

## 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<sub>ge1</sub>****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<sub>ge2</sub>****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<sub>ge4</sub>****5<sub>ge3</sub>****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<sub>ge4</sub>

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<sub>ge5</sub>

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<sub>ge6</sub>

Does your child get money from you?

- Yes, each week  → 

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 <currency>
- Yes, each month  → 

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 <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"/>	<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"/>

**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<sub>nl1</sub>****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<sub>nl2</sub>****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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a <country 1> background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a <country 2> background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a <country 3> background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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

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**24<sub>en</sub>** 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<sub>ge</sub>**

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

**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<sub>ge</sub>****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<sub>nl</sub>****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<sub>ge</sub>** 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<sub>SW</sub>****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 3<sup>rd</sup> 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.**<1<sup>st</sup> income decile> <2<sup>nd</sup> income decile> <3<sup>rd</sup> income decile> <4<sup>th</sup> income decile> <5<sup>th</sup> income decile> <6<sup>th</sup> income decile> <7<sup>th</sup> income decile> <6<sup>th</sup> income decile> <9<sup>th</sup> income decile> <10<sup>th</sup> 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

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*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**

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*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

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## 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<sub>nl</sub>****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<sub>ge</sub>** 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<sub>ge</sub>

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<sub>en</sub>

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: