

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?

Sweden →

Go to **5**

Other country →

Please specify:

4 How well do you think you can...

Not at all Not well Well Very well Excellently

... speak Swedish?

... understand Swedish?

... read Swedish?

...write Swedish?

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

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

Yes

No → Go to **9**

6 Which language is this?

7**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"/>				
... understand this language?	<input type="checkbox"/>				
... read this language?	<input type="checkbox"/>				
... write this language?	<input type="checkbox"/>				

8**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

9 Which school subject do you like most?

10 Which school subject do you like least?

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

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

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

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

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

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

14 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"/>				
Swedish	<input type="checkbox"/>				
English	<input type="checkbox"/>				

15 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"/>
Swedish	<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"/>

16 Do you study Swedish as a second language?

Yes
No

17 Have you ever repeated a year at school?

No
Yes

18 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"/>

19 How often do you spend time during breaks at school...

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

20 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"/>

21 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.

- 22** 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?

Sweden → Go to **24**

Other country → Please specify:

I don't know the country → Go to **24**

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

Twice a year or more

Once a year

Less than once a year

Never

24

	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"/>

- 25a** Think about your mother's job. If she is not currently working, think about her last job. What is the name of her job?

- 25b** 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.

26 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 28**

27 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.

28 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?

- Sweden → **Go to 30**
- Other country → Please specify:
- I don't know the country → **Go to 30**

29 How often do you visit this country?

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

30

	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"/>

31a Think about your father's job. If he is not currently working, think about his last job. What is the name of his job?

31b 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.

32 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 34**

33 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.

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

- Yes → **Go to 36**
- No

35 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:

36 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/father's cohabiting partner

Stepfather/mother's cohabiting partner

Foster mother

Foster father

Brother(s) (include step/halfbrothers)



How many:

Sister(s) (include step/halfsisters)



How many:

Grandparents

Other family members

Other persons

37 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.

38 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 **41**

39

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/father's cohabiting partner	<input type="checkbox"/>	
Stepfather/mother's cohabiting partner	<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"/>	

40

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"/>

41

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"/>

42 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"/>

43 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"/>

44 Were your grandparents (the parents of your biological parents) born in Sweden?

	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"/>

45 How often do you spend time in your neighbourhood...

	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"/>

46 How many of the people who live in your neighbourhood are Swedes?

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

Your feelings, attitudes and beliefs

47 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 Sweden?	<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"/>

48 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"/>									

49 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"/>

50 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"/>

51 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"/>

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

- Very good
- Good
- About the same
- Bad
- Very bad

53 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"/>

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

Number of hours:

55 What is your height?

Height in cm:

56 What is your weight?

Weight in kg:

--	--	--

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

	Always	Often	Some-times	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"/>

58 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

59 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

60 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"/>

61 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"/>

62 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"/>				

63 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.

64 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** **67**
- Assyrian/Syrian
- Bosnian
- Finnish
- Iraqi
- Iranian
- Jewish
- Croatian
- Kurdish
- Polish
- Roman
- Sami
- Serbian
- Somali
- Sweden-Finnish
- Tornedali
- Turkish
- Other group → Please specify:

65 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

66 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

67

Please rate how you feel about the following groups 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	
Americans	<input type="checkbox"/>											
Bosnians	<input type="checkbox"/>											
Finns	<input type="checkbox"/>											
Iranians	<input type="checkbox"/>											
Poles	<input type="checkbox"/>											
Romani	<input type="checkbox"/>											
Samis	<input type="checkbox"/>											
Serbs	<input type="checkbox"/>											
Somalis	<input type="checkbox"/>											
Swedes	<input type="checkbox"/>											
Turks	<input type="checkbox"/>											
Germans	<input type="checkbox"/>											

68

What is your religion?

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

69

How important is religion to you?

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

70**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

71**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

72**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"/>

Leisure time activities

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

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

Yes

No → Go to **75**

74 How often do you spend time in these clubs...

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... with people from 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.

75 Do you have a boyfriend/girlfriend?

Yes

No → Go to **79**

76 Does he/she go to your school?

- Yes, same class
- Yes, but different class
- No, goes to another school
- No, has finished schooling

77 How old is he/she?

Age in years:

78 Does he/she have foreign background?

No

Yes

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

Number of boyfriends/girlfriends:

I haven't had a boyfriend/girlfriend yet.

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

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

81 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.

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

Yes

No → Go to **86**

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

Number of hours:

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

Yes

No

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

Amount in SEK:

86 Do you get money from your parents?

Yes, each week → SEK

Yes, each month → SEK

Yes, occasionally

No

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

Always

Often

Sometimes

Never

88 If you suddenly needed 300 SEK by tomorrow, would you be able to get it?

- Yes
- No
- Don't know

89 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"/>

90 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"/>

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

Number of rooms:

92 About how many books are there in your home?

- 0-25
- 26-100
- 101-200
- 201-500
- More than 500

93

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, pados, ecstasy pills)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

94

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: