

Something about your child and his/her school career

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

- None
- Compulsory school
- Upper secondary school
- College/University degree
- Don't know

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

- None
- Compulsory school
- Upper secondary school
- College/University degree
- 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:

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 | Some- times OK | Never OK | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Living together as a couple without being married | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Divorce | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Abortion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Homosexuality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

9 How strongly do you feel Swedish?

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

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

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**
- Assyrian
- Bosnian
- Finnish
- Iraqi
- Iranian
- Jewish
- Croatian
- Kurdish
- Polish
- Roman
- Sami
- Serbian
- Somali
- Sweden-Finnish
- Syrian
- Tornedali
- Turkish
- 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

Hinduism

Islam

Judaism

Other religion → Please specify:

14 How important is religion to you?

Very important

Fairly important

Not very important

Not at all important

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

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

16 Do you want to live permanently in Sweden?

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 Swedish background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... a foreign background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 |
|--|--------------------------|---------------------------------------|--|--------------------------|--------------------------|
| ... with people from a Swedish background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... with people from a foreign background? | <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

20a 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:

20b How many flats are there in the building where you live, including all entrances?

- 1 flat (detached house, terrace house)
- 2 flats
- 3 to 10 flats
- 11 or more flats

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

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

Yes

No → Go to **23**

22 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 |
|--|--------------------------|------------------------------|-------------------------------|--------------------------|--------------------------|
| ... with people from a Swedish background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... with people from a foreign background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Something about you and your household

23 Are you male or female?

Male
Female

24 When were you born?

Year

| | | | |
|---|---|--|--|
| 1 | 9 | | |
|---|---|--|--|

25 In which country were you born?

Sweden → **Go to 27**
Other country → Please specify:

26 How often do you visit your country of birth?

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

27 Where did you grow up?

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

28 In which country was your biological father born?

Sweden
Other country → Please specify:

29 And in which country was your biological mother born?

Sweden
Other country → Please specify:

30 How well do you think you can...

| | Not at all | Not well | Well | Very well | Excellently |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ... speak Swedish? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... understand Swedish? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... read Swedish? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ...write Swedish? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

Yes

No → Go to **35**

32 Which language is this?

33 Think of the language you just wrote down. 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"/> |

34 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

35 What is your highest level of education? If you got your degree outside Sweden, please select the Swedish 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

36 Where did you get your highest level of education (including school or university degree, not counting vocational training)?

Sweden

Other country



Please specify:

37 How old were you when you received your highest level of education (including school or university degree, not counting vocational training)?

Age in years:

I am still in education.

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

38 Do you have a paid job?

Yes

No



Go to **40**

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

| | Every day | Once or several times a week | Once or several times a month | Less often | Never |
|--|--------------------------|------------------------------|-------------------------------|--------------------------|--------------------------|
| ... with people from a Swedish background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... with people from a foreign background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

40 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 **43**

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)

Other worker (for example: cleaner, factory worker, nursing assistant, warehouse worker, mechanic, driver)

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

41 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

42a What is your job title?

42b Additionally, please describe what you do in your job.

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

42c 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 **43**

42d 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.

43 If you suddenly needed 12.000 kronor in one week, would you be able to get it?

Yes

No → Go to **45**

44 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:

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

45 What is your marital status?

- Single
- Married → Go to **47**
- Divorced
- Separated
- Widowed

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

46 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.

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

- Yes
- No → Go to **End**

48 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

49 When was your partner/husband/wife born?

Year

| | | | |
|---|---|--|--|
| 1 | 9 | | |
|---|---|--|--|

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

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

Sweden → **Go to 52**

Other country → Please specify:

| |
|--|
| |
|--|

51 What year did he/she move to Sweden?

Year:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

52 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

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

Swedish

Other nationality → Please specify:

| |
|--|
| |
|--|

Other nationality → Please specify:

| |
|--|
| |
|--|

Don't know

54 In which country was the biological father of your partner/husband/wife born?

Sweden

Other country → Please specify:

| |
|--|
| |
|--|

55**And in which country was the biological mother of your partner/husband/wife born?**Sweden Other country →

Please specify:

56**What is partner's/husband's/wife's highest level of education? If he/she got his/her degree outside Sweden, please select the Swedish 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 **57****Where did your partner/husband/wife get his/her highest level of education (including school or university degree, not counting vocational training)?**Sweden Other country →

Please specify:

58**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. **59****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.

60 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 **63**

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)

Other worker (for example: cleaner, factory worker, nursing assistant, warehouse worker, mechanic, driver)

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

61 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

62a What is his/her job title?

62b Additionally, please describe what he/she does in his/her job.

63 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: