



**A survey of 16-17 year olds in England, Germany, Sweden and the Netherlands**

This questionnaire is about how you like to spend your free time, your hopes for the future and what you have been doing since we last contacted you.

The study is being carried out in England by NatCen Social Research, an independent research organisation, on behalf of the University of Oxford.

It will not take long to fill in since not all the questions will apply to you. Some instructions on how to complete this booklet are given on the next page.

Please return your completed booklet to us using the envelope provided and you will get a **£10 Amazon e-voucher** as thanks for your help. Everything you write will be treated in complete confidence.

**THANK YOU VERY MUCH FOR YOUR HELP**

Ref: P3062



## Instructions for completing the booklet

- Most questions can be answered by ticking the box next to your answer
- Some questions can be answered by writing into a box
- The arrows will tell you which question to answer next
- If there are no arrows, just carry on to the next question
- For most questions you should choose one answer only
- The questions where it is OK to choose more than one answer will say **“Tick all that apply”**

If you need more information please call our freephone helpline on 0800 652 4568 or email [yes@natcen.ac.uk](mailto:yes@natcen.ac.uk).

Here are some examples of how to fill in the questions:

**Q1** Did you have breakfast this morning?

Yes  <sup>1</sup>  
No  <sup>2</sup>  **Go to Q3**

**Q2** How many people did you eat breakfast with?

**Write in**   **3**

**Q3** Do you usually eat breakfast in the mornings?

Yes  <sup>1</sup>  
No  <sup>2</sup>

## Questions about you

**Q1** Are you a boy or a girl?

Boy  <sup>1</sup>

Girl  <sup>2</sup>

**Q2** When were you born?

Date   /   /

**Q3** What is your ethnic group? Please choose one option.

**White**

English/ Welsh/ Scottish/ Northern Irish/ British  1

Irish  2

Gypsy or Irish Traveller  3

Any other White background, please write in the box below:  4

**Mixed/ Multiple Ethnic Groups**

White and Black Caribbean  5

White and Black African  6

White and Asian  7

Any other Mixed/ Multiple Ethnic background, please write in the box below:  8

**Asian / Asian British**

Indian  9

Pakistani  10

Bangladeshi  11

Chinese  12

Any other Asian background, please write in the box below:  13

**Black / African / Caribbean / Black British**

African  14

Caribbean  15

Any other Black/ African/ Caribbean background, please write in the box below:  16

**Other ethnic group**

Arab  17

Any other ethnic group, please write in the box below:  18

**Q4** What is your nationality? (If you have a passport, just give the name of the country which your passport is from). If you have more than one nationality, please tick all of them that apply.

- British  1
- Bangladeshi  2
- Chinese  3
- Indian  4
- Jamaican  5
- Nigerian  6
- Pakistani  7
- Turkish  8
- Other nationality, please write in the box below:  9
- Don't know  10

**Q5** How well do you think you can...  
(Please tick one box on every line.)

		Not at all	Not well	Well	Very well	Excellently
		1	2	3	4	5
a	... speak English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	... write English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q6** Is there a language other than English spoken at your home?

- Yes  1
- No  2  Go to Q10

**Q7** Which language is this?

If you use more than one other language at home, please answer about the language you use the most.

- Punjabi  1
- Gujarati  2
- Bengali  3
- Urdu  4
- Hindi  5
- Cantonese  6
- Turkish  7
- Other, please write in the box below  8

**Q8** Think of the language you just ticked. How well do you think you can...  
(Please tick one box on every line.)

		Not at all	Not well	Well	Very well	Excellently
		1	2	3	4	5
a	... speak this language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	... write this language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q9** In this language, how often do you...  
(Please tick one box on every line.)

		Always	Often	Sometimes	Never
		1	2	3	4
a	... talk to your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	... watch TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	... talk to friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q10** What is the highest level of education you wish to get?

- No qualifications  1
- GCSEs (or a similar level)  2
- A levels or AS levels (or a similar level)  3
- University degree  4
- Don't know  5

**Q11** What is the highest level of education that you think you will actually get?

- No qualifications  1
- GCSEs (or a similar level)  2
- A levels or AS levels (or a similar level)  3
- University degree  4
- Don't know  5

**Q12** What occupation would you like to have as an adult? Please name only one occupation and give the exact title.

1

Don't know  2

**Q13** Thinking back to the last school year. Were there sets for particular subjects at your school?

- Yes  1
- No  2

Go to Q15

**Q14** Which set were you in for the last school year? (Please write in)

In Maths

In English

- No sets in Maths  1
- No sets in English  2

**Q15** Did you take any GCSE exams in Year 10 or 11?  
Please do not include any retakes you may have taken after you finished Year 11.

Yes  1

No  2

**Go to Q18**

**Q16** How many GCSEs did you get at the following grades?

A\* to C (please write in the number)   1

D to G (please write in the number)   2

**Q17** Now please tell us which of the following subjects you took GCSE exams in, and the results you got.

Please tick if you took this exam & tick your grade

A\*    A    B    C    D    E    F    G    U

1    2    3    4    5    6    7    8    9

English (English language)	<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"/>
English literature	<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"/>
Maths	<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"/>



## Your feelings and beliefs

**Q18** Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?

Most people can be trusted  1

You can't be too careful  2

**Q19** How strongly do you feel British?

Very strongly  1

Fairly strongly  2

Not very strongly  3

Not at all strongly  4

**Q20** 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 only one box

No other group  1

Bangladeshi  2

Chinese  3

Indian  4

Jamaican  5

Nigerian  6

Pakistani  7

Turkish  8

Other, please write in the box below:  9

Go to Q23

**Q21** How strongly do you feel that you belong to this group?

- Very strongly  1
- Fairly strongly  2
- Not very strongly  3
- Not at all strongly  4

**Q22** How important is it for you personally to maintain the customs and traditions of this group?

- Very important  1
- Fairly important  2
- Not very important  3
- Not at all important  4

**Q23** What is your religion?

- No religion  1
- Buddhism  2
- Christianity: Catholicism  3
- Christianity: Protestantism  4
- Christianity: Other  5
- Hinduism  6
- Islam  7
- Judaism  8
- Other religion, please write in the box below:  9

**Q24** How important is religion to you?

- Very important  1
- Fairly important  2
- Not very important  3
- Not at all important  4

**Q25** How often do you visit a religious meeting place (e.g. church, mosque, synagogue, temple)?

- Never  1
- Occasionally (but less than once a month)  2
- At least once a month  3
- At least once a week  4
- Every day  5

**Q26** How often do you pray?

- Never  1
- Occasionally (but less than once a month)  2
- At least once a month  3
- At least once a week  4
- One to four times a day  5
- Five times a day or more  6

**Q27**

**How much do you agree or disagree with each of these statements?  
(Please tick one box on every line.)**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	
	1	2	3	4	5	
a	White British 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"/>
b	Ethnic minority groups should adapt to British society.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	White British people should be open to the customs and traditions of ethnic minorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Ethnic minority groups 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"/>

**What are you doing now?**

**Q28** We would like to know what you are doing at the moment  
Please tick one box to show us what your main activity is.

- Going to school or college  1
- Doing work-related training, for example an apprenticeship  2
- Working  3
- Other, please write in the box below:  4

- Go to Q29 (below)
- Go to Q32 on PAGE 15
- Go to Q36 on PAGE 17
- Go to Q44 on PAGE 19

**School or college**

*Please answer questions 29 to 31 only if you are going to school or college.*

**Q29** Are you going to the same school as last year?

- Yes, I am going to the same school (including Year 11, Year 12, or sixth form)  1
- No, I am going to another school or college  2

**Q29a** What qualifications are you studying for?  
(Please tick all of the qualifications you are studying for)

- A levels, AS levels or A2 levels  1
- Vocational qualifications such as BTECS, NVQs, City and Guilds, or other equivalent qualifications  2
- GCSEs that are not resits  3
- GCSEs that are resits  4
- Other qualification(s), please write in the box below  5

**Q30** How often do you ...  
 (Please tick one box on every line.)

	Every day	Once or several times a week	Once or several times a month	Less often	Never
	1	2	3	4	5
a ... answer back to your teachers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b ... get a punishment in school or college (such as being sent out of class, writing lines, getting a detention)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c ... skip a lesson without permission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d ... arrive late at school or college?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q31** How much do you agree or disagree with each of these statements?  
 (Please tick one box on every line.)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	1	2	3	4	5
a I am sure that I can get good grades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b I put a great deal of effort into my school/college work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c It is very important to me to get good grades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Go to Q44 on page 19

## Work-related training

Please answer questions 32 to 35 only if you are doing work-related training, for example an apprenticeship.

**Q32** In which job or occupation are you doing your work-related training? Please name the exact title.

0

**Q33** How long will this training take in total?

Less than 1 year  1

1 year but less than 2 years  2

2 years but less than 3 years  3

3 years but less than 4 years  4

4 or more years  5

Other, please write in the box below:  6

**Q34** What is your monthly income, after tax and any deductions, from your work-related training?

up to £150  1

£151 to £200  2

£201 to £400  3

£401 to £600  4

£601 to £800  5

£801 to £1,000  6

£1,001 to £1,200  7

£1,201 to £1,400  8

More than £1,401  9

I don't want to answer this question  10

**Q34a** Are you doing an apprenticeship?

Yes  1

No  2

Go to Q44 on page 19

**Q35** Which level or type of apprenticeship are you doing?

Level 2 Apprenticeship/Intermediate Apprenticeship/Foundation Modern Apprenticeship  1

Level 3 Advanced Apprenticeship/Advanced Modern Apprenticeship  2

Level 4 Higher Apprenticeship  3

Other, please write in the box below:  4

Don't know  5

Go to Q44 on page 19



## Jobs and working

*Please answer questions 36 to 43 only if you working as your main activity.*

**Q36** What job do you have at the moment? Please name the exact title.

0

**Q37** Please describe what you do in your job as best as you can.

0

**Q38** What is your monthly income, after tax and any deductions, from your job?

up to £150

1

£151 to £200

2

£201 to £400

3

£401 to £600

4

£601 to £800

5

£801 to £1,000

6

£1,001 to £1,200

7

£1,201 to £1,400

8

More than £1,401

9

I don't want to answer this question

10

**Q39** What type of contract do you have for this job?

- No contract  1
- Permanent contract  2
- Temporary contract  3
- Temporary contract for seasonal work  4
- Don't know  5

**Q40** When did you start working in this job? Please name the month and the year.

/

**Q41** Is this the first job you have had since leaving school?

- Yes  1
- No  2

Go to Q44 on page 19

**Q42** What was the first job you had after leaving school? Please name the exact title.

0

**Q43** Please describe what you did in this first job as best as you can.

0

## Your leisure time

**Q44** In your spare time, how often do you...  
 (Please tick one box on every line.)

		Every day	Once or several times a week	Once or several times a month	Less often	Never
		1	2	3	4	5
a	... visit relatives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	... go out to a pub/bar/nightclub/party?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	... read a book (not for school)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	... 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"/>
e	... do voluntary or community work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q45** Outside of the time that you spend doing your main day-to-day activity (e.g. being in school or college, working in a full-time job, doing work-related training), do you have a job on the side (e.g. do a paper round, help your parents in their business, babysit)?

Yes  1  
 No  2  Go to Q49

**Q46** How many hours do you work during a regular week in this side job, including weekends?

hours

**Q47** Is this a side job where you help your parents in their business?

Yes  1  
 No  2

**Q48** About how much money do you earn from this side job each month?

£  .  pence

**Q49** Do you get money from your parents?

- Yes, each week  1  Go to Q50
- Yes, each month  2  Go to Q50
- Yes, occasionally  3  Go to Q51
- No  4  Go to Q51

**Q50** How much do they give you each week or month?

£ each week £  .  pence

OR

£ each month £  .  pence

**Q51** If you suddenly needed £90 by tomorrow, would you be able to get it?

- Yes  1
- No  2
- Don't know  3

**Q52** How interested are you in British politics?

- Very much  1
- A lot  2
- Quite a lot  3
- A little  4
- Very little or not at all  5

**Q53**

**How often do you....**  
**(Please tick one box on every line.)**

	Every day	Once or several times a week	Once or several times a month	Less often	Never
	1	2	3	4	5
a	... have a hot meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	... drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	... do sports or go to the gym?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	...smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	... eat breakfast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	... use drugs such as cannabis or ecstasy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q54**

**Have you done the following things in the past 3 months?**  
**Please remember that your answers will be kept secret.**  
**(Please tick one box on every line.)**

	Yes	No	
	1	2	
a	Deliberately damaged things that were not yours	<input type="checkbox"/>	<input type="checkbox"/>
b	Stolen something from a shop / from someone else	<input type="checkbox"/>	<input type="checkbox"/>
c	Carried a knife or weapon	<input type="checkbox"/>	<input type="checkbox"/>
d	Been very drunk	<input type="checkbox"/>	<input type="checkbox"/>

## Your family

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.

**Q55** Was your mother born abroad?

Yes  1

No  2

Go to Q58

**Q56** Have you visited your mother's country of birth during the last 12 months?

Yes, twice or more  1

Yes, once  2

No  3

**Q57** How interested are you in the politics of your mother's country of birth?

Very much  1

A lot  2

Quite a lot  3

A little  4

Very little or not at all  5

**Q58** Please tick one box on every line.

	Yes 1	No 2	Don't know 3
a Did your mother complete primary school? (or similar foreign education)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did your mother complete secondary school and GCSEs, O Levels, or CSEs? (or similar foreign education)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Did your mother complete sixth form or college and get A Levels? (or similar foreign education)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Did your mother complete university and get a degree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Does your mother currently have a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

**Q59** Was your father born abroad?

- Yes, born abroad in the same country as my mother  1  Go to Q62
- Yes, born abroad but in a different country to my mother  2
- No  3  Go to Q62

**Q60** Have you visited your father's country of birth during the last 12 months?

- Yes, twice or more  1
- Yes, once  2
- No  3

**Q61** How interested are you in the politics of your father's country of birth?

- Very much  1
- A lot  2
- Quite a lot  3
- A little  4
- Very little or not at all  5

**Q62** Please tick one box on every line.

	Yes 1	No 2	Don't know 3
a Did your father complete primary school? (or similar foreign education)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did your father complete secondary school and get GCSEs, O Levels, or CSEs? (or similar foreign education)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Did your father complete sixth form or college and get A Levels? (or similar foreign education)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Did your father complete university and get a degree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Does your father currently have a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q63** Who do you live with? If you move between two homes, choose your mother's home when answering this question.

- With both biological parents  1
- With my biological mother and her partner  2
- With my biological father and his partner  3
- Only with my biological mother  4
- Only with my biological father  5
- In another arrangement  6

**Q64** How much do you agree or disagree with each of these statements? (Please tick one box on every line.)

		<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
		1	2	3	4	5
a	My parents say that I must tell them everything that I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	My parents know the parents of the friends I hang out with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	I always need to tell my parents exactly where I am and what I am doing when I am not at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Your friends

**Q65** Thinking about all of your friends. How many of them are from...  
(Please tick one box on every line.)

	Almost all or all 1	A lot 2	About half 3	A few 4	None or very few 5
a ... a White British background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b ... a Black or Black British background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c ... an Asian or Asian British background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d ... any other background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q66** Do you have a boyfriend or girlfriend?

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2

**Go to Q68**

**Q67** What is his or her background?

White British	<input type="checkbox"/>	1
Black or Black British	<input type="checkbox"/>	2
Asian or Asian British	<input type="checkbox"/>	3
Another background	<input type="checkbox"/>	4

**Q68** How often do you talk to people with...  
(Please tick a box for every group.)

	Every day 1	Once or several times a week 2	Once or several times a month 3	Less often 4	Never 5	I don't know people from this background 6
a ... a White British background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b ... a Black or Black British background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c ... an Asian or Asian British background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d ... any other background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q69** Thinking about your main day-to-day activity (e.g. being in school or college, working in a full-time job, doing work-related training), how many of the people at your school or work are from...  
 (Please tick a box for every group)

		Almost all or all	A lot	About half	A few	None or very few
		1	2	3	4	5
a	... a White British background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	... a Black or Black British background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	... an Asian or Asian British background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	... any other background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Your health, attitudes and views

**Q70** When you are 30 years old, do you think you will be living in Britain?

Probably yes	Probably no	Don't know
1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q71** On a scale of 1 to 10, where 1 is very dissatisfied and 10 is very satisfied, how satisfied are you with your life in general?

	Very dissatisfied									Very satisfied
	1	2	3	4	5	6	7	8	9	10
	<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"/>

**Q72** How often are each of these statements true about you?  
(Please tick one box on every line.)

Often true    Sometimes true    Rarely true    Never true

		1	2	3	4
a	I feel very worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	I feel anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	I feel depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	I feel worthless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q73** In the last six months, how often have you had ...  
(Please tick one box on every line.)

Every day    Once or several times a week    Once or several times a month    Less often    Never

		1	2	3	4	5
a	... a headache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	... a stomach ache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	... difficulties falling asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q74** During the last 12 months, how often have you felt discriminated against or treated unfairly because of your skin colour, race, ethnic background or religion ...  
 (Please tick one box on every line.)

		Always 1	Often 2	Sometimes 3	Never 4
a	... at school or college?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	... on trains, buses, trams or the underground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	... in shops, stores, cafes, restaurants or nightclubs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	... by police or security guards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q75** Do you think the following are “always ok”, “often ok” “sometimes ok” or “never ok”?  
 (Please tick one box on every line.)

		Always OK 1	Often OK 2	Some- times OK 3	Never OK 4	Don't know 5
a	Living together as a couple without being married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Divorce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Homosexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q76** Please rate how you feel about the following British groups on a scale that runs from 0 to 100. The higher the number, the more positive you feel, and the lower the number, the more negative you feel towards this group. Please tick one box for each group.

		Negative			Neutral						Positive		I don't know this group
		0	10	20	30	40	50	60	70	80	90	100	
a	White	<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"/>	<input type="checkbox"/>
b	Black	<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"/>	<input type="checkbox"/>
c	Asian	<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"/>	<input type="checkbox"/>

## Your best friends

**Q77** Please now think about your friends. Here are some questions about your friends. You can answer these questions for up to 3 friends. You should not count your boyfriend/ girlfriend.

### FRIEND 1

A. What is this friend's first name?

B. How old is this friend?

C. What is his or her background?

White British background

1

Black or Black British background

2

Asian or Asian British background

3

Any other background

4

### FRIEND 2

A. What is this friend's first name?

B. How old is this friend?

C. What is his or her background?

White British background

1

Black or Black British background

2

Asian or Asian British background

3

Any other background

4

### FRIEND 3

A. What is this friend's first name?

B. How old is this friend?

C. What is his or her background?

White British background

1

Black or Black British background

2

Asian or Asian British background

3

Any other background

4

## Future plans

**Q78** What are you planning to do after this school year (after the summer holidays in 2013)?

Please tick only one box.

Stay on in the same school or college  1

Move to a different school or college  2

Work in a full-time job  3

Complete an apprenticeship or work-related training  4

Complete an internship  5

Other, please write in  6

Don't know  7

**Q79** If there is anything else that you would like to tell us, please write it in the box below.

## CONTACTING YOU

**Q80** The University of Oxford or a research organisation working on their behalf may want to contact you again in about a year's time to ask you a few more questions. Can we contact you again?

Yes  1

No  2

First name:

Surname:

We would like to get back in touch with you by telephone. Please provide up to two telephone numbers on which we can contact you. These can be landlines or mobile numbers. If you are giving someone else's phone number (such as your mum's or dad's) please check that they don't mind.

We promise that your name and telephone number are confidential and will only be used so that we can re-contact you for research purposes.

Phone number 1

Phone number 2

We will write to you again before we telephone.

Should we have sent this questionnaire to a different address? If so, please write your new address details here:

Address:

Postcode:

Please provide an email address so that we can send you the £10 'thank you' e-voucher for returning your completed questionnaire. If you have said that you are happy to be contacted again we may also contact you by email about this. If you do not provide an email address we will post you details about how to claim your voucher. Please write carefully.


**LINKING YOUR INFORMATION**

**Q81** With your permission the University of Oxford or a research organisation working on their behalf would like to link information from the National Pupil Database (NPD) to your answers for this study. This will let researchers look in more detail at young people with different experiences and backgrounds and reduces the number of questions we need to ask you.

The NPD contains information about pupils, their qualifications, school and other information that has been collected from schools. The NPD is held centrally by the Department for Education.

Any linkage will be done in line with the Data Protection Act. Information is confidential and will be used for research purposes only. Names and addresses will never be included and no one reading the results will know who took part.

If you would like further information about the NPD please go to this website:  
<http://www.education.gov.uk/researchandstatistics/national-pupil-database>

The Privacy Notice Section of the Department for Education website can be seen here:  
<http://www.education.gov.uk/researchandstatistics/stats/schoolcensus/a0064418/privacy-notice-for-the-school-census>

Are you happy for us to link NPD information to your answers?

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2

**Thank you very much for completing this questionnaire – please return it in the envelope provided as soon as possible.**

**Remember to fill in your contact details so we can send your £10 e-voucher to you.**

Reference: P3062
Serial

--