

Questions about you

1 Are you a boy or a girl?

Boy

Girl

2 When were you born?

Month

Year

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

3 In which country were you born?

Germany → Go to **5**

Italy

Poland

Russia

Turkey

Other country → Please specify:

4 How old were you when you moved to Germany?

Age in years:

5 How well do you think you can...

Not at all Not well Well Very well Excellently

... speak German?

... write German?

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

6 Is there a language other than German spoken at your home?

Yes

No → Go to **10**

7 Which language is this?

- Italian
- Polish
- Russian
- Turkish
- Other language → Please specify:

8 Think of the language you just ticked. How well do you think you can...

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

9 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"/>
... watch TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... talk to friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your school

10 Which school subject do you like most?

11 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 (e.g., 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"/>

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

- No degree
- Degree from lower secondary school
- Degree from intermediate secondary school
- Degree from upper secondary school
- University degree
- Don't know

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

- No degree
- Degree from lower secondary school
- Degree from intermediate secondary school
- Degree from upper secondary school
- University degree
- Don't know

14

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

- No degree
- Degree from lower secondary school
- Degree from intermediate secondary school
- Degree from upper secondary school
- University degree
- Don't know

15

Do you think you would succeed in studying at...

- | | Yes,
definitely | Yes,
probably | Possibly | No,
probably
not | No,
definitely
not |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ... lower secondary school? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... intermediate secondary school? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... upper secondary school? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... university? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

16

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"/> |
| I don't like that I am obliged to go to school. | <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"/> |
| 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"/> |
| I hate school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Students who study hard are not cool. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

17

How well are you doing in the following subjects?

- | | Very
well | Quite
well | OK | Not that
well | Not at
all well |
|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Math | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| German | <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"/> |

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

18 Is there a setting system at your school?

Yes

No → Go to **20**

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

Math:

German:

English:

20 What grades did you get in your last school report in the following subjects?

Math:

German:

English:

21 Do you take classes outside regular school hours to improve your grades?

No

Yes, but not every week

Yes, every week

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
A university education is very important for getting a good job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting a full-time job is just as good as getting more education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An immigrant in Germany needs a university education in order to get a good job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To get the education I want, I would be willing to move to another part of the country.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be willing to study at university even if it means that I have less money to live on for several years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23 How much have you thought about your future education (including vocational training)?

A lot

A bit

Not much

Not at all

24

At your age, how important is it that you think carefully about your future education (including vocational education)?

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

25

Where did you get information about your future education (including vocational training)?
You can tick several boxes.

- I did not get any information.
- Parents
- Siblings
- Other relatives
- Classmates
- Other friends
- Internship
- Study counsellor
- Teachers
- Internet
- Newspapers
- Job centers
- Open days
- Other way



Please specify:

Questions about your future plans

26 Do you intend to graduate from school at the end of this school year?

- Yes, from lower secondary school
- Yes, from intermediate secondary school
- No

27 What are you planning to do after this school year (after the summer holidays)? Please tick only one box.

- Stay on in school and get degree from intermediate secondary school
- Stay on in school and get degree from upper secondary (vocational) school
- Vocational preparation year

- Full-time work
- Apprenticeship
- Internship

28 Have you applied for a job/ apprenticeship/internship already?

- Yes, and I have a job/apprenticeship/internship already
- Yes, I have applied, but I have no job/apprenticeship/internship yet
- No

Something else →

Please specify:

Don't know

29 What occupation would you like to have as an adult? Please name only one occupation and give the exact title.

Don't know

30 How important to you are the following aspects of a future occupation?

Very Fairly Not very Not at all
important important important important

That I have a high income.

That I can help people.

That I can think and solve problems.

That the risks of becoming unemployed are low.

That I can be creative.

Your feelings and attitudes

31 How strongly do you feel German?

- 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.

32 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 35**
- Italian
- Polish
- Russian
- Turkish
- Other group → Please specify:

33 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

34 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

35 What is your religion?

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

36 How important is religion to you?

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

37 How often do you visit a religious meeting place (e.g., a church, a mosque, a synagogue or a temple)?

- Never
- Occasionally (but less than once a month)
- At least once a month
- At least once a week
- Every day

38 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
- Five times a day or more

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

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

40**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"/>

Your leisure time

41 In your spare time, 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"/>

42 Imagine someone offers you 50 Euros today or 100 Euros in a year. Which one would you choose?

- 50 Euros today
- 100 Euros in a year
- Don't know

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

43 Do you usually work outside of school (e.g., do a paper round, help your parents in their business, babysit)?

- Yes
- No → Go to **47**

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

Number of hours:

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

- Yes
- No

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

Amount in Euros:

--	--	--

47 Do you get money from your parents?

Yes, each week



--	--	--

Euros

Yes, each month



--	--	--

Euros

Yes, occasionally

No

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

Always

Often

Sometimes

Never

49 If you suddenly needed 100 Euros by tomorrow, would you be able to get it?

Yes

No

Don't know

50 How interested are you in German politics?

Very much

A lot

Quite a lot

A little

Very little or not at all

51 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 (e.g., hash, paddos, ecstasy pills)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52**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"/>

53**How much do you know about...**

	Very much	A lot	Quite a lot	A little	Very little or nothing at all
... German politics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... German history?	<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.

- 54** 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?

Germany → Go to **58**

Italy

Poland

Russia

Turkey

Other country → Please specify:

I don't know the country. → Go to **58**

- 55** How interested are you in this country's politics?

Very much

A lot

Quite a lot

A little

Very little or not at all

- 56** Have you visited this country during the last 12 months?

Yes, twice or more

Yes, once

No

- 57** How much do you know about...

Very much A lot Quite a lot A little Very little
or nothing
at all

... this country's politics?

... this country's history?

58 Does your mother currently have a job?

- Yes
- No
- Don't know

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

59 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?

Same country as my mother → Go to **63**

Germany → Go to **63**

Italy

Poland

Russia

Turkey

Other country → Please specify:

I don't know the country. → Go to **63**

60 How interested are you in this country's politics?

- Very much
- A lot
- Quite a lot
- A little
- Very little or not at all

61 Have you visited this country during the last 12 months?

- Yes, twice or more
- Yes, once
- No

62 How much do you know about...

	Very much	A lot	Quite a lot	A little	Very little or nothing at all
... this country's politics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... this country's history?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

63 Does your father currently have a job?

- Yes
- No
- Don't know

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

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

- Yes → Go to **66**
- No

65 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.
- I moved out.
- Other reason → Please specify:

66 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

67 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

In general, how often does/do one or both of your parents do the following things with you?

	Every day	Once or several times a week	Once or several times a month	Less often	Never
Talk to you about political and social issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to you about books, films or TV programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spend time just talking to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions about your friends

69 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 or very few
... a German background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... an Italian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Polish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Russian background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... a Turkish background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... another background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

70 Do you have a boyfriend/girlfriend?

Yes

No → Go to **75**

71 Does he/she go to your school?

Yes, same class

Yes, but different class

No, goes to another school

No, has finished schooling

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

School for special needs

Lower secondary school

Intermediate secondary school

Upper secondary school

Comprehensive school

Don't know

Your health, attitudes and views

76 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... with school in general?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

77 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 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"/>

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

Very good

Good

About the same

Bad

Very bad

79 In the last six 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 stomachache?	<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"/>

80 On a typical school night, what time do you go to bed?

Time: :

81 On a typical school night, what time do you wake up?

Time: :

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I have difficulties concentrating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can influence my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can put my plans into action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your favorites

83 Who is your favorite singer or band?

84 Which country does this singer or band come from?

85 Who is your favorite actor or actress?

86 Which country does this actor or actress come from?

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

87 How much are you interested in watching football?

Very much

Much

Some

Little

Very little or not at all → Go to **90**

88 Which football club do you like most?

89 Which country does this club come from?

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

90 Apart from football, what kind of sports do you like watching most?

No other sport → Go to **93**

91 Who is your favorite athlete in the sport you just mentioned?

92 Which country does this athlete come from?

93 What is your favorite TV show?

94 What is your favorite book?