

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?

Netherlands →

Go to **5**

Turkey

Morocco

Surinam

Netherlands Antilles/Aruba

Other country →

Please specify:

4 How old were you when you moved to the Netherlands?

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.

Netherlands

Turkey

Morocco

Surinam

Other nationality →

Please specify:

Other nationality →

Please specify:

6 How well do you think you can...

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

Yes

No → Go to **11**

8 Which language is this?

Turkish

Arabic

Berbers

English

Hindi/Hindustani

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	Some-times	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?

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

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

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

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

- No degree
- VMBO
- HAVO
- VWO
- MBO
- HBO
- University
- 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"/>				
Dutch	<input type="checkbox"/>				
English	<input type="checkbox"/>				

17 Which level of education do you attend?

VMBO-basis
 VMBO-kader
 VMBO-gt
 VMBO-t
 HAVO
 Atheneum
 Gymnasium

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

Math:
 Dutch:
 English:
 We have no grades at school.

19 Have you ever repeated a year at school?

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

20 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"/>

21 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 Dutch background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with students from a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with students from a Moroccan background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with students from a Surinamese/ Antillean 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"/>

22 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"/>

23 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.

- 24** 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?

- Netherlands → **Go to** **26**
- Turkey
- Morocco
- Surinam
- Netherlands Antilles/Aruba
- Indonesia
- Other country → Please specify:
- I don't know the country → **Go to** **26**

- 25** How often do you visit this country?

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

26

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

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

- 27** Think about your mother's job. If she is not currently working, think about her last job. What is the name of her job?

She has never worked before. → **Go to** **29**

28 Additionally, please describe what she does in her job.

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?

- Netherlands → **Go to 33**
- Turkey
- Morocco
- Surinam
- Netherlands Antilles/Aruba
- Indonesia
- 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"/>

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

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?

He has never worked before. → Go to **36**

35 Additionally, please describe what he does in his job.

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

36 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 **38**

37 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.

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

Yes → Go to **40**
No

39 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:

40 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

41 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.

42 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 **45**

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

- Biological mother
- Biological father
- Adoptive mother
- Adoptive father
- Stepmother
- Stepfather
- Foster mother
- Foster father
- Brother(s) (includes step/halfbrothers) → How many:
- Sister(s) (includes) step/halfsisters) → How many:
- Grandparents
- Other family members
- Other persons

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

- More than half the time
- About half the time
- Less than half the time
- Almost never

45 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"/>

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

	Always	Often	Some-times	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"/>

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

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

48 Could you tell how often your parents experienced the following events?

	Always	Often	Some-times	Never	Not applicable
Your parents had a profound discussion.	<input type="checkbox"/>				
One parent reproached the other.	<input type="checkbox"/>				
Your parents did not want to talk to each other for some while.	<input type="checkbox"/>				
Arguments got out of hand.	<input type="checkbox"/>				

49 Were your grandparents (the parents of your biological parents) born in the Netherlands?

	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"/>

50**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 Dutch background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a Moroccan background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a Surinamese/ Antillean 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"/>

51**How many of the people who live in your neighbourhood are Dutch?**

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

52 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 the Netherlands?	<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"/>

53 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"/>									

54 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"/>

55 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"/>

56 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"/>

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

Very good	<input type="checkbox"/>
Good	<input type="checkbox"/>
About the same	<input type="checkbox"/>
Bad	<input type="checkbox"/>
Very bad	<input type="checkbox"/>

58 In the last 6 months, 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"/>

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

Number of hours:

60 What is your height?

Height in cm:

61 What is your weight?

Weight in kg:

--	--	--

62 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"/>

63 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

64 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

65 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"/>

66 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"/>

67 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"/>				

68 How strongly do you feel Dutch?

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

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

69 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** **72**
- Turkish
- Kurdish
- Moroccan
- Berbers
- Surinamese
- Hindu
- Creole
- Javan
- Chinese
- Curacao
- Aruban
- Antillean
- Indonesian
- Other group → Please specify:

70 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

71 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

72

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

	Negative					Neutral					Positive		I don't know this group
	0	10	20	30	40	50	60	70	80	90	100		
Dutch	<input type="checkbox"/>												
Turks	<input type="checkbox"/>												
Moroccan	<input type="checkbox"/>												
Surinamese	<input type="checkbox"/>												
Antilleans	<input type="checkbox"/>												

73

What is your religion?

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



Please specify:

74

How important is religion to you?

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

75

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

76 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

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The Dutch 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 Dutch society.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Dutch 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.

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

Yes

No → Go to **83**

79 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 Dutch background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a Moroccan background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with people from a Surinamese/ Antillean 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"/>

80 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:

81 What is the name of this sports, music, drama or other club?

82 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	I don't know people from this background in these clubs.
... from a Dutch background?	<input type="checkbox"/>					
... from a Turkish background?	<input type="checkbox"/>					
... from a Moroccan background?	<input type="checkbox"/>					
... from a Surinamese/Antillean 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.

83 Do you have a boyfriend/girlfriend?

Yes

No → Go to **90**

84 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

85 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

86 How old is he/she?

Age in years:

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

- VMBO-basis
- VMBO-kader
- VMBO-gt
- VMBO-t
- HAVO
- VWO
- MBO
- HBO
- University

88 What is his/her background?

- Dutch
- Turkish
- Moroccan
- Surinamese
- Antillean
- Other background → Please specify:

89 How long have you been dating?

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

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

Number of boyfriends/girlfriends:

I haven't had a boyfriend/girlfriend yet.

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

92 Have you done the following things in the past 3 months? Your answers will be kept secret.

Yes No

Deliberately damaged things that were not yours?

Stolen something from a shop/from someone else?

Carried a knife or weapon?

Been very drunk?

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

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

Yes

No → Go to **97**

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

Number of hours:

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

Yes

No

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

Amount in Euro:

97 Do you get money from your parents?

Yes, each week → Euro

Yes, each month → Euro

Yes, occasionally

No

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

Always

Often

Sometimes

Never

99 If you suddenly needed 30 Euros by tomorrow, would you be able to get it?

Yes

No

Don't know

100 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"/>

101 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"/>

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

Number of rooms:

103 About how many books are there in your home?

0-25	<input type="checkbox"/>
26-100	<input type="checkbox"/>
101-200	<input type="checkbox"/>
201-500	<input type="checkbox"/>
More than 500	<input type="checkbox"/>

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: