

**ZA6655 / ZA6656**

**Children of Immigrants Longitudinal Survey  
in Four European Countries - Germany  
(CILS4EU-DE)**

**Wave 4**

**Field Questionnaire  
(English Translation)**

# **Master Questionnaire (English Translation)**

**Comparable with Codebook W4**

## Questions about your leisure time

### 1 In your spare time, how often do you...

|   | Every day                | Once or several times a week | Once or several times a month | Less often               | Never                    |
|---|--------------------------|------------------------------|-------------------------------|--------------------------|--------------------------|
| ... visit relatives?                                      | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... go to the cinema?                                     | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... go out to a pub/bar/nightclub/party?                  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... read a book (not for school, apprenticeship or job)?  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... spend time in a club (sports/music/drama/other club)? | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... go to a concert or DJ event?                          | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... go to the museum?                                     | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... read a newspaper?                                     | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |

### 2 On a typical school day, once you get home, how much time do you spend...

|   | More than 2 hours a day  | About 2 hours a day      | About 1 hour a day       | Less than 1 hour a day   | No time at all           |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ... watching TV?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... chatting online or visiting social network sites (e.g., Facebook)?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... helping around the house (e.g., cleaning, laying the table or food shopping)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... playing video or computer games alone?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... playing video or computer games together with others?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Questions about your friends

### 3 Thinking now about all of your friends. How many of them have... (Please tick a box for every group.)

|                            | Almost all<br>or all     | A lot                    | About half               | A few                    | None or<br>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"/> |

### 4 How often do you talk... (Please tick a box for every group.)

|   | Every day                | Once or<br>several<br>times a<br>week | Once or<br>several<br>times a<br>month | Less often               | Never                    | I don't know<br>people from this<br>background. |
|---|--------------------------|---------------------------------------|--|--------------------------|--------------------------|---|
| ... to people from a German background?   | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        |
| ... to people from an Italian background? | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        |
| ... to people from a Polish background?   | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        |
| ... to people from a Russian background?  | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        |
| ... to people from a Turkish background?  | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        |
| ... to people from another background?    | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        |

### 4<sub>to</sub> Do you have a so-called migration background (that is, is your mother or your father or one of your grandparents born abroad and moved to Germany later on)?

Yes ☐

No ☐

### 5 We would like to learn something about your general beliefs and wishes concerning romantic relationships. Therefore it doesn't matter if you have currently a boyfriend/girlfriend or not. How important is it to you that your boyfriend/girlfriend ...

|  | Very<br>important        | Fairly<br>important      | Not very<br>important    | Not at all<br>important  |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| ... has at least the same education?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... has the same religion?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... has a <survey country> background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Only if you have a migration background (i.e., if your mother or your father or some of your grandparents are born abroad and later emigrated to Germany) OR for respondents who ticked "Yes" at 4<sub>to</sub> (phone and web survey):*

|                              |                          |                          |                          |                          |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ... has the same background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

**6** And which beliefs and wishes do your parents have? How important is it for your parents that your boyfriend/girlfriend...

|  | Very important           | Fairly important         | Not very important       | Not at all important     | Don't know               |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ... has at least the same education?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... has the same religion?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... has a <survey country> background?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Only if you have a migration background (i.e., if your mother or your father or some of your grandparents are born abroad and later emigrated to Germany) OR for respondents who ticked "Yes" at 4<sub>to</sub> (phone and web survey):</i> |                          |                          |                          |                          |                          |
| ... has the same 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.

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

Yes ☐

No ☐ → Go to **19**

**8** What is your boyfriend/girlfriend currently doing?

School ☐

Apprenticeship ☐

Full-time job ☐

Internship ☐

Studying ☐

Something else ☐ → Please specify:

**9** 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 (Förderschule) ☐

Lower secondary school (Hauptschule) ☐

Intermediate secondary school (Realschule) ☐

Upper secondary school (Gymnasium) ☐

Comprehensive school (Gesamtschule) ☐

Don't know ☐

**10** Which educational degree does your boyfriend/girlfriend have?

- No degree (yet) ☐
- Degree from lower secondary school ☐
- Degree from intermediate secondary school ☐
- Degree from upper secondary school ☐
- University degree ☐
- Don't know ☐

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

- German ☐
- Italian ☐
- Polish ☐
- Russian ☐
- Turkish ☐

Other background ☐



Please specify:

**12** What is your boyfriend's/girlfriend's religion?

- No religion ☐
- Buddhism ☐
- Christianity: Catholic ☐
- Christianity: Protestant ☐
- Hinduism ☐
- Islam ☐
- Sikhism ☐
- Judaism ☐

Other religion ☐



Please specify:

Don't know ☐

**13** How important is religion to him/her?

- Very important ☐
- Fairly important ☐
- Not very important ☐
- Not at all important ☐
- Don't know ☐

**14** Since when are you together with this boy/girl? Please name the month and the year.

Month

Year

**15** How did you meet? Please tick all that apply.

- At school ☐
- In the neighborhood ☐
- In a (sports, music, drama or any other) club ☐
- Family or friends of the family ☐
- Friends ☐
- In the Internet ☐
- At work ☐
- While going out at a pub, nightclub or at a party ☐
- Another way ☐ →

Please specify:

**16** Does the following apply to you and your boyfriend/girlfriend?

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| We live in the same neighborhood.  | <input type="checkbox"/> | <input type="checkbox"/> |
| My parents know that I have a boyfriend/girlfriend.                              | <input type="checkbox"/> | <input type="checkbox"/> |
| My parents already met my boyfriend/girlfriend.                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Our parents knew each other before my boyfriend/girlfriend and I started dating. | <input type="checkbox"/> | <input type="checkbox"/> |

**17** Do the following statements apply to your family? My family...

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| ... wants to talk to me about my boyfriend/girlfriend.                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| ... wants to know where I am and what I am doing when I am with my boyfriend/girlfriend. | <input type="checkbox"/> | <input type="checkbox"/> |
| ... wanted to get to know my boyfriend/girlfriend immediately.                           | <input type="checkbox"/> | <input type="checkbox"/> |
| ... wants me to marry my boyfriend/girlfriend as soon as possible.                       | <input type="checkbox"/> | <input type="checkbox"/> |

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

**18** Is this your first boyfriend/girlfriend?

Yes ☐ → Go to **20**

No ☐

**19** How many boyfriends/girlfriends have you had in the past?

Number of boyfriends/girlfriends:

I haven't had a boyfriend/girlfriend yet. ☐

**20** How much do you agree or disagree with each of these statements? My family...

|  | Strongly agree           | Agree                    | Neither agree nor disagree | Disagree                 | Strongly disagree        |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| ... is against me already having a boyfriend/girlfriend.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| ... would speak bluntly if it dislikes my boyfriend/girlfriend.                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| ... wants me to make relationship decisions for myself.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| ... ever wanted to set me up with somebody.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| ... would want me to break up with my boyfriend/girlfriend if they don't like him/her. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

**21** Thinking about your future: At what age would you like to marry?

Age:

I do not want to marry. ☐

**22** How many children would you like to have?

Number of children:

I do not want to have children. ☐

**Questions about your family**

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

**23** 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 biological mother born abroad?

No ☐ ➔ Go to **25**  
Yes ☐

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

Yes, twice or more ☐  
Yes, once ☐  
No ☐



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

Yes ☐

No ☐

Don't know ☐

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

**26** 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 biological father born abroad?

No ☐ →

Go to **28**

Yes, in the same country as my mother ☐ →

Go to **28**

Yes, but in a different country than my mother ☐

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

Yes, twice or more ☐

Yes, once ☐

No ☐

**28** Does your father currently have a job?

Yes ☐

No ☐

Don't know ☐

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

Yes, each week ☐ →    Euro

Yes, each month ☐ →    Euro

Yes, occasionally ☐

No ☐

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

**30** How many siblings do you have?

Number of siblings:

I do not have any siblings. ☐ →

Go to

**32 (page 10)**

**31** On the following two pages there are some more questions about your siblings. You can answer the questions for up to 4 siblings. If you have less than 4 siblings, just stop when you have answered the questions for all your siblings.

|  | sibling 1:   | sibling 2:   |
|--|--|--|
| <b>A. Is this your brother or your sister?</b>   | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  |
| <b>B. How old is he/she?</b>   | age: <input type="text"/> <input type="text"/>   | age: <input type="text"/> <input type="text"/>   |
| <b>C. What is he/she currently doing?</b>  | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> |
| <b>D. What type of education does he/she do? (If he/she does not attend school anymore: What type of education did he/she do?)</b> | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 |
| <b>E. Which educational degree did he/she receive?</b>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   |
| <b>F. What is his/her job?</b>   | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  |

|  | sibling 3:   | sibling 4:   |
|--|--|--|
| <b>A. Is this your brother or your sister?</b>   | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  |
| <b>B. How old is he/she?</b>   | age: <input type="text"/> <input type="text"/>   | age: <input type="text"/> <input type="text"/>   |
| <b>C. What is he/she currently doing?</b>  | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> |
| <b>D. What type of education does he/she do? (If he/she does not attend school anymore: What type of education did he/she do?)</b> | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 |
| <b>E. Which educational degree did he/she receive?</b>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   |
| <b>F. What is his/her job?</b>   | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  |

## Your feelings and beliefs

- 32** On a scale from 1 to 10 where 1 is very unsatisfied and 10 is very satisfied, how satisfied are you with your life in general?

| Very unsatisfied         |                          |                          |                          |                          |                          |                          |                          |                          |                          | 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"/> |                |

- 33** Please rate how you feel about the following [survey country] 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.)

|          | Negative                 |                          |                          |                          | Neutral                  |                          |                          |                          |                          |                          | Positive                 | I don't know this group. |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|          | 0                        | 10                       | 20                       | 30                       | 40                       | 50                       | 60                       | 70                       | 80                       | 90                       | 100                      |                          |
| Germans  | <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"/> |
| Italians | <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"/> |
| Poles    | <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"/> |
| Russians | <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"/> |
| Turks    | <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"/> |

- 34** In a family, who should do the following?

|                           | Mostly the man           | Mostly the woman         | Both about the same      |
|---------------------------|--------------------------|--------------------------|--------------------------|
| Take care of the children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cook                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Earn money                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clean the house           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Questions about you

- 35** How well do you think you can...

|                                      | Not at all               | Not well                 | Well                     | Very well                | Excellent                |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ... speak <survey country language>? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... write <survey country language>? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**36** How strongly do you feel <survey country member>?

- 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.*

**37** 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 39**
- <Group 1> ☐
- <Group 2> ☐
- <Group 3> ☐
- Other group ☐ → Please specify:

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

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

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

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

**40** How good is your health compared to others of your age?

- Very good ☐
- Good ☐
- About the same ☐
- Bad ☐
- Very bad ☐

**41** 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"/> |

**42** How often do you...

|  | Every day                | Once or several times a week | Once or several times a month | Less often               | Never                    |
|--|--------------------------|------------------------------|-------------------------------|--------------------------|--------------------------|
| ... have a hot meal?                               | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... drink alcohol?                                 | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... do sports or go to the gym?                    | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... smoke cigarettes?                              | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... eat breakfast?                                 | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... use drugs (e.g., hash, paddos, ecstasy pills)? | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |

**43** What is your height?

height in cm:

**44** What is your weight?

weight in kg:

---

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

- No degree ☐
- Degree below upper secondary school ☐
- Degree from upper secondary school ☐
- University degree ☐
- Don't know ☐
- 

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

- No degree ☐
- Degree below upper secondary school ☐
- Degree from upper secondary school ☐
- University degree ☐
- Don't know ☐
- 

**47** When you are 30 years old, do you think you will...

|                                    | Probably<br>yes          | Probably<br>no           | Don't<br>know            |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| ... be living in <survey country>? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... be will be married?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... have children?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... be in good health?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

---

## Your current situation

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

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

No ☐ → Go to **51**

Yes, from lower secondary school ☐

Yes, from intermediate secondary school ☐

Yes, from another school ☐



Please specify:

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

Math:

<Survey country language>:

English:

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

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

**51** What are you currently doing?

School ☐ → Go to **52 (page 15)**

Apprenticeship/work-related training ☐ → Go to **57 (page 17)**

Full-time job ☐ → Go to **62 (page 18)**

Internship ☐

Something else ☐ → Go to **68 (page 19)**



Please specify:



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

**52** 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 ☐

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 ☐

Please specify:

Go to **57**

Go to **54**

Go to **53**

## School

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

- Lower secondary track (Hauptschulzweig) ☐
- Intermediate secondary track (Realschulzweig) ☐
- Upper secondary track (Gymnasialzweig) ☐

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

- 10<sup>th</sup> grade ☐
- 11<sup>th</sup> grade ☐
- 12<sup>th</sup> grade ☐
- No grade ☐
- Other grade ☐ →

Please specify:

**55** 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 without permission?   | <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.*

**56** 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 (page 20)**

## Apprenticeship/work-related training

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

**58** 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.*

**59** Do you receive an additional educational degree with your apprenticeship?

Yes ☐

No ☐ →

**Go to 61**

**60** 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.*

**61** 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 ☐



**Go to**

**End  
(page 20)**

- 1201-1400 Euro ☐
- 1401-1600 Euro ☐
- 1601-1800 Euro ☐
- 1801-2000 Euro ☐
- More than 2000 Euro ☐

☐  
☐  
☐  
☐  
☐  
☐  
☐


**Go to**

**End  
(page 20)**

- I don't want to say. ☐
- Has no income. ☐

## Full-time job

**62** What 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                          | <input type="checkbox"/> |
| Permanent contract                   | <input type="checkbox"/> |
| Temporary contract                   | <input type="checkbox"/> |
| Temporary contract for seasonal work | <input type="checkbox"/> |

**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" value="2"/> | <input type="text" value="0"/> | <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 | <input type="checkbox"/> | → | Go to | <b>End (page 20)</b> |
| No  | <input type="checkbox"/> |   |       |                      |

*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 (page 20)**

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

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

Yes ☐  
No ☐ → Go to **End (page 20)**

69 In which occupation do you want to do an apprenticeship? Please name the exact title.

---

**End**

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire:

Questions about your siblings

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

30 How many siblings do you have?

Number of siblings:

I do not have any siblings.

☐

Go to

32 (page X)

On the following two pages there are some more questions about your siblings. You can answer the questions for up to 4 siblings. If you have less than 4 siblings, just stop when you have answered the questions for all your siblings.

|  | sibling 1:   | sibling 2:   |
|--|--|--|
| <b>A. Is this your brother or your sister?</b>   | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  |
| <b>B. How old is he/she?</b>   | age: <input type="text"/> <input type="text"/>   | age: <input type="text"/> <input type="text"/>   |
| <b>C. What is he/she currently doing?</b>  | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> |
| <b>D. What type of education does he/she do? (If he/she does not attend school anymore: What type of education did he/she do?)</b> | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 |
| <b>E. Which educational degree did he/she receive?</b>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   |
| <b>F. What is his/her job?</b>   | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  |



|  | sibling 3:   | sibling 4:   |
|--|--|--|
| <b>A. Is this your brother or your sister?</b>   | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  |
| <b>B. How old is he/she?</b>   | age: <input type="text"/> <input type="text"/>   | age: <input type="text"/> <input type="text"/>   |
| <b>C. What is he/she currently doing?</b>  | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> |
| <b>D. What type of education does he/she do? (If he/she does not attend school anymore: What type of education did he/she do?)</b> | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 |
| <b>E. Which educational degree did he/she receive?</b>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   |
| <b>F. What is his/her job?</b>   | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  |

**Telephone Questionnaire  
(English Translation)**

## 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 ☐ → Go to **4**

Yes, from lower secondary school ☐

Yes, from intermediate secondary school ☐

Yes, from another school ☐



Please specify:

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

Math:

German:

English:

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

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

**4** What are you currently doing?

School ☐ → Go to **5 (page 2)**

Apprenticeship (in a company and in school) ☐ → Go to **10 (page 4)**

School-based vocational education ☐ → Go to **10 (page 4)**

Full-time job ☐ → Go to **17 (page 5)**

Vocational preparation year ☐ → Go to **15 (page 5)**

Internship ☐ → Go to **15 (page 5)**

Unemployed/Nothing ☐ → Go to **15 (page 5)**

Something else ☐ → Go to **15 (page 5)**



Please specify:

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

**5** 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 ☐

Please specify:

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

Go to **7**

Go to **6**

- 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 ☐

Please specify:

Go to **10**

## School

### 6 Which track do you attend in combined lower, intermediate and upper secondary school?

- Lower secondary track (Hauptschulzweig) ☐
- Intermediate secondary track (Realschulzweig) ☐
- Upper secondary track (Gymnasialzweig) ☐

### 7 Which grade do you currently attend?

- 10<sup>th</sup> grade ☐
- 11<sup>th</sup> grade ☐
- 12<sup>th</sup> grade ☐
- No grade ☐
- Other grade ☐ →

Please specify:

### 8 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 without permission?   | <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.*

### 9 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

**23 (page 7)**

## Apprenticeship/work-related training

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

**11** 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.*

**12** Do you receive an additional educational degree with your apprenticeship?

Yes ☐

No ☐ →

**Go to 14**

**13** 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.*

**14** 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 ☐

☐ ☐ ☐ ☐ ☐ ☐

**Go to**

**23**  
(page 7)

1201-1400 Euro ☐

1401-1600 Euro ☐

1601-1800 Euro ☐

1801-2000 Euro ☐

More than 2000 Euro ☐

☐ ☐ ☐ ☐ ☐ ☐

**Go to**

**23**  
(page 7)

I don't want to say. ☐

Has no income. ☐

## Vocational preparation/internship/nothing/something else

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

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

Yes

☐

No

☐

Go to

**23 (page 7)**

**16** In which occupation do you want to do an apprenticeship? Please name the exact title.

## Full-time-job

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

**18** 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

☐

1201-1400 Euro

☐

1401-1600 Euro

☐

1601-1800 Euro

☐

1801-2000 Euro

☐

More than 2000 Euro

☐

I don't want to say.

☐

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

No contract

☐

Permanent contract

☐

Temporary contract

☐

Temporary contract for seasonal work

☐

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

Month

Year

---

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

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

Yes

☐

No

☐

Go to

**23**

---

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

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



Go to

**23**



## Your leisure time

### 23 In your spare time, how often do you...

|   | Every day                | Once or several times a week | Once or several times a month | Less often               | Never                    |
|---|--------------------------|------------------------------|-------------------------------|--------------------------|--------------------------|
| ... visit relatives?                                      | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... go to the cinema?                                     | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... go out to a pub/bar/nightclub/party?                  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... read a book (not for school, apprenticeship or job)?  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... spend time in a club (sports/music/drama/other club)? | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... go to a concert or DJ event?                          | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... go to the museum?                                     | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... read a newspaper?                                     | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |

### 24 On a typical school day, once you get home, how much time do you spend...

|   | More than 2 hours a day  | About 2 hours a day      | About 1 hour a day       | Less than 1 hour a day   | No time at all           |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ... watching TV?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... chatting online or visiting social network sites (e.g., Facebook)?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... helping around the house (e.g., cleaning, laying the table or food shopping)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... playing video or computer games alone?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... playing video or computer games together with others?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Your friends

**25** Thinking now about all of your friends. How many of them have...  
(Please tick a box for every group.)

|                            | Almost all<br>or all     | A lot                    | About half               | A few                    | None or<br>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"/> |

**26** How often do you talk...  
(Please tick a box for every group.)

|   | Every day                | Once or<br>several<br>times a<br>week | Once or<br>several<br>times a<br>month | Less often               | Never                    | I don't know<br>people from this<br>background. |
|---|--------------------------|---------------------------------------|--|--------------------------|--------------------------|---|
| ... to people from a German background?   | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        |
| ... to people from an Italian background? | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        |
| ... to people from a Polish background?   | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        |
| ... to people from a Russian background?  | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        |
| ... to people from a Turkish background?  | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        |
| ... to people from another background?    | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        |

**27** Do you have a so-called migration background (that is, is your mother or your father or one of your grandparents born abroad and moved to Germany later on)?

Yes ☐

No ☐

**28** We would like to learn something about your general beliefs and wishes concerning romantic relationships. Therefore it doesn't matter if you have currently a boyfriend/girlfriend or not. How important is it to you that your boyfriend/girlfriend ...

|  | Very<br>important        | Fairly<br>important      | Not very<br>important    | Not at all<br>important  |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| ... has at least the same education?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... has the same religion?                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... has a German background?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Only for respondents who ticked "Yes" at Q27:</i> |                          |                          |                          |                          |
| ... has the same background?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**29** And which beliefs and wishes do your parents have? How important is it for your parents that your boyfriend/girlfriend...

|  | Very important           | Fairly important         | Not very important       | Not at all important     |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| ... has at least the same education?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... has the same religion?                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... has a German background?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Only for respondents who ticked "Yes" at Q27:</i> |                          |                          |                          |                          |
| ... has the same background?                         | <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.*

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

Yes ☐

No ☐ → Go to **42**

**31** What is your boyfriend/girlfriend currently doing?

School ☐

Studying ☐

Apprenticeship (in a company and in school) ☐

School-based vocational education ☐

Vocational preparation year ☐

Full-time job ☐

Internship ☐

Unemployed/nothing ☐

Something else ☐ → Please specify:

**32** 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 (Förderschule) ☐

Lower secondary school (Hauptschule) ☐

Intermediate secondary school (Realschule) ☐

Upper secondary school (Gymnasium) ☐

Comprehensive school (Gesamtschule) ☐

Don't know ☐

**33** Which educational degree does your boyfriend/girlfriend have?

- No degree (yet) ☐
- Degree from lower secondary school ☐
- Degree from intermediate secondary school ☐
- Degree from upper secondary school ☐
- University degree ☐
- Don't know ☐

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

- German ☐
- Italian ☐
- Polish ☐
- Russian ☐
- Turkish ☐

Other background ☐



Please specify:

**35** What is your boyfriend's/girlfriend's religion?

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

Other religion ☐



Please specify:

Don't know ☐

**36** How important is religion to him/her?

- Very important ☐
- Fairly important ☐
- Not very important ☐
- Not at all important ☐
- Don't know ☐

**37** Since when are you together with this boy/girl? Please name the month and the year.

Month

Year

**38** How did you meet? Please tick all that apply.

- At school ☐
- In the neighborhood ☐
- At work ☐
- In the Internet ☐
- In a (sports, music, drama or any other) club ☐
- While going out at a pub, nightclub or at a party ☐
- Friends ☐
- Family or friends of the family ☐
- Another way ☐ →

Please specify:

**39** Does the following apply to you and your boyfriend/girlfriend?

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| We live in the same neighborhood.  | <input type="checkbox"/> | <input type="checkbox"/> |
| My parents know that I have a boyfriend/girlfriend.                              | <input type="checkbox"/> | <input type="checkbox"/> |
| My parents already met my boyfriend/girlfriend.                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Our parents knew each other before my boyfriend/girlfriend and I started dating. | <input type="checkbox"/> | <input type="checkbox"/> |

**40** Do the following statements apply to your family? My family...

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| ... wants to talk to me about my boyfriend/girlfriend.                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| ... wants to know where I am and what I am doing when I am with my boyfriend/girlfriend. | <input type="checkbox"/> | <input type="checkbox"/> |
| ... wanted to get to know my boyfriend/girlfriend immediately.                           | <input type="checkbox"/> | <input type="checkbox"/> |
| ... wants me to marry my boyfriend/girlfriend as soon as possible.                       | <input type="checkbox"/> | <input type="checkbox"/> |

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

**41** Is this your first boyfriend/girlfriend?

- Yes ☐ → **Go to 43**
- No ☐

**42** How many boyfriends/girlfriends have you had in the past?

- Number of boyfriends/girlfriends:
- I haven't had a boyfriend/girlfriend yet. ☐

**43** How much do you agree or disagree with each of these statements? My family...

|  | Strongly agree           | Agree                    | Neither agree nor disagree | Disagree                 | Strongly disagree        |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| ... is against me already having a boyfriend/girlfriend.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| ... would speak bluntly if it dislikes my boyfriend/girlfriend.                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| ... wants me to make relationship decisions for myself.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| ... ever wanted to set me up with somebody.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| ... would want me to break up with my boyfriend/girlfriend if they don't like him/her. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

**44** Thinking about your future: At what age would you like to marry?

Age:

I do not want to marry. ☐

**45** And how many children would you like to have?

Number of children:

I do not want to have children. ☐

**Your family**

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

**46** 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 biological mother born abroad?

No ☐ ➔ Go to **48**  
Yes ☐

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

Yes, twice or more ☐  
Yes, once ☐  
No ☐

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

Yes ☐

No ☐

Don't know ☐

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

**49** 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 biological father born abroad?

No ☐ →

Go to **51**

Yes, in the same country as my mother ☐ →

Go to **51**

Yes, but in a different country than my mother ☐

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

Yes, twice or more ☐

Yes, once ☐

No ☐

**51** Does your father currently have a job?

Yes ☐

No ☐

Don't know ☐

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

Yes, each week ☐ →    Euro

Yes, each month ☐ →    Euro

Yes, occasionally ☐

No ☐

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

**53** How many siblings do you have?

Number of siblings:

I do not have any siblings. ☐ →

Go to

**55 (page 22)**

On the following two pages there are some more questions about your siblings.

|  | sibling 1:   | sibling 2:   |
|--|--|--|
| <b>A. Is this your brother or your sister?</b>   | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  |
| <b>B. How old is he/she?</b>   | age: <input type="text"/> <input type="text"/>   | age: <input type="text"/> <input type="text"/>   |
| <b>C. What is he/she currently doing?</b>  | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> |
| <b>D. What type of education does he/she do? (If he/she does not attend school anymore: What type of education did he/she do?)</b> | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 |
| <b>E. Which educational degree did he/she receive?</b>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   |
| <b>F. What is his/her job?</b>   | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  |



|  | sibling 3:   | sibling 4:   |
|--|--|--|
| <b>A. Is this your brother or your sister?</b>   | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  |
| <b>B. How old is he/she?</b>   | age: <input type="text"/> <input type="text"/>   | age: <input type="text"/> <input type="text"/>   |
| <b>C. What is he/she currently doing?</b>  | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> |
| <b>D. What type of education does he/she do? (If he/she does not attend school anymore: What type of education did he/she do?)</b> | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 |
| <b>E. Which educational degree did he/she receive?</b>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   |
| <b>F. What is his/her job?</b>   | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  |

|  | sibling 5:  | sibling 6:  |
|--|---|---|
| <b>A. Is this your brother or your sister?</b>   | brother <input type="checkbox"/><br>sister <input type="checkbox"/>   | brother <input type="checkbox"/><br>sister <input type="checkbox"/>   |
| <b>B. How old is he/she?</b>   | age: <input type="text"/> <input type="text"/>  | age: <input type="text"/> <input type="text"/>  |
| <b>C. What is he/she currently doing?</b>  | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify: <input type="text"/> | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify: <input type="text"/> |
| <b>D. What type of education does he/she do? (If he/she does not attend school anymore: What type of education did he/she do?)</b> | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                              | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                              |
| <b>E. Which educational degree did he/she receive?</b>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>  | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>  |
| <b>F. What is his/her job?</b>   | <input type="text"/><br>He/she is not working. <input type="checkbox"/>   | <input type="text"/><br>He/she is not working. <input type="checkbox"/>   |

|  | sibling 7:   | sibling 8:   |
|--|--|--|
| <b>A. Is this your brother or your sister?</b>   | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  |
| <b>B. How old is he/she?</b>   | age: <input type="text"/> <input type="text"/>   | age: <input type="text"/> <input type="text"/>   |
| <b>C. What is he/she currently doing?</b>  | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> |
| <b>D. What type of education does he/she do? (If he/she does not attend school anymore: What type of education did he/she do?)</b> | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 |
| <b>E. Which educational degree did he/she receive?</b>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   |
| <b>F. What is his/her job?</b>   | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  |

|  | sibling 9:   | sibling 10:  |
|--|--|--|
| <b>A. Is this your brother or your sister?</b>   | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  |
| <b>B. How old is he/she?</b>   | age: <input type="text"/> <input type="text"/>   | age: <input type="text"/> <input type="text"/>   |
| <b>C. What is he/she currently doing?</b>  | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> |
| <b>D. What type of education does he/she do? (If he/she does not attend school anymore: What type of education did he/she do?)</b> | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 |
| <b>E. Which educational degree did he/she receive?</b>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   |
| <b>F. What is his/her job?</b>   | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  |

|  | sibling 11:  | sibling 12:  |
|--|--|--|
| <b>A. Is this your brother or your sister?</b>   | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  |
| <b>B. How old is he/she?</b>   | age: <input type="text"/> <input type="text"/>   | age: <input type="text"/> <input type="text"/>   |
| <b>C. What is he/she currently doing?</b>  | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> |
| <b>D. What type of education does he/she do? (If he/she does not attend school anymore: What type of education did he/she do?)</b> | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 |
| <b>E. Which educational degree did he/she receive?</b>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   |
| <b>F. What is his/her job?</b>   | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  |

|  | sibling 13:  | sibling 14:  |
|--|--|--|
| <b>A. Is this your brother or your sister?</b>   | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  |
| <b>B. How old is he/she?</b>   | age: <input type="text"/> <input type="text"/>   | age: <input type="text"/> <input type="text"/>   |
| <b>C. What is he/she currently doing?</b>  | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> |
| <b>D. What type of education does he/she do? (If he/she does not attend school anymore: What type of education did he/she do?)</b> | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 |
| <b>E. Which educational degree did he/she receive?</b>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   |
| <b>F. What is his/her job?</b>   | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  |

|   | sibling 15:   |  |
|---|---|--|
| A. Is this your brother or your sister?   | brother <input type="checkbox"/><br>sister <input type="checkbox"/>   |  |
| B. How old is he/she?   | age: <input type="text"/> <input type="text"/>  |  |
| C. What is he/she currently doing?  | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify: <input type="text"/> |  |
| D. What type of education does he/she do? (If he/she does not attend school anymore: What type of education did he/she do?) | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                              |  |
| E. Which educational degree did he/she receive?   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>  |  |
| F. What is his/her job?   | <input type="text"/><br>He/she is not working. <input type="checkbox"/>   |  |

## Your feelings and beliefs

- 55** On a scale from 1 to 10 where 1 is very unsatisfied and 10 is very satisfied, how satisfied are you with your life in general?

| Very unsatisfied         |                          |                          |                          |                          |                          |                          |                          |                          |                          | 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"/> |                |

- 56** 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.)

|          | Negative                 |                          |                          |                          | Neutral                  |                          |                          |                          |                          |                          | Positive                 | I don't know this group. |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|          | 0                        | 10                       | 20                       | 30                       | 40                       | 50                       | 60                       | 70                       | 80                       | 90                       | 100                      |                          |
| Germans  | <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"/> |
| Italians | <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"/> |
| Poles    | <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"/> |
| Russians | <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"/> |
| Turks    | <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"/> |

- 57** In a family, who should do the following?

|                           | Mostly the man           | Mostly the woman         | Both about the same      |
|---------------------------|--------------------------|--------------------------|--------------------------|
| Take care of the children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cook                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Earn money                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clean the house           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Questions about you

- 58** How well do you think you can...

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



**59** 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.*

**60** 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 62**

Italian ☐

Polish ☐

Russian ☐

Turkish ☐

Other group ☐ → Please specify:

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

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

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

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

**63** How good is your health compared to others of your age?

- Very good ☐
- Good ☐
- About the same ☐
- Bad ☐
- Very bad ☐

**64** 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"/> |

**65** How often do you...

|  | Every day                | Once or several times a week | Once or several times a month | Less often               | Never                    |
|--|--------------------------|------------------------------|-------------------------------|--------------------------|--------------------------|
| ... have a hot meal?                               | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... drink alcohol?                                 | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... do sports or go to the gym?                    | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... smoke cigarettes?                              | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... eat breakfast?                                 | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... use drugs (e.g., hash, paddos, ecstasy pills)? | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |

**66** What is your height?

height in cm:

**67** What is your weight?

weight in kg:

---

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

- No degree ☐
  - Degree from lower secondary school ☐
  - Degree from intermediate secondary school ☐
  - Degree from upper secondary school ☐
  - University degree ☐
  - Don't know ☐
- 

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

- No degree ☐
  - Degree from lower secondary school ☐
  - Degree from intermediate secondary school ☐
  - Degree from upper secondary school ☐
  - University degree ☐
  - Don't know ☐
- 

**70** When you are 30 years old, do you think you will...

|                           | Probably<br>yes          | Probably<br>no           | Don't<br>know            |
|---------------------------|--------------------------|--------------------------|--------------------------|
| ... be living in Germany? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... be will be married?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... have children?        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... be in good health?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

---

---

**End**

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire:

**Postal Questionnaire  
(English Translation)**

## Your leisure time

### 1 In your spare time, how often do you...

|   | Every day                | Once or several times a week | Once or several times a month | Less often               | Never                    |
|---|--------------------------|------------------------------|-------------------------------|--------------------------|--------------------------|
| ... visit relatives?                                      | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... go to the cinema?                                     | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... go out to a pub/bar/nightclub/party?                  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... read a book (not for school, apprenticeship or job)?  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... spend time in a club (sports/music/drama/other club)? | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... go to a concert or DJ event?                          | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... go to the museum?                                     | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... read a newspaper?                                     | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |

### 2 On a typical school day, once you get home, how much time do you spend...

|   | More than 2 hours a day  | About 2 hours a day      | About 1 hour a day       | Less than 1 hour a day   | No time at all           |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ... watching TV?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... chatting online or visiting social network sites (e.g., Facebook)?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... helping around the house (e.g., cleaning, laying the table or food shopping)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... playing video or computer games alone?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... playing video or computer games together with others?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Your friends

### 3 Thinking now about all of your friends. How many of them have... (Please tick a box for every group.)

|                            | Almost all<br>or all     | A lot                    | About half               | A few                    | None or<br>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"/> |

### 4 How often do you talk... (Please tick a box for every group.)

|   | Every day                | Once or<br>several<br>times a<br>week | Once or<br>several<br>times a<br>month | Less often               | Never                    | I don't know<br>people from this<br>background. |
|---|--------------------------|---------------------------------------|--|--------------------------|--------------------------|---|
| ... to people from a German background?   | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        |
| ... to people from an Italian background? | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        |
| ... to people from a Polish background?   | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        |
| ... to people from a Russian background?  | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        |
| ... to people from a Turkish background?  | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        |
| ... to people from another background?    | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        |

### 5 We would like to learn something about your general beliefs and wishes concerning romantic relationships. Therefore it doesn't matter if you have currently a boyfriend/girlfriend or not. How important is it to you that your boyfriend/girlfriend ...

|                                      | Very<br>important        | Fairly<br>important      | Not very<br>important    | Not at all<br>important  |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ... has at least the same education? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... has the same religion?           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... has a German background?         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Only if you have a migration background (i.e., if your mother or your father or some of your grandparents are born abroad and later emigrated to Germany):*

|                              |                          |                          |                          |                          |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ... has the same background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

**6** And which beliefs and wishes do your parents have? How important is it for your parents that your boyfriend/girlfriend...

|   | Very important           | Fairly important         | Not very important       | Not at all important     | Don't know               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ... has at least the same education?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... has the same religion?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... has a German background?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Only if you have a migration background (i.e., if your mother or your father or some of your grandparents are born abroad and later emigrated to Germany):</i> |                          |                          |                          |                          |                          |
| ... has the same 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.

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

Yes ☐

No ☐ → Go to **19**

**8** What is your boyfriend/girlfriend currently doing?

School ☐

Apprenticeship (in a company and in school) ☐

School-based vocational education ☐

Vocational preparation year ☐

Full-time job ☐

Internship ☐

Nothing ☐

Studying ☐

Something else ☐



Please specify:

**9** 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 (Förderschule) ☐

Lower secondary school (Hauptschule) ☐

Intermediate secondary school (Realschule) ☐

Upper secondary school (Gymnasium) ☐

Comprehensive school (Gesamtschule) ☐

Don't know ☐



**10** Which educational degree does your boyfriend/girlfriend have?

- No degree (yet) ☐
- Degree from lower secondary school ☐
- Degree from intermediate secondary school ☐
- Degree from upper secondary school ☐
- University degree ☐
- Don't know ☐

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

- German ☐
- Italian ☐
- Polish ☐
- Russian ☐
- Turkish ☐

Other background ☐



Please specify:

**12** What is your boyfriend's/girlfriend's religion?

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

Other religion ☐



Please specify:

Don't know ☐

**13** How important is religion to him/her?

- Very important ☐
- Fairly important ☐
- Not very important ☐
- Not at all important ☐
- Don't know ☐

**14** Since when are you together with this boy/girl? Please name the month and the year.

Month

Year

**15** How did you meet? Please tick all that apply.

- At school ☐
- In the neighborhood ☐
- At work ☐
- In the Internet ☐
- In a (sports, music, drama or any other) club ☐
- While going out at a pub, nightclub or at a party ☐
- Friends ☐
- Family or friends of the family ☐
- Another way ☐



Please specify:

**16** Does the following apply to you and your boyfriend/girlfriend?

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| We live in the same neighborhood.  | <input type="checkbox"/> | <input type="checkbox"/> |
| My parents know that I have a boyfriend/girlfriend.                              | <input type="checkbox"/> | <input type="checkbox"/> |
| My parents already met my boyfriend/girlfriend.                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Our parents knew each other before my boyfriend/girlfriend and I started dating. | <input type="checkbox"/> | <input type="checkbox"/> |

**17** Do the following statements apply to your family? My family...

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| ... wants to talk to me about my boyfriend/girlfriend.                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| ... wants to know where I am and what I am doing when I am with my boyfriend/girlfriend. | <input type="checkbox"/> | <input type="checkbox"/> |
| ... wanted to get to know my boyfriend/girlfriend immediately.                           | <input type="checkbox"/> | <input type="checkbox"/> |
| ... wants me to marry my boyfriend/girlfriend as soon as possible.                       | <input type="checkbox"/> | <input type="checkbox"/> |

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

**18** Is this your first boyfriend/girlfriend?

- Yes ☐ ➔ **Go to 20**
- No ☐

**19** How many boyfriends/girlfriends have you had in the past?

- Number of boyfriends/girlfriends:
- I haven't had a boyfriend/girlfriend yet. ☐

**20** How much do you agree or disagree with each of these statements? My family...

|  | Strongly agree           | Agree                    | Neither agree nor disagree | Disagree                 | Strongly disagree        |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| ... is against me already having a boyfriend/girlfriend.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| ... would speak bluntly if it dislikes my boyfriend/girlfriend.                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| ... wants me to make relationship decisions for myself.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| ... ever wanted to set me up with somebody.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| ... would want me to break up with my boyfriend/girlfriend if they don't like him/her. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

**21** Thinking about your future: At what age would you like to marry?

Age:

I do not want to marry. ☐

**22** And how many children would you like to have?

Number of children:

I do not want to have children. ☐

**Your family**

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

**23** 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 biological mother born abroad?

No ☐ ➔ Go to **25**  
Yes ☐

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

Yes, twice or more ☐  
Yes, once ☐  
No ☐

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

Yes ☐

No ☐

Don't know ☐

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

**26** 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 biological father born abroad?

No ☐ →

Go to **28**

Yes, in the same country as my mother ☐ →

Go to **28**

Yes, but in a different country than my mother ☐

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

Yes, twice or more ☐

Yes, once ☐

No ☐

**28** Does your father currently have a job?

Yes ☐

No ☐

Don't know ☐

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

Yes, each week ☐ →    Euro

Yes, each month ☐ →    Euro

Yes, occasionally ☐

No ☐

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

**30** How many siblings do you have?

Number of siblings:

I do not have any siblings. ☐ →

Go to

**32 (page 10)**

**31** On the following two pages there are some more questions about your siblings. You can answer the questions for up to 4 siblings. If you have less than 4 siblings, just stop when you have answered the questions for all your siblings.

|  | sibling 1:   | sibling 2:   |
|--|--|--|
| <b>A. Is this your brother or your sister?</b>   | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  |
| <b>B. How old is he/she?</b>   | age: <input type="text"/> <input type="text"/>   | age: <input type="text"/> <input type="text"/>   |
| <b>C. What is he/she currently doing?</b>  | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> |
| <b>D. What type of education does he/she do? (If he/she does not attend school anymore: What type of education did he/she do?)</b> | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 |
| <b>E. Which educational degree did he/she receive?</b>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   |
| <b>F. What is his/her job?</b>   | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  |

|  | sibling 3:   | sibling 4:   |
|--|--|--|
| <b>A. Is this your brother or your sister?</b>   | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  |
| <b>B. How old is he/she?</b>   | age: <input type="text"/> <input type="text"/>   | age: <input type="text"/> <input type="text"/>   |
| <b>C. What is he/she currently doing?</b>  | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> |
| <b>D. What type of education does he/she do? (If he/she does not attend school anymore: What type of education did he/she do?)</b> | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 |
| <b>E. Which educational degree did he/she receive?</b>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   |
| <b>F. What is his/her job?</b>   | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  |

## Your feelings and beliefs

- 32** On a scale from 1 to 10 where 1 is very unsatisfied and 10 is very satisfied, how satisfied are you with your life in general?

| Very unsatisfied         |                          |                          |                          |                          |                          |                          |                          |                          |                          | 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"/> |                |

- 33** 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.)

|          | Negative                 |                          |                          |                          | Neutral                  |                          |                          |                          |                          |                          | Positive                 | I don't know this group. |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|          | 0                        | 10                       | 20                       | 30                       | 40                       | 50                       | 60                       | 70                       | 80                       | 90                       | 100                      |                          |
| Germans  | <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"/> |
| Italians | <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"/> |
| Poles    | <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"/> |
| Russians | <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"/> |
| Turks    | <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"/> |

- 34** In a family, who should do the following?

|                           | Mostly the man           | Mostly the woman         | Both about the same      |
|---------------------------|--------------------------|--------------------------|--------------------------|
| Take care of the children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cook                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Earn money                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clean the house           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Questions about you

- 35** How well do you think you can...

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

**36** 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.*

**37** 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 39**
- Italian ☐
- Polish ☐
- Russian ☐
- Turkish ☐
- Other group ☐ → Please specify:

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

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

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

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

**40** How good is your health compared to others of your age?

- Very good ☐
- Good ☐
- About the same ☐
- Bad ☐
- Very bad ☐



**41** 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"/> |

**42** How often do you...

|  | Every day                | Once or several times a week | Once or several times a month | Less often               | Never                    |
|--|--------------------------|------------------------------|-------------------------------|--------------------------|--------------------------|
| ... have a hot meal?                               | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... drink alcohol?                                 | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... do sports or go to the gym?                    | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... smoke cigarettes?                              | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... eat breakfast?                                 | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... use drugs (e.g., hash, paddos, ecstasy pills)? | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |

**43** What is your height?

height in cm:

**44** What is your weight?

weight in kg:

---

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

- No degree ☐
  - Degree from lower secondary school ☐
  - Degree from intermediate secondary school ☐
  - Degree from upper secondary school ☐
  - University degree ☐
  - Don't know ☐
- 

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

- No degree ☐
  - Degree from lower secondary school ☐
  - Degree from intermediate secondary school ☐
  - Degree from upper secondary school ☐
  - University degree ☐
  - Don't know ☐
- 

**47** When you are 30 years old, do you think you will...

|                           | Probably<br>yes          | Probably<br>no           | Don't<br>know            |
|---------------------------|--------------------------|--------------------------|--------------------------|
| ... be living in Germany? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... be will be married?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... have children?        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... be in good health?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

---

## Your current situation

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

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

No ☐ → Go to **51**

Yes, from lower secondary school ☐

Yes, from intermediate secondary school ☐

Yes, from another school ☐



Please specify:

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

Math:

German:

English:

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

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

**51** What are you currently doing?

School ☐ → Go to **52 (page 15)**

Apprenticeship (in a company and in school) ☐ → Go to **57 (page 17)**

School-based vocational education ☐ → Go to **57 (page 17)**

Full-time job ☐ → Go to **62 (page 18)**

Vocational preparation year ☐ → Go to **68 (page 19)**

Internship ☐ → Go to **68 (page 19)**

Unemployed/Nothing ☐ → Go to **68 (page 19)**

Something else ☐ → Go to **68 (page 19)**



Please specify:

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

**52** 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 ☐

Please specify:

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

Go to **54**

Go to **53**

- 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 ☐

Please specify:

Go to **57**

## School

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

- Lower secondary track (Hauptschulzweig) ☐
- Intermediate secondary track (Realschulzweig) ☐
- Upper secondary track (Gymnasialzweig) ☐

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

- 10<sup>th</sup> grade ☐
- 11<sup>th</sup> grade ☐
- 12<sup>th</sup> grade ☐
- No grade ☐
- Other grade ☐ →

Please specify:

**55** 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 without permission?   | <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.*

**56** 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)

## Apprenticeship/work-related training

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

**58** 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.*

**59** Do you receive an additional educational degree with your apprenticeship?

Yes ☐

No ☐ →

**Go to 61**

**60** 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.*

**61** 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 ☐



**Go to**

**End  
(last page)**

- 1201-1400 Euro ☐
- 1401-1600 Euro ☐
- 1601-1800 Euro ☐
- 1801-2000 Euro ☐
- More than 2000 Euro ☐
- I don't want to say. ☐

☐ ☐ ☐ ☐ ☐ ☐


**Go to**

**End  
(last page)**

## Full-time-job

**62** What 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                          | <input type="checkbox"/> |
| Permanent contract                   | <input type="checkbox"/> |
| Temporary contract                   | <input type="checkbox"/> |
| Temporary contract for seasonal work | <input type="checkbox"/> |

**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"/> |

*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 | <input type="checkbox"/> | → | Go to | <b>End (last page)</b> |
| No  | <input type="checkbox"/> |   |       |                        |

*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)**

Vocational preparation/internship/nothing/something else

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

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

Yes

☐

No

☐

Go to

**End**

**69** In which occupation do you want to do an apprenticeship? Please name the exact title.

**End**

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire:



**Web Questionnaire  
(English Translation)**

## 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 ☐ → Go to **4**

Yes, from lower secondary school ☐

Yes, from intermediate secondary school ☐

Yes, from another school ☐



Please specify:

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

Math:

German:

English:

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

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

**4** What are you currently doing?

School ☐ → Go to **5 (page 2)**

Apprenticeship (in a company and in school) ☐ → Go to **10 (page 4)**

School-based vocational education ☐ → Go to **10 (page 4)**

Full-time job ☐ → Go to **17 (page 5)**

Vocational preparation year ☐ → Go to **15 (page 5)**

Internship ☐ → Go to **15 (page 5)**

Unemployed/Nothing ☐ → Go to **15 (page 5)**

Something else ☐ → Go to **15 (page 5)**



Please specify:

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

5

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 ☐

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 ☐

Please specify:

Go to 10

Go to 7

Go to 6

## School

### 6 Which track do you attend in combined lower, intermediate and upper secondary school?

- Lower secondary track (Hauptschulzweig) ☐
- Intermediate secondary track (Realschulzweig) ☐
- Upper secondary track (Gymnasialzweig) ☐

### 7 Which grade do you currently attend?

- 10<sup>th</sup> grade ☐
- 11<sup>th</sup> grade ☐
- 12<sup>th</sup> grade ☐
- No grade ☐
- Other grade ☐ →

Please specify:

### 8 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 without permission?   | <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.

### 9 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

23 (page 7)

## Apprenticeship/work-related training

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

**11** 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.*

**12** Do you receive an additional educational degree with your apprenticeship?

Yes ☐

No ☐ →

**Go to 14**

**13** 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.*

**14** 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 ☐



**Go to**

**23**  
(page 7)

- 1201-1400 Euro ☐
- 1401-1600 Euro ☐
- 1601-1800 Euro ☐
- 1801-2000 Euro ☐
- More than 2000 Euro ☐
- I don't want to say. ☐

☐☐☐☐☐☐☐

**Go to**

**23**  
(page 7)

## Vocational preparation/internship/nothing/something else

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

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

Yes

☐

No

☐

Go to

**23 (page 7)**

**16** In which occupation do you want to do an apprenticeship? Please name the exact title.

## Full-time-job

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

**18** 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

☐

1201-1400 Euro

☐

1401-1600 Euro

☐

1601-1800 Euro

☐

1801-2000 Euro

☐

More than 2000 Euro

☐

I don't want to say.

☐

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

No contract

☐

Permanent contract

☐

Temporary contract

☐

Temporary contract for seasonal work

☐

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

Month

Year

---

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

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

Yes ☐ → Go to **23**  
No ☐

---

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

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

→ Go to **23**

## Your leisure time

### 23 In your spare time, how often do you...

|   | Every day                | Once or several times a week | Once or several times a month | Less often               | Never                    |
|---|--------------------------|------------------------------|-------------------------------|--------------------------|--------------------------|
| ... visit relatives?                                      | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... go to the cinema?                                     | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... go out to a pub/bar/nightclub/party?                  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... read a book (not for school, apprenticeship or job)?  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... spend time in a club (sports/music/drama/other club)? | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... go to a concert or DJ event?                          | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... go to the museum?                                     | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... read a newspaper?                                     | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |

### 24 On a typical school day, once you get home, how much time do you spend...

|   | More than 2 hours a day  | About 2 hours a day      | About 1 hour a day       | Less than 1 hour a day   | No time at all           |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ... watching TV?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... chatting online or visiting social network sites (e.g., Facebook)?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... helping around the house (e.g., cleaning, laying the table or food shopping)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... playing video or computer games alone?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... playing video or computer games together with others?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## Your friends

**25** Thinking now about all of your friends. How many of them have...  
(Please tick a box for every group.)

|                            | Almost all<br>or all     | A lot                    | About half               | A few                    | None or<br>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"/> |

**26** How often do you talk...  
(Please tick a box for every group.)

|   | Every day                | Once or<br>several<br>times a<br>week | Once or<br>several<br>times a<br>month | Less often               | Never                    | I don't know<br>people from this<br>background. |
|---|--------------------------|---------------------------------------|--|--------------------------|--------------------------|---|
| ... to people from a German background?   | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        |
| ... to people from an Italian background? | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        |
| ... to people from a Polish background?   | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        |
| ... to people from a Russian background?  | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        |
| ... to people from a Turkish background?  | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        |
| ... to people from another background?    | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                        |

**27** Do you have a so-called migration background (that is, is your mother or your father or one of your grandparents born abroad and moved to Germany later on)?

Yes ☐

No ☐

**28** We would like to learn something about your general beliefs and wishes concerning romantic relationships. Therefore it doesn't matter if you have currently a boyfriend/girlfriend or not. How important is it to you that your boyfriend/girlfriend ...

|  | Very<br>important        | Fairly<br>important      | Not very<br>important    | Not at all<br>important  |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| ... has at least the same education?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... has the same religion?                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... has a German background?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Only for respondents who ticked "Yes" at Q27:</i> |                          |                          |                          |                          |
| ... has the same background?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**29** And which beliefs and wishes do your parents have? How important is it for your parents that your boyfriend/girlfriend...

|  | Very important           | Fairly important         | Not very important       | Not at all important     | Don't know               |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ... has at least the same education?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... has the same religion?                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... has a German background?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Only for respondents who ticked "Yes" at Q27:</i> |                          |                          |                          |                          |                          |
| ... has the same 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.*

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

Yes ☐

No ☐ → Go to **42**

**31** What is your boyfriend/girlfriend currently doing?

School ☐

Studying ☐

Apprenticeship (in a company and in school) ☐

School-based vocational education ☐

Full-time job ☐

Vocational preparation year ☐

Internship ☐

Unemployed/nothing ☐

Something else ☐ → Please specify:

**32** 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 (Förderschule) ☐

Lower secondary school (Hauptschule) ☐

Intermediate secondary school (Realschule) ☐

Upper secondary school (Gymnasium) ☐

Comprehensive school (Gesamtschule) ☐

Don't know ☐

**33 Which educational degree does your boyfriend/girlfriend have?**

- No degree (yet) ☐
- Degree from lower secondary school ☐
- Degree from intermediate secondary school ☐
- Degree from upper secondary school ☐
- University degree ☐
- Don't know ☐

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

- German ☐
- Italian ☐
- Polish ☐
- Russian ☐
- Turkish ☐

Other background ☐



Please specify:

**35 What is your boyfriend's/girlfriend's religion?**

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

Other religion ☐



Please specify:

Don't know ☐

**36 How important is religion to him/her?**

- Very important ☐
- Fairly important ☐
- Not very important ☐
- Not at all important ☐
- Don't know ☐

**37 Since when are you together with this boy/girl? Please name the month and the year.**

Month

Year

**38** How did you meet? Please tick all that apply.

- At school ☐
- In the neighborhood ☐
- At work ☐
- In the Internet ☐
- In a (sports, music, drama or any other) club ☐
- While going out at a pub, nightclub or at a party ☐
- Friends ☐
- Family or friends of the family ☐
- Another way ☐ →

Please specify:

**39** Does the following apply to you and your boyfriend/girlfriend?

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| We live in the same neighborhood.  | <input type="checkbox"/> | <input type="checkbox"/> |
| My parents know that I have a boyfriend/girlfriend.                              | <input type="checkbox"/> | <input type="checkbox"/> |
| My parents already met my boyfriend/girlfriend.                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Our parents knew each other before my boyfriend/girlfriend and I started dating. | <input type="checkbox"/> | <input type="checkbox"/> |

**40** Do the following statements apply to your family? My family...

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| ... wants to talk to me about my boyfriend/girlfriend.                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| ... wants to know where I am and what I am doing when I am with my boyfriend/girlfriend. | <input type="checkbox"/> | <input type="checkbox"/> |
| ... wanted to get to know my boyfriend/girlfriend immediately.                           | <input type="checkbox"/> | <input type="checkbox"/> |
| ... wants me to marry my boyfriend/girlfriend as soon as possible.                       | <input type="checkbox"/> | <input type="checkbox"/> |

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

**41** Is this your first boyfriend/girlfriend?

- Yes ☐ → **Go to 43**
- No ☐

**42** How many boyfriends/girlfriends have you had in the past?

- Number of boyfriends/girlfriends:
- I haven't had a boyfriend/girlfriend yet. ☐

**43** How much do you agree or disagree with each of these statements? My family...

|  | Strongly agree           | Agree                    | Neither agree nor disagree | Disagree                 | Strongly disagree        |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| ... is against me already having a boyfriend/girlfriend.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| ... would speak bluntly if it dislikes my boyfriend/girlfriend.                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| ... wants me to make relationship decisions for myself.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| ... ever wanted to set me up with somebody.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| ... would want me to break up with my boyfriend/girlfriend if they don't like him/her. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

**44** Thinking about your future: At what age would you like to marry?

Age:

I do not want to marry. ☐

**45** And how many children would you like to have?

Number of children:

I do not want to have children. ☐

**Your family**

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

**46** 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 biological mother born abroad?

No ☐ ➔ Go to **48**  
Yes ☐

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

Yes, twice or more ☐  
Yes, once ☐  
No ☐

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

Yes ☐

No ☐

Don't know ☐

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

**49** 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 biological father born abroad?

No ☐ →

Go to **51**

Yes, in the same country as my mother ☐ →

Go to **51**

Yes, but in a different country than my mother ☐

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

Yes, twice or more ☐

Yes, once ☐

No ☐

**51** Does your father currently have a job?

Yes ☐

No ☐

Don't know ☐

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

Yes, each week ☐ →    Euro

Yes, each month ☐ →    Euro

Yes, occasionally ☐

No ☐

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

**53** How many siblings do you have?

Number of siblings:

I do not have any siblings. ☐ →

Go to

**55 (page 22)**

On the following two pages there are some more questions about your siblings.

|  | sibling 1:   | sibling 2:   |
|--|--|--|
| <b>A. Is this your brother or your sister?</b>   | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  |
| <b>B. How old is he/she?</b>   | age: <input type="text"/> <input type="text"/>   | age: <input type="text"/> <input type="text"/>   |
| <b>C. What is he/she currently doing?</b>  | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> |
| <b>D. What type of education does he/she do? (If he/she does not attend school anymore: What type of education did he/she do?)</b> | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 |
| <b>E. Which educational degree did he/she receive?</b>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   |
| <b>F. What is his/her job?</b>   | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  |

|  | sibling 3:  | sibling 4:  |
|--|---|---|
| <b>A. Is this your brother or your sister?</b>   | brother <input type="checkbox"/><br>sister <input type="checkbox"/>   | brother <input type="checkbox"/><br>sister <input type="checkbox"/>   |
| <b>B. How old is he/she?</b>   | age: <input type="text"/> <input type="text"/>  | age: <input type="text"/> <input type="text"/>  |
| <b>C. What is he/she currently doing?</b>  | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify: <input type="text"/> | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify: <input type="text"/> |
| <b>D. What type of education does he/she do? (If he/she does not attend school anymore: What type of education did he/she do?)</b> | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                              | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                              |
| <b>E. Which educational degree did he/she receive?</b>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>  | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>  |
| <b>F. What is his/her job?</b>   | <input type="text"/><br>He/she is not working. <input type="checkbox"/>   | <input type="text"/><br>He/she is not working. <input type="checkbox"/>   |



|  | sibling 5:   | sibling 6:   |
|--|--|--|
| <b>A. Is this your brother or your sister?</b>   | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  |
| <b>B. How old is he/she?</b>   | age: <input type="text"/> <input type="text"/>   | age: <input type="text"/> <input type="text"/>   |
| <b>C. What is he/she currently doing?</b>  | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> |
| <b>D. What type of education does he/she do? (If he/she does not attend school anymore: What type of education did he/she do?)</b> | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 |
| <b>E. Which educational degree did he/she receive?</b>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   |
| <b>F. What is his/her job?</b>   | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  |

|  | sibling 7:   | sibling 8:   |
|--|--|--|
| <b>A. Is this your brother or your sister?</b>   | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  |
| <b>B. How old is he/she?</b>   | age: <input type="text"/> <input type="text"/>   | age: <input type="text"/> <input type="text"/>   |
| <b>C. What is he/she currently doing?</b>  | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> |
| <b>D. What type of education does he/she do? (If he/she does not attend school anymore: What type of education did he/she do?)</b> | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 |
| <b>E. Which educational degree did he/she receive?</b>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   |
| <b>F. What is his/her job?</b>   | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  |

|  | sibling 9:  | sibling 10:   |
|--|---|---|
| <b>A. Is this your brother or your sister?</b>   | brother <input type="checkbox"/><br>sister <input type="checkbox"/>   | brother <input type="checkbox"/><br>sister <input type="checkbox"/>   |
| <b>B. How old is he/she?</b>   | age: <input type="text"/> <input type="text"/>  | age: <input type="text"/> <input type="text"/>  |
| <b>C. What is he/she currently doing?</b>  | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify: <input type="text"/> | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify: <input type="text"/> |
| <b>D. What type of education does he/she do? (If he/she does not attend school anymore: What type of education did he/she do?)</b> | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                              | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                              |
| <b>E. Which educational degree did he/she receive?</b>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>  | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>  |
| <b>F. What is his/her job?</b>   | <input type="text"/><br>He/she is not working. <input type="checkbox"/>   | <input type="text"/><br>He/she is not working. <input type="checkbox"/>   |

|  | sibling 11:  | sibling 12:  |
|--|--|--|
| <b>A. Is this your brother or your sister?</b>   | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  |
| <b>B. How old is he/she?</b>   | age: <input type="text"/> <input type="text"/>   | age: <input type="text"/> <input type="text"/>   |
| <b>C. What is he/she currently doing?</b>  | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> |
| <b>D. What type of education does he/she do? (If he/she does not attend school anymore: What type of education did he/she do?)</b> | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 |
| <b>E. Which educational degree did he/she receive?</b>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   |
| <b>F. What is his/her job?</b>   | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  |

|  | sibling 13:  | sibling 14:  |
|--|--|--|
| <b>A. Is this your brother or your sister?</b>   | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  |
| <b>B. How old is he/she?</b>   | age: <input type="text"/> <input type="text"/>   | age: <input type="text"/> <input type="text"/>   |
| <b>C. What is he/she currently doing?</b>  | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> |
| <b>D. What type of education does he/she do? (If he/she does not attend school anymore: What type of education did he/she do?)</b> | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 |
| <b>E. Which educational degree did he/she receive?</b>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   |
| <b>F. What is his/her job?</b>   | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  |

|   | sibling 15:  |  |
|---|--|--|
| A. Is this your brother or your sister?   | brother <input type="checkbox"/><br>sister <input type="checkbox"/>  |  |
| B. How old is he/she?   | age: <input type="text"/> <input type="text"/>   |  |
| C. What is he/she currently doing?  | Kindergarten <input type="checkbox"/><br>School <input type="checkbox"/><br>Studying <input type="checkbox"/><br>Apprenticeship <input type="checkbox"/><br>Part-time/full-time job <input type="checkbox"/><br>Vocational preparation year <input type="checkbox"/><br>Internship <input type="checkbox"/><br>Unemployed/nothing <input type="checkbox"/><br>Something else <input type="checkbox"/><br>Please specify:<br><input type="text"/> |  |
| D. What type of education does he/she do? (If he/she does not attend school anymore: What type of education did he/she do?) | He/she is not in school yet. <input type="checkbox"/><br>Elementary school <input type="checkbox"/><br>School for special needs <input type="checkbox"/><br>Lower secondary school <input type="checkbox"/><br>Intermediate secondary school <input type="checkbox"/><br>Upper secondary school <input type="checkbox"/><br>Comprehensive school <input type="checkbox"/><br>Don't know <input type="checkbox"/>                                 |  |
| E. Which educational degree did he/she receive?   | No degree (yet) <input type="checkbox"/><br>Degree from lower secondary school <input type="checkbox"/><br>Degree from intermediate secondary school <input type="checkbox"/><br>Degree from upper secondary (vocational) school <input type="checkbox"/><br>University degree <input type="checkbox"/><br>Don't know <input type="checkbox"/>   |  |
| F. What is his/her job?   | <input type="text"/><br>He/she is not working. <input type="checkbox"/>  |  |

## Your feelings and beliefs

- 55** On a scale from 1 to 10 where 1 is very unsatisfied and 10 is very satisfied, how satisfied are you with your life in general?

| Very unsatisfied         |                          |                          |                          |                          |                          |                          |                          |                          |                          | 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"/> |                |

- 56** 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.)

|          | Negative                 |                          |                          |                          | Neutral                  |                          |                          |                          |                          |                          |                          |                          | Positive | I don't know this group. |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|--------------------------|
|          | 0                        | 10                       | 20                       | 30                       | 40                       | 50                       | 60                       | 70                       | 80                       | 90                       | 100                      |                          |          |                          |
| Germans  | <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"/> |          |                          |
| Italians | <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"/> |          |                          |
| Poles    | <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"/> |          |                          |
| Russians | <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"/> |          |                          |
| Turks    | <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"/> |          |                          |

- 57** In a family, who should do the following?

|                           | Mostly the man           | Mostly the woman         | Both about the same      |
|---------------------------|--------------------------|--------------------------|--------------------------|
| Take care of the children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cook                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Earn money                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clean the house           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Questions about you

- 58** How well do you think you can...

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

**59** 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.*

**60** 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 62**

Italian ☐

Polish ☐

Russian ☐

Turkish ☐

Other group ☐ → Please specify:

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

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

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

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

**63** How good is your health compared to others of your age?

- Very good ☐
- Good ☐
- About the same ☐
- Bad ☐
- Very bad ☐



**64** 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"/> |

**65** How often do you...

|  | Every day                | Once or several times a week | Once or several times a month | Less often               | Never                    |
|--|--------------------------|------------------------------|-------------------------------|--------------------------|--------------------------|
| ... have a hot meal?                               | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... drink alcohol?                                 | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... do sports or go to the gym?                    | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... smoke cigarettes?                              | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... eat breakfast?                                 | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| ... use drugs (e.g., hash, paddos, ecstasy pills)? | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |

**66** What is your height?

height in cm:

**67** What is your weight?

weight in kg:

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

- No degree ☐
  - Degree from lower secondary school ☐
  - Degree from intermediate secondary school ☐
  - Degree from upper secondary school ☐
  - University degree ☐
  - Don't know ☐
- 

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

- No degree ☐
  - Degree from lower secondary school ☐
  - Degree from intermediate secondary school ☐
  - Degree from upper secondary school ☐
  - University degree ☐
  - Don't know ☐
- 

**70** When you are 30 years old, do you think you will...

|                           | Probably<br>yes          | Probably<br>no           | Don't<br>know            |
|---------------------------|--------------------------|--------------------------|--------------------------|
| ... be living in Germany? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... be will be married?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... have children?        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ... be in good health?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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**End**

Thank you for filling out the questionnaire!

Here you can send us your thoughts about the questionnaire: