

Questions about you

1 Are you a boy or a girl?

Boy

Girl

2 When were you born?

Day

Month

Year

3 How well do you think you can...

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

4 Is there a language other than Dutch spoken at your home?

Yes

No → Go to **8**

5 Which language is this?

Turkish

Arabic

Berbers

English

Hindi/Hindustani

Other language → Please specify:

6 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"/> |

7

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"/> |

8What is the highest level of education you wish to get?

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

9And what is the highest level of education that you think you will actually get?

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

10

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

11

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

- Math:
- Dutch:
- English:

What are you planning to do after this school year (after the summer holidays 2013)? Please tick only one box.

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)

Upper secondary school, year 6
(VWO/gymnasium 6)

Apprenticeship

Lower tertiary school (MBO-opleiding)

Working

Don't know

Something else



Please specify:

Your feelings and attitudes

13 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.

14 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.

15 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 18**

Turkish

Kurdish

Moroccan

Berbers

Surinamese

Hindu

Creole

Javan

Chinese

Curacao

Aruban

Antillean

Indonesians

Other group → Please specify:

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

Very strongly

Fairly strongly

Not very strongly

Not at all strongly

17 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

18 What is your religion?

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



Please specify:

19 How important is religion to you?

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

20 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
- Everyday

21 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

Your leisure time

22 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.

23 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 **27**

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

Number of hours:

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

Yes

No

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

Amount in Euros:

27 Do you get money from your parents?

Yes, each week → Euros

Yes, each month → Euros

Yes, occasionally

No

28

How interested are you in Dutch politics?

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

29

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"/> |

30

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.

- 31** 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.

Was your mother born in the Netherlands?

Yes → Go to **34**
No

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

Yes, twice or more
Yes, once
No

- 33** 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

- 34** What is your mother's highest education?

No school degree
Primary education
Lower secondary education
Higher secondary education
Lower vocational education
Higher vocational education
University
Don't know

- 35** Does your mother currently have a job?

Yes
No

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

36 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.

Was your father born in the Netherlands?

Yes → Go to **39**
No

37 Have you visited this country during the last 12 months?

Yes, twice or more
Yes, once
No

38 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

39 What is your father's highest education?

No school degree
Primary education
Lower secondary education
Higher secondary education
Lower vocational education
Higher vocational education
University
Don't know

40 Does your father currently have a job?

Yes
No

41

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

- With both biological parents
- With my biological mother and her partner
- With my biological father and his partner
- Only with my biological mother
- Only with my biological father
- In another arrangement

42

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 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"/> |

Questions about your friends

43 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.

44 Do you have a boyfriend/girlfriend?

Yes

No → Go to **47**

45 What type of education does he/she do? (If he/she is no longer in school: What type of education did he/she do?)

- VMBO-basis
- VMBO-kader
- VMBO-gt
- VMBO-t
- HAVO
- VWO
- MBO
- HBO
- University
- Don't know

46 What is his/her background?

Dutch

Turkish

Moroccan

Surinamese

Antillean

Other background →

Please specify:

47

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...
(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"/> |

Your health, attitudes and views

48 When you are 30 years old, do you think you will be living in the Netherlands?

- Probably yes
- Probably no
- Don't know

49 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"/> |

50 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"/> |

51 During the last 12 months, how often have you felt discriminated against or treated unfairly because of your skin color, race, ethnic background or religion...

| | Always | Often | Sometimes | 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"/> |

52 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"/> |

Your current situation

54 Have you graduated during the last school year?

- Yes, from VMBO
- No (I still attend HAVO or I have not graduated yet from VMBO)
- Yes, from another school

→ Please specify:

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

55 What are you currently doing?

General educational school

Vocational school



Go to

68

Working



Go to

62

Something else



Please specify:



Go to

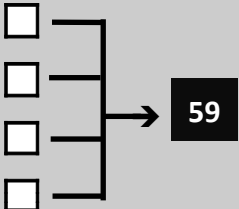
End (last page)

56 Are you attending the same school as last year?

Yes
No

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

57 Which school type do you currently attend?

VMBO-basis  **59**
VMBO-kader
VMBO-gt
VMBO-t
HAVO
VWO
Gymnasium

58 Which profile do you currently follow? Please tick all that apply.

Nature and health
Nature and technology
Economics and society
Culture and society

59 Which grade do you currently attend?

4th grade
5th grade
Other grade → Please specify:

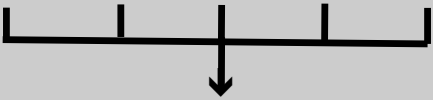
60 How often do you...

| | 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.

61 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 **End (last page)**

Working

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

63 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"/> | I don't want to say. | <input type="checkbox"/> |

64 What type of contract do you have for this job?

- No contract
- Permanent contract
- Temporary contract
- Temporary contract for seasonal work

65 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"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

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

- Yes → **Go to** **End (last page)**
- No

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

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

→ **Go to** **End (last page)**

Apprenticeship/work-related training

68 Which level or type of apprenticeship are you doing?

Level 1

Level 2

Level 3

Level 4

69 Which sector do you currently follow?

Agriculture

Economy

Technology

Care and well-being

ICT

70 Are you following a dual or full-time apprenticeship/work-related training?

Dual apprenticeship/
work-related training (BBL)

Full-time apprenticeship/
work-related training (BOL)

Other apprenticeship/
work-related training



Please specify: