

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 ☐ → Go to **5**

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

Same school

2 Which school type do you currently attend?

- VMBO-basis ☐
- VMBO-kader ☐
- VMBO-gt ☐
- VMBO-t ☐
- HAVO ☐
- VWO ☐
- Gymnasium ☐
- Other school type ☐ →

Please specify:

3 Which grade do you currently attend?

- 3rd grade ☐
- 4th grade ☐
- 5th grade ☐
- Other grade ☐ →

Please specify:

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

4 Why did you not participate in the school survey?

- I changed classes. ☐
- I repeat 3rd grade. ☐
- No school survey this year at my school ☐
- Other reason ☐

Please specify:

Don't know ☐

Go to **10**

Another school

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:

6 Which school type do you currently attend?

VMBO-basis ☐

VMBO-kader ☐

VMBO-gt ☐

VMBO-t ☐

HAVO ☐

VWO ☐

Gymnasium ☐

Other school type ☐



Please specify:

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

7 Which grade do you currently attend?

3rd grade ☐

4th grade ☐

5th grade ☐

Other grade ☐

☐
☐
☐
☐
↓

Go to

10

Please specify:

School-leaver

8

What is the main reason why you do not attend school anymore?

Insufficient grades ☐

Completed compulsory education, 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 ☐

9

What are you currently doing?

Unemployed and looking for a job ☐

Unemployed and not looking for a job ☐

Full-time job ☐

Apprenticeship ☐

Something else ☐ →

Please specify:

Questions about your future plans

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

- Lower secondary school, basic profession-orientated learning path, year 4 (VMBO-B 4) ☐
- Lower secondary school, middle management-orientated learning path, year 4 (VMBO-k 4) ☐
- Lower secondary school, mixed learning path, year 4 (VMBO-g 4) ☐
- Lower secondary school, theoretical learning path, year 4 (VMBO-t 4) ☐
- Intermediate secondary school, year 4 (HAVO 4) ☐
- Intermediate secondary school, year 5 (HAVO 5) ☐
- Upper secondary school, year 4 (VWO/gymnasium 4) ☐
- Upper secondary school, year 5 (VWO/gymnasium 5) ☐
- Lower tertiary school (MBO-opleiding) ☐
- Apprenticeship ☐
- Full-time job ☐
- Something else ☐ →
- Don't know ☐

Please specify:

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

12 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. ☐ ☐ ☐ ☐

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

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

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

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

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

- Math:
- Dutch:
- English:

16 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"/>

Questions about you

17 How well do you think you can...

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

Yes ☐

No ☐



Go to

22

19 Which language is this?

Turkish	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Berbers	<input type="checkbox"/>
English	<input type="checkbox"/>
Hindi/Hindustani	<input type="checkbox"/>
Other language	<input type="checkbox"/>



Please specify:

20 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"/>

21 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

22 How strongly do you feel Dutch?

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

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

23 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 **26**
- Turkish ☐
- Moroccan ☐
- Berbers ☐
- Surinamese ☐
- Hindu ☐
- Creole ☐
- Javan ☐
- Chinese ☐
- Curacao ☐
- Aruban ☐
- Antillean ☐
- Indonesian ☐
- Other group ☐ → Please specify:

24 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 ☐

25 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 ☐

26 What is your religion?

No religion	<input type="checkbox"/>
Buddhism	<input type="checkbox"/>
Christianity: Catholic	<input type="checkbox"/>
Christianity: Protestant	<input type="checkbox"/>
Hinduism	<input type="checkbox"/>
Islam	<input type="checkbox"/>
Judaism	<input type="checkbox"/>
Other religion	<input type="checkbox"/> → Please specify: <div></div>

27 How important is religion to you?

Very important	<input type="checkbox"/>
Fairly important	<input type="checkbox"/>
Not very important	<input type="checkbox"/>
Not at all important	<input type="checkbox"/>

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

Never	<input type="checkbox"/>
Occasionally (but less than once a month)	<input type="checkbox"/>
At least once a month	<input type="checkbox"/>
At least once a week	<input type="checkbox"/>
Every day	<input type="checkbox"/>

29 How often do you pray?

Never	<input type="checkbox"/>
Occasionally (but less than once a month)	<input type="checkbox"/>
At least once a month	<input type="checkbox"/>
At least once a week	<input type="checkbox"/>
One to four times a day	<input type="checkbox"/>
Five times a day or more	<input type="checkbox"/>

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

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

31**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.

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

Yes ☐

No ☐ → Go to **37**

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

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

Number of hours:

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

Yes ☐

No ☐

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

Amount in Euros:

37 Do you get money from your parents?

Yes, each week ☐ → Euros

Yes, each month ☐ → Euros

Yes, occasionally ☐

No ☐

38 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"/>

39 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"/>

40 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"/>

Questions about your family

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

- 41** The following questions are about your biological mother. If she is no longer alive or if you are not in touch with her, please answer the questions as best as you can.

In which country was your biological mother born?

Netherlands ☐ → Go to **43**

Turkey ☐

Morocco ☐

Surinam ☐

Netherlands Antilles/Aruba ☐

Indonesia ☐

Other country ☐ → Please specify:

I don't know the country. ☐ → Go to **43**

- 42** 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.

- 43** 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 **45**

Netherlands ☐ → Go to **45**

Turkey ☐

Morocco ☐

Surinam ☐

Netherlands Antilles/Aruba ☐

Indonesia ☐

Other country ☐ → Please specify:

I don't know the country. ☐ → Go to **45**

44 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.

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

Yes ☐ → Go to **47**
No ☐

46 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:

47 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

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

49 Do you have a boyfriend/girlfriend?

Yes ☐

No ☐ → Go to **52**

50 What is his/her background?

Dutch ☐

Turkish ☐

Moroccan ☐

Surinamese ☐

Antillean ☐

Other background ☐ → Please specify:

51 Since when are you together with this boy/girl?

Month

Year

How often do you talk...

(Please tick a box for every group.)

[illegible]

Your health, attitudes and views

53 On a scale of 1 to 10 where 1 is very unsatisfied and 10 is very satisfied, how satisfied are you...

	Very unsatisfied								Very satisfied	
	1	2	3	4	5	6	7	8	9	10
... with your life in general?	<input type="checkbox"/>	<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"/>

54 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"/>

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

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

56 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"/>

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"/>
