

Questions about you

1 Are you a boy or a girl?

Boy ☐

Girl ☐

2 When were you born?

Day

Month

Year

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1	9		
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Attention: Remember to check for a "Go to" instruction after you answer the question below.

3 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.

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

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She has never worked before.

☐

Go to

5

4 Additionally, please describe what she does in her job.

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

5 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.

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

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He has never worked before.

☐

Go to

7

6 Additionally, please describe what he does in his job.

7 Besides you, who lives in your home? Please tick all that apply. If you move between two homes, choose your mother's home when answering this question.

Biological mother	<input type="checkbox"/>			
Biological father	<input type="checkbox"/>			
Adoptive mother	<input type="checkbox"/>			
Adoptive father	<input type="checkbox"/>			
Stepmother	<input type="checkbox"/>			
Stepfather	<input type="checkbox"/>			
Foster mother	<input type="checkbox"/>			
Foster father	<input type="checkbox"/>			
Brother(s) (including step/halfbrothers)	<input type="checkbox"/>	→ How many: <table><tr><td></td><td></td></tr></table>		
Sister(s) (including step/halfsisters)	<input type="checkbox"/>	→ How many: <table><tr><td></td><td></td></tr></table>		
Grandparents	<input type="checkbox"/>			
Other family members	<input type="checkbox"/>			
Other persons	<input type="checkbox"/>			

8 How many people in total live in your home, including yourself?

Number of people:

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

9 Do you also live in another home on a regular basis? By this, we mean at least once every week or once every other week.

Yes ☐

No ☐ → Go to **12**

13 Do you have...

	Yes	No
... your own computer?	<input type="checkbox"/>	<input type="checkbox"/>
... access to the internet at home?	<input type="checkbox"/>	<input type="checkbox"/>
... a room just for yourself?	<input type="checkbox"/>	<input type="checkbox"/>
... your own smartphone (e.g., iPhone or Blackberry)?	<input type="checkbox"/>	<input type="checkbox"/>
... your own TV?	<input type="checkbox"/>	<input type="checkbox"/>
... a game console (e.g., Playstation, Wii or X-Box)?	<input type="checkbox"/>	<input type="checkbox"/>

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

Number of rooms:

15 About how many books are there in your home?

0-25	<input type="checkbox"/>
26-100	<input type="checkbox"/>
101-200	<input type="checkbox"/>
201-500	<input type="checkbox"/>
More than 500	<input type="checkbox"/>
