

Your current situation

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

1 Do you currently attend the same school as last year?

Yes, same school

No, another school

No, I don't attend school anymore → **Go to** **8**

School

2 Which grade do you currently attend?

9th grade

10th grade

11th grade

No grade

Other grade



Please specify:

*Attention: Please answer this question only if you attend the same school as last year.
Remember to check for a "Go to" instruction after you answer the question below.*

3 Why did you not participate in the school survey?

I was ill or not in school.

I had an exam.

I changed classes.

I repeat 9th grade.

No school survey this year at my school

Other reason

↓

Please specify:

Go to **82**

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

4 Have you graduated during the last school year?

No

Yes, from lower secondary school

Yes, from intermediate secondary school

Yes, from another school

↓

Please specify:

Go to **6**

5 Why did you change school?

- I changed school tracks.
- I moved houses.
- I had problems with teachers or students in my old school.
- Other reason → Please specify:

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

6 Which school type do you currently attend?

Hauptschule	<input type="checkbox"/>	}	Go to 39	Berufsschule	<input type="checkbox"/>	}	Go to 10
Realschule	<input type="checkbox"/>			Berufsfachschule	<input type="checkbox"/>		
Gymnasium	<input type="checkbox"/>			Höhere Berufsfachschule	<input type="checkbox"/>		
Fachoberschule	<input type="checkbox"/>			Handelsschule	<input type="checkbox"/>		
Mittelschule	<input type="checkbox"/>			Höhere Handelsschule	<input type="checkbox"/>		
Regelschule	<input type="checkbox"/>			Other school	<input type="checkbox"/>		
Sekundarschule	<input type="checkbox"/>			Please specify:	<input style="width: 180px; height: 40px;" type="text"/>		
Haupt-Realschule	<input type="checkbox"/>						
Förderschule	<input type="checkbox"/>						
Waldorfschule	<input type="checkbox"/>						
Integrierte Gesamtschule	<input type="checkbox"/>						
Kooperative Gesamtschule	<input type="checkbox"/>						

7 Which track do you attend in combined lower, intermediate and upper secondary school?

- Lower secondary track
 - Intermediate secondary track
 - Upper secondary track
- Go to **39**

School-leaver

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

8 Have you graduated during the last school year?

- No
- Yes, from lower secondary school
- Yes, from intermediate secondary school
- Yes, from another school
- Please specify:
- ↓
- Go to **10**

9 Why have you not graduate during the last school year?

- Insufficient grades or failing final exam
- Don't want to go to school
- Problems with teachers or other students
- Skipped school too often
- Health problems
- Alcohol or drug problems
- Familial or personal reasons
- I prefer to work.
- Financial reasons
- Other reason → Please specify
- No particular reason

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

10 What are you currently doing?

- Apprenticeship (in a company and in school)
- Apprenticeship (only school)
- Vocational preparation year → Go to **17**
- Working → Go to **21**
- Internship
- Nothing
- Something else
- ↓
- Please specify:
- Go to **36**

Apprenticeship

11 In which profession are you doing your apprenticeship? Please name the exact title.

12 How long will your apprenticeship take in total?

1 to 1,5 years

2 to 2,5 years

3 to 3,5 years

4 years

More than 4 years

Other duration



Please specify:

13 How sure are you that you will finish your apprenticeship?

Very sure

Sure

Possible

Unlikely

Impossible

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

14 Do you receive an additional educational degree with your apprenticeship?

Yes

No



Go to **16**

15 Which educational degree is this?

Degree from lower secondary school

Degree from intermediate secondary school

Degree from upper secondary vocational school

Degree from upper secondary school

Other educational degree



Please specify:

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

16 Please tell us your monthly total income, after tax and compulsory deductions, from all sources. If you don't know exactly, please try to answer as best as you can.

0-200 Euro	<input type="checkbox"/>	}	→	Go to	39	1201-1400 Euro	<input type="checkbox"/>	}	→	Go to	39
201-400 Euro	<input type="checkbox"/>					1401-1600 Euro	<input type="checkbox"/>				
401-600 Euro	<input type="checkbox"/>					1601-1800 Euro	<input type="checkbox"/>				
601-800 Euro	<input type="checkbox"/>					1801-2000 Euro	<input type="checkbox"/>				
801-1000 Euro	<input type="checkbox"/>					More than 2000 Euro	<input type="checkbox"/>				
1001-1200 Euro	<input type="checkbox"/>					I don't want to say.	<input type="checkbox"/>				

