

## Your current situation

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

**1** Have you graduated during the last school year?

No	<input type="checkbox"/>	
Yes, from lower secondary school	<input type="checkbox"/>	} → Go to <b>3</b>
Yes, from intermediate secondary school	<input type="checkbox"/>	
Yes, from another school	<input type="checkbox"/>	

↓

Please specify:

**2** Have you graduated before the end of last school year?

No	<input type="checkbox"/>	
Yes, from lower secondary school	<input type="checkbox"/>	
Yes, from intermediate secondary school	<input type="checkbox"/>	
Yes, from another school	<input type="checkbox"/>	→ Please specify: <input type="text"/>

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

**3** What are you currently doing?

School	<input type="checkbox"/>	
Apprenticeship (in a company and in school)	<input type="checkbox"/>	} → Go to <b>9</b>
School-based vocational education	<input type="checkbox"/>	
Vocational preparation year	<input type="checkbox"/>	→ Go to <b>14</b>
Working	<input type="checkbox"/>	→ Go to <b>16</b>
Internship	<input type="checkbox"/>	} → Go to <b>14</b>
Nothing	<input type="checkbox"/>	
Something else	<input type="checkbox"/>	

↓

Please specify:

## School

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

4

Which school type do you currently attend?

- Lower secondary school (Hauptschule) ☐
- Intermediate secondary school (Realschule) ☐
- Upper secondary school (Realschule Plus) ☐
- Upper secondary school (Gymnasium) ☐
- Comprehensive school (Integrierte Gesamtschule) ☐
- Higher secondary vocational school (Fachoberschule) ☐
- Combined lower and intermediate secondary school (Mittelschule) ☐
- Combined lower and intermediate secondary school (Regelschule) ☐
- Combined lower and intermediate secondary school (Sekundarschule) ☐
- Combined lower and intermediate secondary school (Haupt-Realschule) ☐
- School for special needs (Förderschule) ☐
- Rudolf-Steiner school (Waldorfschule) ☐
- Other general educational school type ☐

Please specify:

- Combined lower, intermediate and upper secondary school (Kooperative Gesamtschule) ☐

- Vocational school (Berufsschule) ☐
- Full-time vocational school (Berufsfachschule) ☐
- Higher full-time vocational school (Höhere Berufsfachschule) ☐
- Commercial school (Handelsschule) ☐
- Higher commercial school (Höhere Handelsschule) ☐
- Other vocational school type ☐

Please specify:

9

6

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

- Lower secondary track ☐
- Intermediate secondary track ☐
- Upper secondary track ☐

**6 Which grade do you currently attend?**

- 9<sup>th</sup> grade ☐
- 10<sup>th</sup> grade ☐
- 11<sup>th</sup> grade ☐
- No grade ☐
- Other grade ☐ → Please specify:

**7 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"/>

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

**8 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 get good grades.	<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"/>
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 **22**

## Apprenticeship/work-related training

9

In which profession are you doing your apprenticeship/work-related training? Please name the exact title.

10

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:

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

11

Do you receive an additional educational degree with your apprenticeship?

Yes ☐

No ☐



Go to **13**

12

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.*

13

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 ☐

Respondent has no income. ☐



Go to **22**

1201-1400 Euro ☐

1401-1600 Euro ☐

1601-1800 Euro ☐

1801-2000 Euro ☐

More than 2000 Euro ☐

I don't want to say. ☐

☐

☐

☐

☐

☐

☐



Go to **22**

Internship/nothing/something else

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

14

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

Yes

☐

No

☐

Go to

22

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

15

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



Go to

22

## Working

**16** Which job do you have at the moment? Please name the exact title and describe what you do in your job.

**17** 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"/>	1201-1400 Euro	<input type="checkbox"/>
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"/>		
Respondent has no income.	<input type="checkbox"/>	I don't want to say.	<input type="checkbox"/>

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

No contract	<input type="checkbox"/>
Permanent contract	<input type="checkbox"/>
Temporary contract	<input type="checkbox"/>
Temporary contract for seasonal work	<input type="checkbox"/>

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

Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="0"/>

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

**20** Is this your first job since you have left school?

Yes	<input type="checkbox"/>	→	Go to	<b>22</b>
No	<input type="checkbox"/>			

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

**21** What was your first job? Please name the exact title and describe what you did in your job.

→ Go to **22**

## Questions about you

22 When were you born?

Day		Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>	<input type="text" value="9"/>

23 What is your nationality (which country is your passport from)? If you have more than one nationality, please tick all that apply.

Germany	<input type="checkbox"/>
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"/>

24 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.*

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

Yes	<input type="checkbox"/>
No	<input type="checkbox"/> → Go to <b>29</b>

26 Which language is this? Please tick all that apply.

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"/>

27

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

	Not at all	Not well	Well	Very well	Excellent
... 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"/>

28

In this language, how often do you...

	Always	Often	Some-times	Never
... talk to your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... watch TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... talk to friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29

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

No degree	<input type="checkbox"/>
Degree from lower secondary school	<input type="checkbox"/>
Degree from intermediate secondary school	<input type="checkbox"/>
Degree from upper secondary school	<input type="checkbox"/>
University degree	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

30

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

No degree	<input type="checkbox"/>
Degree from lower secondary school	<input type="checkbox"/>
Degree from intermediate secondary school	<input type="checkbox"/>
Degree from upper secondary school	<input type="checkbox"/>
University degree	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

31

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

Don't know ☐*Attention: Remember to check for a "Go to" instruction after you answer the question below.*

32

Thinking back to the last school year. Was there a setting system at your school?

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	→ Go to <b>34</b>
I did not attend school any more.	<input type="checkbox"/>	→ Go to <b>35</b>



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33

Which set were you in for the last school year?

Math:

German:

English:

---

34

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

Math:

German:

English:

---

35

What grades did you get in your school-leaving certificate?

*Question was only provided for respondents who ticked categories 2, 3 or 4 at Q1 or Q2.*

Math:

German:

English:

---

36

What overall grade did you get in your school-leaving certificate?

*Question was only provided for respondents who ticked categories 2, 3 or 4 at Q1 or Q2.*

## Your feelings and beliefs

37

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. ☐

You can't be too careful. ☐

38

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.*

39

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 ☐ → Go to **42**

Italian ☐

Polish ☐

Russian ☐

Turkish ☐

Other group ☐ → Please specify:

40

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

Very strongly ☐

Fairly strongly ☐

Not very strongly ☐

Not at all strongly ☐

41

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 ☐

42

What is your religion?

No religion

☐

Buddhism

☐

Christianity: Catholic

☐

Christianity: Protestant

☐

Hinduism

☐

Islam

☐

Judaism

☐

Other religion

☐

Please specify:

43

How important is religion to you?

Very important

☐

Fairly important

☐

Not very important

☐

Not at all important

☐

44

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

☐

45

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

☐

46

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"/>

47

How much do you agree or disagree that religious people should be allowed to...

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
... praying at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... dressing in a particular way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... taking days off work or school for religious festivals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... building new religious meeting places?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Your leisure time

**48** 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 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"/>
... do voluntary or community work?	<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** Outside of the time that you spend doing your main day-to-day activity like being in school, working a full-time job, doing vocational training, do you have a side job (e.g., do a paper round, help your parents in their business, babysit)?

Yes ☐

No ☐ → Go to **53**

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

Number of hours:

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

Yes ☐

No ☐

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

Amount in Euro:

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

Yes, each week ☐ →  Euro

Yes, each month ☐ →  Euro

Yes, occasionally ☐

No ☐

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

Yes ☐  
No ☐  
Don't know ☐

**55** How interested are you in German politics?

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

**56** 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 such as hash, paddos or ecstasy pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**57** 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.

- 58** 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 **61**

Italy ☐

Poland ☐

Russia ☐

Turkey ☐

Other country ☐ → Please specify:

I don't know the country ☐

- 59** How often do you visit this country?

Twice a year or more ☐

Once a year ☐

Less than once a year ☐

Never ☐

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

Very much ☐

A lot ☐

Quite a lot ☐

A little ☐

Very little or not at all ☐

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

**61**

Yes

No

Don't  
know

Did your mother complete primary school  
(or a similar foreign education)?

☐☐☐

Did your mother complete secondary school  
(or a similar foreign education)?

☐☐☐

- 62** Which secondary school did she complete?

Lower secondary school ☐

Intermediate secondary school ☐

Upper secondary school ☐

Did your mother complete university?

☐☐☐

**63** Does your mother currently have a job?

Yes ☐

No ☐

Don't know ☐

**64** Think about your mother's job. If she is not currently working, think about her last job. What is the name of her job? Additionally, please describe what she does in her job.

She has never worked before. ☐

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

**65** 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?

In the same country as my mother ☐ → Go to **68**

Germany ☐ → Go to **68**

Italy ☐

Poland ☐

Russia ☐

Turkey ☐

Other country ☐ → Please specify:

I don't know the country. ☐

**66** How often do you visit this country?

Twice a year or more ☐

Once a year ☐

Less than once a year ☐

Never ☐

**67** How much are you interested in this country's politics?

Very much ☐

A lot ☐

Quite a lot ☐

A little ☐

Very little or not at all ☐



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

68

	Yes	No	Don't know
Did your father complete primary school (or a similar foreign education)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your father complete secondary school (or a similar foreign education)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



69

Which secondary school did he complete?

Lower secondary school	<input type="checkbox"/>
Intermediate secondary school	<input type="checkbox"/>
Upper secondary school	<input type="checkbox"/>

	Yes	No	Don't know
Did your father complete university?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

70

Does your father currently have a job?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

71

Think about your father's job. If he is not currently working, think about his last job. What is the name of his job? Additionally, please describe what he does in his job.

He has never worked before. ☐

72

With whom do you live? If you move between two homes, choose your mother's home when answering this question.

With both biological parents	<input type="checkbox"/>
With my biological mother and her partner	<input type="checkbox"/>
With my biological father and his partner	<input type="checkbox"/>
Only with my biological mother	<input type="checkbox"/>
Only with my biological father	<input type="checkbox"/>
In another arrangement	<input type="checkbox"/>

73

Besides you, who lives in your home? Please tick all that apply.

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"/>	
Brothers (including step-/half-brothers)	<input type="checkbox"/>	→ How many? <input type="text"/> <input type="text"/>
Sisters (including step-/half-sisters)	<input type="checkbox"/>	→ How many? <input type="text"/> <input type="text"/>
Grandparents	<input type="checkbox"/>	
Other family members	<input type="checkbox"/>	
Other persons	<input type="checkbox"/>	

74

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.

No ☐ → Go to **77**

Yes ☐

75

Who lives in this second home? Please tick all that apply.

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"/>	
Brothers (including step-/half-brothers)	<input type="checkbox"/>	→ How many? <input type="text"/> <input type="text"/>
Sisters (including step-/half-sisters)	<input type="checkbox"/>	→ How many? <input type="text"/> <input type="text"/>
Grandparents	<input type="checkbox"/>	
Other family members	<input type="checkbox"/>	
Other persons	<input type="checkbox"/>	

76

How much of the time do you usually live in this second home?

More than half the time	<input type="checkbox"/>
About half the time	<input type="checkbox"/>
Less than half the time	<input type="checkbox"/>
Almost never	<input type="checkbox"/>

77

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
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"/>
My parents want to 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"/>
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"/>

78

Were your grandparents (the parents of your biological parents) born in Germany?

	Yes	No	Don't know
Grandmother (mother of your <u>mother</u> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandfather (father of your <u>mother</u> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandmother (mother of your <u>father</u> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandfather (father of your <u>father</u> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Questions about your friends

**79** Thinking now about all of your friends. How many of them have...

	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.*

**80** Do you have a boyfriend/girlfriend?

Yes ☐

No ☐ → Go to **83**

**81** 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	<input type="checkbox"/>
Lower secondary school	<input type="checkbox"/>
Intermediate secondary school	<input type="checkbox"/>
Upper secondary school	<input type="checkbox"/>
Comprehensive school	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

**82** What is his/her background?

German ☐

Italian ☐

Polish ☐

Russian ☐

Turkish ☐

Other background ☐ → Please specify:

Thinking about your main day-to-day activity like being in school, working a full-time-job, doing vocational training. How many of the people at your school or work are from...

	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"/>

## Your health, attitudes and views

84

When you are 30 years old, do you think you will be living in Germany?

Probably yes ☐

Probably no ☐

Don't know ☐

85

On a scale from 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"/>	

86

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 feel anxious.	<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"/>

87

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

	Every day	Once or several times a week	Once or several times a month	Less often	Never
... had a headache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... had a stomachache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... had difficulties falling asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

88

How often do you feel discriminated against or treated unfairly...

	Always	Often	Some- times	Never
... in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... in trains, buses, trams or the subway?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... in shops, stores, cafes, restaurants or nightclubs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... by police or security guards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

89

**Do you think the following are “always OK”, “often OK”, “sometimes OK” or “never OK”?**

	Always OK	Often OK	Sometimes OK	Never OK	Don't know
Living together as a couple without being married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homosexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

90

Please rate how you feel about the following 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 a box for every group.)

[illegible]

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**End**

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire: