

Number of hours:

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

Yes

No

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

Amount in <currency>:

90 Do you get money from your parents?

Yes, each week → <currency>

Yes, each month → <currency>

Yes, occasionally

No

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

Always

Often

Sometimes

Never

92 If you suddenly needed 30 Euros/30 Pound/300 SEK by tomorrow, would you be able to get it?

Yes

No

Don't know

93 In your sparetime, how often do you....

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... visit relatives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... go to the cinema?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... go out to a pub/bar/nightclub/party?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... read a book (not for school)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... spend time in a club (sports/music/drama/other club)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... go to a concert/DJ event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... go to the museum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... read a newspaper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

94 Do you have...

	Yes	No
... your own computer?	<input type="checkbox"/>	<input type="checkbox"/>
... access to the internet at home?	<input type="checkbox"/>	<input type="checkbox"/>
... a room just for yourself?	<input type="checkbox"/>	<input type="checkbox"/>
... your own smartphone (for example, iPhone or Blackberry)?	<input type="checkbox"/>	<input type="checkbox"/>
... your own TV?	<input type="checkbox"/>	<input type="checkbox"/>
... a game console (for example, Playstation, Wii or X-Box)?	<input type="checkbox"/>	<input type="checkbox"/>

95 How many rooms are there in your home (not counting kitchen and bathrooms)?

Number of rooms:

96 About how many books are there in your home?

0-25

26-100

101-200

201-500

More than 500

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 (for example, hash, paddos, ecstasy pills)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On a typical school day, once you get home, how much time do you spend...

	More than 2 hours a day	About 2 hours a day	About 1 hour a day	Less than 1 hour a day	No time at all
...watching TV?	<input type="checkbox"/>				
...chatting online or visiting social network sites (for example, Myspace or Facebook)?	<input type="checkbox"/>				
...doing homework?	<input type="checkbox"/>				
...helping around the house (for example, cleaning, laying the table, food shopping)?	<input type="checkbox"/>				
...playing video or computer games alone?	<input type="checkbox"/>				
...playing video or computer games together with others?	<input type="checkbox"/>				

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 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. What is his/her background?	5. Does he/she go to your school?	6. What type of education does he/she do (If he/she is no longer in school: What type of education did he/she do?)	7. Where do you see or meet each other? <u>Please tick all that apply.</u>	8. How often do you talk or meet?	9. Does your mother or father know this friend?	9 _{n1} . Does he/she drink alcohol?	9 _{n2} . Does he/she smoke?
Friend 1: <input style="width: 50px; height: 20px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<Survey country> <input type="checkbox"/> <Country 1> <input type="checkbox"/> <Country 2> <input type="checkbox"/> <Country 3> <input type="checkbox"/> Other background <input type="checkbox"/>	Yes, same class <input type="checkbox"/> Yes, but different class <input type="checkbox"/> No, goes to another school <input type="checkbox"/> No, has finished schooling <input type="checkbox"/>	<Type of education 1> <input type="checkbox"/> <Type of education 2> <input type="checkbox"/> <Type of education 3> <input type="checkbox"/>	In school <input type="checkbox"/> In the neighborhood <input type="checkbox"/> At a sports, music, drama or other club <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Online <input type="checkbox"/> Elsewhere <input type="checkbox"/>	Every day <input type="checkbox"/> Once or several times a week <input type="checkbox"/> Less often <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 2: <input style="width: 50px; height: 20px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<Survey country> <input type="checkbox"/> <Country 1> <input type="checkbox"/> <Country 2> <input type="checkbox"/> <Country 3> <input type="checkbox"/> Other background <input type="checkbox"/>	Yes, same class <input type="checkbox"/> Yes, but different class <input type="checkbox"/> No, goes to another school <input type="checkbox"/> No, has finished schooling <input type="checkbox"/>	<Type of education 1> <input type="checkbox"/> <Type of education 2> <input type="checkbox"/> <Type of education 3> <input type="checkbox"/>	In school <input type="checkbox"/> In the neighborhood <input type="checkbox"/> At a sports, music, drama or other club <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Online <input type="checkbox"/> Elsewhere <input type="checkbox"/>	Every day <input type="checkbox"/> Once or several times a week <input type="checkbox"/> Less often <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 3: <input style="width: 50px; height: 20px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<Survey country> <input type="checkbox"/> <Country 1> <input type="checkbox"/> <Country 2> <input type="checkbox"/> <Country 3> <input type="checkbox"/> Other background <input type="checkbox"/>	Yes, same class <input type="checkbox"/> Yes, but different class <input type="checkbox"/> No, goes to another school <input type="checkbox"/> No, has finished schooling <input type="checkbox"/>	<Type of education 1> <input type="checkbox"/> <Type of education 2> <input type="checkbox"/> <Type of education 3> <input type="checkbox"/>	In school <input type="checkbox"/> In the neighborhood <input type="checkbox"/> At a sports, music, drama or other club <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Online <input type="checkbox"/> Elsewhere <input type="checkbox"/>	Every day <input type="checkbox"/> Once or several times a week <input type="checkbox"/> Less often <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 4: <input style="width: 50px; height: 20px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<Survey country> <input type="checkbox"/> <Country 1> <input type="checkbox"/> <Country 2> <input type="checkbox"/> <Country 3> <input type="checkbox"/> Other background <input type="checkbox"/>	Yes, same class <input type="checkbox"/> Yes, but different class <input type="checkbox"/> No, goes to another school <input type="checkbox"/> No, has finished schooling <input type="checkbox"/>	<Type of education 1> <input type="checkbox"/> <Type of education 2> <input type="checkbox"/> <Type of education 3> <input type="checkbox"/>	In school <input type="checkbox"/> In the neighborhood <input type="checkbox"/> At a sports, music, drama or other club <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Online <input type="checkbox"/> Elsewhere <input type="checkbox"/>	Every day <input type="checkbox"/> Once or several times a week <input type="checkbox"/> Less often <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 5: <input style="width: 50px; height: 20px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<Survey country> <input type="checkbox"/> <Country 1> <input type="checkbox"/> <Country 2> <input type="checkbox"/> <Country 3> <input type="checkbox"/> Other background <input type="checkbox"/>	Yes, same class <input type="checkbox"/> Yes, but different class <input type="checkbox"/> No, goes to another school <input type="checkbox"/> No, has finished schooling <input type="checkbox"/>	<Type of education 1> <input type="checkbox"/> <Type of education 2> <input type="checkbox"/> <Type of education 3> <input type="checkbox"/>	In school <input type="checkbox"/> In the neighborhood <input type="checkbox"/> At a sports, music, drama or other club <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Online <input type="checkbox"/> Elsewhere <input type="checkbox"/>	Every day <input type="checkbox"/> Once or several times a week <input type="checkbox"/> Less often <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

2 How many of the friends you have listed know each other?

- All of them
- Some of them
- None of them

3 How many of these friends...

	All of them	Some of them	None of them
... play sports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... do well in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... play computer games?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... skip lessons without permission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions about your classmates

In this part of the study, we will be using a list that assigns a number to each of your participating classmates.

We ask you some question about your classmates and want you to write down in the empty space on the right the numbers of those children to whom the sentence refers.

Example:

E1 Which classmates do you sometimes spend your breaks with?

3, 8, 12

Please write down only the numbers; make sure not to write down any names. As you see, you may write down more than one number. Please make sure to always put a comma after each number.

If the sentence doesn't refer to any child at all, write a big *X* in the empty space.

Example:

E2 Which classmates have you ever been to a concert or gig with?

X

1 Who are your best friends in class?
Here you may write down no more than five numbers.

2 Who is your best friend in class?
Here you may write down no more than one number.

3 Who would you not want to sit by?
Here you may write down no more than five numbers.

4 Who are the most popular students in this class?
Here you may write down no more than five numbers.

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

6 Who is sometimes mean to you?

7 Who do you sometimes do your homework with?

8 Who are you sometimes mean to?

9 Which classmates live within a 5 minute walk from your home?

10 Who do your parents know?

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

Something about your child and his/her school career

1 What is the highest level of education you wish your child to get?

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

2 And what is the highest level of education that you think your child will actually get?

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

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I trust the school to give my child a good education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I can always talk to the school if problems arise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have confidence in the teachers at my child's school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like my child to attend another school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think the school cares about the future of my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe the school could do more for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 And how much do you agree or disagree with each of these statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I show a lot of interest in my child's grades and achievement in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tell my child I am proud when he/she does well in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I encourage my child to work hard for school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5**What is your relationship to your child?**Biological mother or adoptive mother Biological father or adoptive father Stepmother Stepfather Another female guardian →

Please specify:

Another male guardian →

Please specify:

5_{ge1}**Besides you and your child that has taken part in this survey, who lives in your home? Please tick all that apply.**Biological mother of child Biological father of child Adoptive mother of child Adoptive father of child Stepmother of child Stepfather of child Foster mother of child Foster father of child Brothers of child (including step-/halfbrothers) →

How many:

Sisters of child (including step-/halfsisters) →

How many:

Grandparents of child Other family members Other persons *Attention: Remember to check for a "Go to" instruction after you answer the question below.***5_{ge2}****Does your child 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****5_{ge4}****5_{ge3}****How much of the time does your child usually live in this second home?**More than half the time About half the time Less than half the time Almost never

5_{ge4}

How often do you usually see your child?

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

5_{ge5}

How often does your partner/husband/wife usually sees your child?

- Every day
- Once or several times a week
- Once or several times a month
- Less often
- Never
- I don't have a partner/husband/wife

5_{ge6}

Does your child get money from you?

- Yes, each week →

--	--	--

 <currency>
- Yes, each month →

--	--	--

 <currency>
- Yes, occasionally
- No

Your attitudes and beliefs

6 In a family, who should do the following?

	Mostly the man	Mostly the woman	Both about the same
Take care of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earn money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7 Do you think the following are “always OK”, “often OK”, “sometimes OK” or “never OK”?

	Always OK	Often OK	Sometimes OK	Never OK	Don't know
Living together as a couple without being married	<input type="checkbox"/>				
Divorce	<input type="checkbox"/>				
Abortion	<input type="checkbox"/>				
Homosexuality	<input type="checkbox"/>				

8 Below are some qualities of a 12 to 15 year old child. Which three qualities are the most desirable for a child this age? Please tick 3 boxes.

That he/she is responsible	<input type="checkbox"/>
That he/she tries hard to succeed	<input type="checkbox"/>
That he/she has self-control	<input type="checkbox"/>
That he/she is interested in how and why things happen	<input type="checkbox"/>
That he/she has good manners	<input type="checkbox"/>
That he/she has good sense and sound judgement	<input type="checkbox"/>
That he/she is considerate of others	<input type="checkbox"/>
That he/she acts like a boy/girl should	<input type="checkbox"/>
That he/she has respect of elderly people	<input type="checkbox"/>
That he/she obeys his/her parents	<input type="checkbox"/>

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

Very strongly	<input type="checkbox"/>
Fairly strongly	<input type="checkbox"/>
Not very strongly	<input type="checkbox"/>
Not at all strongly	<input type="checkbox"/>

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

10 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 **13**

<Group 1>

<Group 2>

<Group 3>

Other group → Please specify:

11 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

12 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

13 What is your religion?

No religion

Buddhism

Christianity

Christianity: Catholic

Christianity: Protestant

Hinduism

Islam

Judaism

Sikhism

Other religion → Please specify:

14 How important is religion to you?

Very important

Fairly important

Not very important

Not at all important

14_{nl1}**How often do you visit a religious meeting place (for example, 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

14_{nl2}**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
- 5 times a day or more

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

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

16**Do you want to live permanently in <survey country>?**

- Yes
- No
- Don't know

Your friends, your neighbourhood and your spare time

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

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

18 How often do you spend time in your neighbourhood... (Please tick a box for every group.)

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

19 Do you have any of the following problems where you live? Please tick all that apply.

- Poor housing/building maintenance
- Noisy neighbours
- Vandalism or crime
- Fear of going out at night
- I don't have any of these problems

20 Do you own or rent the place where you live?

- I own the place where I live
- I rent the place where I live
- Other →

Please specify:

Something about you and your household

23 Are you male or female?

Male
Female

24 When were you born?

Day Month Year

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

24_{en} Now we would like you to tell us about your ethnic background. Which of these best describe your ethnic background?