Vocational preparation year

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

17 What is the main reason for you for doing a vocational preparation year?

- To receive or improve my educational degree → Go to **20**
- Because I did not find an apprenticeship
- Because I want to gain practical experience and receive further qualifications
- Because I did not complete my compulsory education yet
- Because I don't have any visions of the future
- Other reason → Go to **39**
- Please specify:

18 In which profession do you want to do your apprenticeship? Please name the exact title.

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

19 How many applications have you sent out?

- Number: → Go to **39**
- I haven't sent out any applications. → Go to **39**

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

20 Which educational degree is this?

- Degree from lower secondary school
- Degree from intermediate secondary school
- Degree from upper secondary vocational school
- Degree from upper secondary school
- Other educational degree → Go to **39**
- Please specify:

Full-time job

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

21 Have you actively been searching for an apprenticeship since you have left school?

Yes

No → Go to **24**

22 In which profession do you want to do your apprenticeship? Please name the exact title.

23 How many applications have you sent out?

Number:

I haven't sent out any applications.

24 Which job do you have at the moment? Please name the exact title.

25 Please tell us your monthly total income, after tax and compulsory deductions, from all sources. If you don't know exactly, please try to answer as best as you can.

0-200 Euro

201-400 Euro

401-600 Euro

601-800 Euro

801-1000 Euro

1001-1200 Euro

1201-1400 Euro

1401-1600 Euro

1601-1800 Euro

1801-2000 Euro

More than 2000 Euro

I don't want to say.

26 How many hours do you work in this job per week?

Number of hours:

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

27 Do you have a contract for this job?

Yes

No → Go to **30**

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

28 Is your contract a permanent contract, a fixed-term contract or a temporary contract for seasonal work?

- Permanent contract → Go to **30**
- Fixed-term contract
- Temporary contract for seasonal work

29 Is your fixed-term or temporary contract probably with or without long term perspectives?

- With long-term perspectives
- Without long-term perspectives

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

30 How did you find this job?

- Through application in response to a job advertisement
 - Through my parents
 - Through my siblings
 - Through other family members
 - Through friends
 - Through acquaintances
 - Through the job center
 - Through school or vocational school
 - Through unsolicited application
 - Through an internship
 - Through the internet
 - Through the newspaper
 - Through another way
- Please specify:
- Go to **32**
- Go to **32**

31 What is this/these person(s) background?

- German
- Italian
- Polish
- Russian
- Turkish
- Other background → Please specify:

32 When did you start working in this job? Please name the month and the year.

Month Year

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

33 Is this your first job since you have left school?

Yes → Go to **39**

No

34 How many jobs did you have since you have left school?

Number:

--	--

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

35 What was your first job? Please name the exact title.

--

 → Go to **39**

Internship/nothing/something else

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

36 Have you actively been searching for an apprenticeship or a job since you have left school?

Yes

No → Go to **39**

37 In which profession do you want to do your apprenticeship? Please name the exact title.

38 How many applications have you sent out?

Number: → Go to **39**

I haven't sent out any applications.

Main questionnaire (short version)

Questions about your future plans

39 What are you planning to do after the summer?

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

Something else



Please specify:

Don't know

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

Don't know

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

Very important Fairly important Not very important Not at all 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.

42

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
-

43

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
-

Your school

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

44 Was there a setting system at your school?

Yes

No → Go to **46**

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

Math:

German:

English:

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

Math:

German:

English:

47 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"/>

Questions about you

48 How well do you think you can...

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

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

Yes

No → Go to **53**

50 Which language is this?

Italian	<input type="checkbox"/>	
Polish	<input type="checkbox"/>	
Russian	<input type="checkbox"/>	
Turkish	<input type="checkbox"/>	
Other language	<input type="checkbox"/> →	Please specify: <input type="text"/>

51 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"/>

52 In this language, how often do you...

	Always	Often	Sometimes	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 feelings and attitudes

53 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.

54 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 57**
- Italian
- Polish
- Russian
- Turkish
- Other group → Please specify:

55 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

56 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

57 What is your religion?

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



Please specify:

58 How important is religion to you?

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

59 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

60 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

61**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"/>

62**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

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

63 Do you have a side-job (e.g., do a paper round, help your parents in their business, babysit)?

Yes

No → Go to **67**

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

Number of hours:

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

Yes

No

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

Amount in Euros:

67 Do you get money from your parents?

Yes, each week → Euros

Yes, each month → Euros

Yes, occasionally

No

68**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"/>

69**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"/>

Questions about your family

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

- 70** 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 **72**

Italy

Poland

Russia

Turkey

Other country → Please specify:

I don't know the country. → Go to **72**

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

Yes, twice or more

Yes, once

No

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

- 72** 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 **74**

Germany → Go to **74**

Italy

Poland

Russia

Turkey

Other country → Please specify:

I don't know the country. → Go to **74**

73**Have you visited this country during the last 12 months?**Yes, twice or more Yes, once No **74****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

75 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.

76 Do you have a boyfriend/girlfriend?

Yes

No → Go to **78**

77 What is his/her background?

German

Italian

Polish

Russian

Turkish

Other background → Please specify:

Your health, attitudes and views

79 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"/>	<input type="checkbox"/>
... with your current situation?	<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"/>	<input type="checkbox"/>

80 In the last six months, how often have you had...

	Often true	Sometimes true	Rarely true	Never true
... a headache?	<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"/>
... difficulties falling asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

81 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"/>

Main questionnaire (long version)

Questions about you

82 When were you born?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

83 In which country were you born?

Germany	<input type="checkbox"/>	→	Go to	85
Italy	<input type="checkbox"/>			
Poland	<input type="checkbox"/>			
Russia	<input type="checkbox"/>			
Turkey	<input type="checkbox"/>			
Other country	<input type="checkbox"/>	→	Please specify:	<input type="text"/>

84 How old were you when you moved to Germany?

Age in years:

85 How well do you think you can...

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

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

Yes	<input type="checkbox"/>			
No	<input type="checkbox"/>	→	Go to	90

87 Which language is this?

Italian	<input type="checkbox"/>	
Polish	<input type="checkbox"/>	
Russian	<input type="checkbox"/>	
Turkish	<input type="checkbox"/>	
Other language	<input type="checkbox"/>	→ Please specify: <input type="text"/>

88 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"/>

89 In this language, how often do you...

	Always	Often	Sometimes	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

90 Which school subject do you like most?

91 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"/>

92 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

93 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

94

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

95

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"/> |

96

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"/> |

97

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.

98 Is there a setting system at your school?

Yes

No → Go to **100**

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

Math:

German:

English:

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

Math:

German:

English:

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

No

Yes, but not every week

Yes, every week

102 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"/>

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

A lot

A bit

Not much

Not at all

104

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

105

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

106 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

107 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

108 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

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

Don't know

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

	Very important	Fairly important	Not very important	Not at all important
That I have a high income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That I can help people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That I can think and solve problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That the risks of becoming unemployed are low.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That I can be creative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your feelings and attitudes

111 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.

112 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 115**
- Italian
- Polish
- Russian
- Turkish
- Other group → Please specify:

113 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

114 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

115 What is your religion?

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



Please specify:

116 How important is religion to you?

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

117 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

118 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

119

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"/>

120

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

121 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"/>

122 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.

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

Yes

No → Go to **127**

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

Number of hours:

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

Yes

No

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

Amount in Euros:

--	--	--

127 Do you get money from your parents?

Yes, each week →

--	--	--

 Euros

Yes, each month →

--	--	--

 Euros

Yes, occasionally

No

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

Always

Often

Sometimes

Never

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

Yes

No

Don't know

130 How interested are you in German politics?

Very much

A lot

Quite a lot

A little

Very little or not at all

131 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"/>

132**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"/>

133**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.

- 134** 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 **138**

Italy

Poland

Russia

Turkey

Other country → Please specify:

I don't know the country. → Go to **138**

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

Very much

A lot

Quite a lot

A little

Very little or not at all

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

Yes, twice or more

Yes, once

No

- 137** 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"/>

138

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.***139**

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 **143**Germany → Go to **143**Italy Poland Russia Turkey Other country → Please specify:I don't know the country. → Go to **143****140**

How interested are you in this country's politics?

Very much A lot Quite a lot A little Very little or not at all **141**

Have you visited this country during the last 12 months?

Yes, twice or more Yes, once No **142**

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"/>

143 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.

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

Yes → Go to **146**

No

145 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:

146 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

147 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

149 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.

150 Do you have a boyfriend/girlfriend?

Yes

No → Go to **155**

151 Does he/she go to your school?

Yes, same class

Yes, but different class

No, goes to another school

No, has finished schooling

152 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

156 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"/>

157 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"/>

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

Very good

Good

About the same

Bad

Very bad

159 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"/>

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

Time: :

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

Time: :

162 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"/>