White

White British
White Irish
Any other white background

Mixed

Mixed White and Black Caribbean
Mixed White and Black African
Mixed White and Asian
Any other mixed background

Asian or Asian British

Indian
Pakistani
Bangladeshi
Any other Asian or Asian British background

Black or Black British

Caribbean
African
Any other Black or Black British background

Chinese or other ethnic group

Chinese
Any other ethnic group

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

25 In which country were you born?

- <Survey country> → **Go to** **28**
- <Country 1>
- <Country 2>
- <Country 3>
- Other country → Please specify:

26 What year did you move to <survey country>?

Year:

27 How often do you visit your country of birth?

- Twice a year or more
- Once a year
- Less than once a year
- Never

28 Where did you grow up?

- Big city (more than 100,000 inhabitants)
- Town (up to 100,000 inhabitants)
- Village

29 What is your nationality? If you have more than one nationality, please tick all that apply.

- <Survey country nationality>
- <Nationality 1>
- <Nationality 2>
- <Nationality 3>
- Other nationality → Please specify:
- Don't know

30 In which country was your biological father born?

<Survey country>

<Country 1>

<Country 2>

<Country 3>

Other country



Please specify:

31 And in which country was your biological mother born?

<Survey country>

<Country 1>

<Country 2>

<Country 3>

Other country



Please specify:

32 How well do you think you can...

Not at all Not well Well Very well Excellently

... speak <survey country language>?

... understand < survey country language>?

... read < survey country language>?

...write <survey country language>?

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

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

Yes

No



Go to

36_{ge}

34 Which language is this?

<Language 1>

<Language 2>

<Language 3>

Other language



Please specify:

35

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

36

Thinking about the child who is taking part in this survey, how often do you talk to this child in this language?

Always

Often

Sometimes

Never

36_{ge}

About how many books are there in your home?

0-25

26-100

101-200

201-500

More than 500

37

What is your highest level of education? If you got your degree outside <survey country>, please select the <survey country> level that best matches your foreign degree.

I don't have a school leaving certificate

Degree below upper secondary school

Degree from upper secondary school

University degree

37_{nl}

What is your highest level of education? If you got your degree outside <survey country>, please select the <survey country> level that best matches your foreign degree.

No education

Primary school

Secondary school

Lower vocational education

Higher vocational education

University

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

42 Thinking about your job. If you are currently not working, think about your last job. What type of job is this?

I have never worked before → Go to **46**

Professional and technical (for example: doctor, teacher, engineer, artist, accountant)

Higher administrator (for example: banker, executive in big business, high government official, union official)

Clerical (for example: secretary, clerk, office manager, civil servant, bookkeeper)

Sales (for example: sales manager, shop owner, shop assistant, insurance agent, buyer)

Service (for example: restaurant owner, police officer, waiter, barber, caretaker)

Skilled worker (for example: foreman, motor mechanic, printer, tool and dye maker, electrician)

Semi-skilled worker (for example: bricklayer, bus driver, tannery worker, carpenter, sheet metal worker, baker)

Unskilled worker (for example: labourer, porter, unskilled factory worker)

Farm (for example: farmer, farm labourer, tractor driver)

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

43 Are you self-employed or do you work for somebody else?

I am self employed (I own a business or farm)

I work for somebody else → Go to **44**

43_{ge} Outside of school, does your child usually help you in your business?

Yes

No

44 What is your job title? Additionally, please describe what you do in your job.

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

45 Do (or did) you supervise any employees in this job? Supervision involves overseeing the work of other employees on a day-to-day basis.

Yes

No → Go to **46**

45_{SW}

And how many people do you supervise?

Number of people:

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

46

If you suddenly needed <upper bound of 3rd income decile> in one week, would you be able to get it?Yes No → Go to **48**

47

How would you get it?

Withdrawal from own bank account Sale of stocks, fund shares or the like Loan from family members or relatives Loan from friends Bank loan or similar Other → Please specify:

48

Using the answer categories below, please tell us your household's 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.

<1st income decile> <2nd income decile> <3rd income decile> <4th income decile> <5th income decile> <6th income decile> <7th income decile> <6th income decile> <9th income decile> <10th income decile> I don't want to say *Attention: Remember to check for a "Go to" instruction after you answer the question below.*

49

What is your marital status?

Single Married → Go to **51**Divorced Separated Widowed

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

50 Do you have a partner/husband/wife?

Yes

No → Go to **End**

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

51 Do you live with your partner/husband/wife?

Yes

No → Go to **End**

52 Is this person the biological father or biological mother of the child that is taking part in this survey?

Yes

No

Something about your partner/husband/wife

53 When was your partner/husband/wife born?

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

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

54 In which country was your partner/husband/wife born?

- <Survey country> → Go to **56**
- <Country 1>
- <Country 2>
- <Country 3>
- Other country → Please specify:

55 What year did he/she move to <survey country>?

Year:

56 Where did your partner/husband/wife grow up?

- Big city (more than 100,000 inhabitants)
- Town (up to 100,000 inhabitants)
- Village
- Don't know

57 What is your partner's/husband's/wife's nationality? If he/she has more than one nationality, please tick all that apply.

- <Survey country nationality>
- <Nationality 1>
- <Nationality 2>
- <Nationality 3>
- Other nationality → Please specify:
- Don't know

58**In which country was the biological father of your partner/husband/wife born?**<Survey country> <Country 1> <Country 2> <Country 3> Other country 

Please specify:

59**And in which country was the biological mother of your partner/husband/wife born?**<Survey country> <Country 1> <Country 2> <Country 3> Other country 

Please specify:

60**What is partner's/husband's/wife's highest level of education? If he/she got his/her degree outside <survey country>, please select the <survey country> level that best matches his/her foreign degree.**He/she doesn't have a school leaving certificate Degree below upper secondary school Degree from upper secondary school University degree **60_{nl}****What is partner's/husband's/wife's highest level of education? If he/she got his/her degree outside <survey country>, please select the <survey country> level that best matches his/her foreign degree.**No education Primary school Secondary school Lower vocational education Higher vocational education University **61****Where did your partner/husband/wife get his/her highest level of education (including school or university degree, not counting vocational training)?**<Survey country> <Country 1> <Country 2> <Country 3> Other country 

Please specify:

62 How old was your partner/husband/wife when he/she received his/her highest level of education (including school or university degree, not counting vocational training)?

Age in years:

He/she is still in education.

62_{ge} Did your partner/husband/wife complete any vocational training?

Yes

No

63 Does your partner/husband/wife have a paid job?

Yes

No

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

64 Thinking about your partner's/husband's/wife's job. If he/she is currently not working, think about his/her last job. What type of job is this?

He/she has never worked before → Go to **67**

Professional and technical (for example: doctor, teacher, engineer, artist, accountant)

Higher administrator (for example: banker, executive in big business, high government official, union official)

Clerical (for example: secretary, clerk, office manager, civil servant, bookkeeper)

Sales (for example: sales manager, shop owner, shop assistant, insurance agent, buyer)

Service (for example: restaurant owner, police officer, waiter, barber, caretaker)

Skilled worker (for example: foreman, motor mechanic, printer, tool and dye maker, electrician)

Semi-skilled worker (for example: bricklayer, bus driver, tannery worker, carpenter, sheet metal worker, baker)

Unskilled worker (for example: labourer, porter, unskilled factory worker)

Farm (for example: farmer, farm labourer, tractor driver)

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

65 Is he/she self employed or does he/she work for somebody else?

He/she is self employed (He/she owns a business or farm)

He/she works for somebody else → Go to **66**

65_{ge}

Outside of school, does your child usually help your partner/husband/wife in his/her business?

Yes

No

66

What is his/her job title? Additionally, please describe what he/she does in his/her job.

66_{en}

Does he or she supervise any employees in this job? If he or she is currently not working, please think about his or her last job. Supervision involves overseeing the work of other employees on a day-to-day basis

Yes

No

67

How did you answer these questions about your partner/husband/wife?

I answered them alone, without asking my partner/husband/wife for help

I answered them, but I asked my partner/husband/wife for help

My partner/husband/wife answered them

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire:

Questions about you

1 What is the name of the school you are teaching in?

2 Which subjects are you teaching in this school?

Subject 1:

Subject 2:

Subject 3:

Subject 4:

Subject 5:

3 In what grades are you teaching in this school?

<Grade level 1>

<Grade level 2>

<Grade level 3>

Other grade



Please specify:

4 Are you male or female?

Male

Female

5 How old are you?

Age in years:

6 In which year were you born?

Year or birth:

7

Do you have a so-called migration background, that is, either you or one of your parents was born abroad and immigrated to <survey country> later on?

Yes No **8**

Has one of your parents got a university degree?

Yes, my mother Yes, my father Yes, both parents No **9**

By the end of this school year, how many years have you been teaching in total?

Duration in years: **10**

And how many of these years have you been teaching in this school?

Duration in years: **11_{ge1}**

What university have you graduated from?

11_{ge2}

What final grade did you get in your university diploma?

11_{nl}

What type of teachers license do you have?

1st grade licence 2nd grade licence Lower than 2nd grade licence Zij-instromer I have no teachers license

11_{sw1}**Have you got an exam from a teachers' college or some other university degree?**Bachelor of Education
for the Compulsory School Year 4-9 Bachelor of Education
for the Compulsory School Year 1-7 Bachelor of Education
for the Primary School Bachelor of Education
for the Secondary School Other teachers' degree 

Please specify:

Other college or university degree 

Please specify:

No **11_{sw2}****In your job as a teacher, how often does it happen that you...**

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... feel mentally exhausted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have to work in the evening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... feel strengthened or mentally satisfied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have to be in touch with the police or with social workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15_{nl4}

Are there any students in this class with dyscalculia? Write down the numbers of these students below.

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

15_{nl5}

Is this class attending the school type vmbo-mbo2?

Yes
No

15_{sw}

Is this school class mainly an "ordinary" class or is it in some way a special class (e.g. for students with special needs or a class consisting of gifted students)?

Ordinary class

Special class



Please specify:

16

Now we would like to know something about the students in the class that participates in our survey even if you are not their class teacher. Please answer these questions about all students in this class even if they are absent today. What is the total number of students in this class?

Number of boys:

Number of girls:

17

Please state on how many students in this class the following features apply. If you are uncertain about the exact number, please estimate as good as you can. How many students in this class...

... come from families with migration background, that is, the student or at least one parent were born abroad and moved to <survey country> later on?

... come from single-parent families?

... come from low-educated families?

... come from university-educated families?

... come from economically disadvantaged homes?

... come from economically affluent homes?

... come from families where at least one parent is unemployed?

... come from families who receive social assistance?

... receive free school meals?

18

In general, how do you assess proficiency of the students in this class in the following subjects?

	Very high	High	Medium	Low	Very low	Cannot give an assessment
Maths	<input type="checkbox"/>					
<Survey country language>	<input type="checkbox"/>					
English	<input type="checkbox"/>					

19

Approximately how many students in this class...

... sometimes have problems to follow the curriculum?

... experience difficulties understanding spoken <survey country language>?

20

Now we would like to know something about the students who do not participate in our survey today due to whatever reasons. How many students do not participate in the survey?

Number of students:

20_{nl}

We would like to know what the reason for absence of students is. Please write down the number of the students that are absent, and indicate the reason for their absence.

	Illness	Skipping without permission	Has been suspended	Unknown
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please state on how many missing students in this class the following features apply. If you are uncertain about the exact number, please estimate as good as you can. How many missing students in this class...

... come from families with migration background?

--	--

... come from single-parent families?

--	--

... come from low-educated families?

--	--

... come from university-educated families?

--	--

... come from economically disadvantaged homes?

--	--

... come from economically affluent homes?

--	--

... come from families where at least one parent is unemployed?

--	--

... come from families who receive social assistance?

--	--

... receive free school meals?

--	--

25 How many students in this school come from...

	0-10%	11-25%	26-50%	51-75%	More than 75%	Don't know
... families with migration background?	<input type="checkbox"/>					
... single-parent families?	<input type="checkbox"/>					
... low-educated families?	<input type="checkbox"/>					
... university-educated families?	<input type="checkbox"/>					
... economically disadvantaged homes?	<input type="checkbox"/>					
... economically affluent homes?	<input type="checkbox"/>					
... families where at least one parent is unemployed?	<input type="checkbox"/>					
... families who receive social assistance?	<input type="checkbox"/>					

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

26 Is there a setting system in your school?

Yes

No → Go to **27_{en1}**

27 Which sets do exist in your school for the following subjects? Please start with the easiest set on the left side and continue step-by-step with the next hardest sets. If there are less than 7 sets levels in your school, please leave the remaining columns blank.

	Easiest set	2	3	4	5	6	Hardest set
Math:	<input type="checkbox"/>						
<Survey country language>	<input type="checkbox"/>						
English	<input type="checkbox"/>						

27_{en1} Are there special classes for extremely gifted pupils or for weak pupils? Please tick all that apply.

No

Yes, for the gifted

Yes, for the weak

Yes, other → Please specify:

27_{en2}**Does the school have preparatory classes for newly arrived migrants?**Yes No **28****Think about the students in your school. How much do you agree with the following statements?**

	Strongly agree	Agree	Disagree	Strongly disagree
Students enjoy being in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students work with enthusiasm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students take pride in this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students value academic achievement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students are cooperative and respectful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students value the education they can receive in this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students do their best to learn as much as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29**Now think about the teachers in your school. How much do you agree with the following statements?**

	Strongly agree	Agree	Disagree	Strongly disagree
The morale of teachers in this school is high.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers work with enthusiasm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers take pride in this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers value academic achievement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers' job satisfaction is high.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers' expectations for student achievement are high.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is high fluctuation of teachers in this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30**How many teachers are there in your school?**

Number of teachers:

31**How many teachers in your school have a migration background?**

Number of teachers:

32**How many teachers in your school are male?**

Number of teachers:

To what degree is the following a problem in your school?

	Not at all	Minor problem	Moderate problem	Serious problem
Students arriving late at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student absenteeism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skipping lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Profanity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intimidation or verbal abuse among students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intimidation or verbal abuse of teachers or staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical injury to other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical injury to teachers or staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violating dress code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34**In your school, how much is the learning of the students in school hindered by...**

	Not at all	Very little	To some extent	A lot
... poor condition of buildings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... poor heating, cooling or lighting systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... lack of instructional space (for example, classrooms)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... lack of instructional material (e.g., textbooks)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... not enough computers for instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... lack of instructional materials in the library?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... lack of multi-media resources for instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... inadequate science laboratory equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... inadequate facilities for the fine arts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... overcrowded classrooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... teachers not having adequate workspace outside their classroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...difficulties recruiting teachers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35**Does your school have...**

	Yes	No
... a library?	<input type="checkbox"/>	<input type="checkbox"/>
... computers that students can use out of class?	<input type="checkbox"/>	<input type="checkbox"/>
... a school nurse?	<input type="checkbox"/>	<input type="checkbox"/>
... a school psychologist?	<input type="checkbox"/>	<input type="checkbox"/>
... a school social worker?	<input type="checkbox"/>	<input type="checkbox"/>
... a study counsellor?	<input type="checkbox"/>	<input type="checkbox"/>
... indoor sports facilities?	<input type="checkbox"/>	<input type="checkbox"/>
... outdoor sports facilities?	<input type="checkbox"/>	<input type="checkbox"/>

36**Can the students borrow books from the school library to take home?**

Yes

No

37 How often...

	Never	Once a year	2-3 times a year	4-6 times a year	7 or more times a year
... do teachers meet or talk with a typical student's parents to discuss his/her progress in school?	<input type="checkbox"/>				
... are teacher-parent conferences provided by your school for students and their families?	<input type="checkbox"/>				
... are letters, calendars, newsletters or similar sent home to provide parents with information about the school?	<input type="checkbox"/>				
... are written reports of student's performance provided by your school for students and their families?	<input type="checkbox"/>				
...are teacher home visits provided by your school for students and their families?	<input type="checkbox"/>				
...are events at school to which parents are invited, provided by your school for students and their families?	<input type="checkbox"/>				
...are fundraising activities that parents participate in provided by your school for students and their families?	<input type="checkbox"/>				

38 In general, how would you characterize parental support for student achievement within your school?

- Very high
- High
- Medium
- Low
- Very low

39 How often does it happen that parents do not come to scheduled meetings with teachers?

- Rarely or never
- From time to time
- Fairly often
- Often

40 Approximately what percentage of students in your school has parents or guardians who...

	None or very few	A few	About half	A lot	Almost all or all
... volunteer regularly to help in the classroom or another part of the school?	<input type="checkbox"/>				
... attend teacher-parent conferences?	<input type="checkbox"/>				
... attend cultural, sporting, or social events at the school?	<input type="checkbox"/>				
... do fundraising and other support activities for the school?	<input type="checkbox"/>				

41 To what extent do you agree or disagree with the following statement: This school is located in a safe neighbourhood.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

42 How many of the people living in the school's neighbourhood are <survey country members>?

- Almost all or all
- A lot
- About half
- A few
- None or very few

43 And how many of the people living in the school's neighbourhood are unemployed?

- Almost all or all
- A lot
- About half
- A few
- None or very few

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire: