



Maastricht University

Questionnaire number |_NL_|_|_|_|_|_|_|_|_|_|

School number |_NL_|_|_|_|_|_|_|_|_|_|

Class number |_NL_|_|_|_|_|_|_|_|_|_|

MO-TRAYL

mobility trajectories of young lives

SCHOOL VRAGENLIJST

Name of school:	City:
Class number:	Name (optional):
Time start survey: _ _ _ _ : _ _ _ _	Today's date _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ (day) (month) (year)



Thank you for agreeing to answer these questions about yourself.

- You fill out the questionnaire individually.
- On the next page we give instructions for how to fill out the survey.
- Please know that there is no right or wrong answer. But it is important that you try to answer to the best of your ability.
- You are not obliged to answer a question if you do not want to.
- If you have any questions, do not hesitate to ask now or during the survey.
- Note that as some students can skip particular questions some students will take less long to fill out the survey than others.

Privacy

- The survey will be filled out anonymously. Nobody will be able to find out which answers you gave. Thus, none of your friends, parents or teachers will know what you fill out.
- At the end of the questionnaire, we will ask you for your contact information, such as your phone number and email address. You do not have to provide these if you do not want to. It is important to know that we will always deal with this information very carefully; we will not make it public or share it.
- If you provide your contact information, you might be contacted by us again in a few years. If this is the case, we will ask you to fill in a new questionnaire. You do not have to decide on this now; if you do not feel like participating in the future, you are always free to say no.

If you have questions or comments after taking part in this survey, please feel free to contact the researchers through the information in the brochure you received.

PLEASE MAKE SURE THAT YOU FILL OUT THE DECLARATION OF CONSENT BEFORE YOU CONTINUE WITH THIS QUESTIONNAIRE!

Thank you for your cooperation!

How to fill out this questionnaire

Q1 When is your birthday?

- Spring
- Summer
- Autumn
- Winter

- Spring
- Summer
- Autumn
- Winter

If you want to change the answer you gave (for example your birthday is in summer), you can color the box with the wrong answer and put a cross in the right box.

Q2 What is your date of birth?

|_1_|_2_| |_0_|_3_| |_1_|_9_|_9_|_2_|
(day) (month) (year)

If you have to fill out numbers, please fill out one number per box.

Q3 Are the following cities capitals?

		Capital	Not a capital	Do not know
A	Amsterdam	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Bern	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C	Milan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For questions that are organized in rows (shown in white and grey), you need to fill out an answer in every row.

Q4 Do you have brothers or sisters?

- Yes
- No ➔ **Go to Q6**

In some questions, if you give a certain answer, you will be instructed to skip to another question. For example, if you answer yes on question 4, continue with question 5. But if you answer 'no' you can proceed to the question you are directed to (here Q6).

Q5 What kind of hobbies do you have?

Multiple answers possible

- Football Playing music
- Dance Other Namely,

Only when it is explicitly stated, you can cross multiple boxes.

Ice Skating

If you have a box like this, write your answer in the white box.

Part I: You

Q1 Are you male or female?

- Male
 Female

Q2 What is your date of birth?

_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _
(day)	(month)	(year)

Q3 In which city/ town and country were you born?

City/ Town:

Country:

Q4 From which countries do you have a passport/ identity card?

Multiple answers possible

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Netherlands | <input type="checkbox"/> Belgium | <input type="checkbox"/> Germany |
| <input type="checkbox"/> Turkey | <input type="checkbox"/> Morocco | <input type="checkbox"/> Poland |
| <input type="checkbox"/> Ghana | <input type="checkbox"/> Other, namely | <input style="width: 100%; height: 20px;" type="text"/> |

Q5 How well can you ...

	Not well at all	Not well	Well	Very well	Perfectly
... speak <i>Dutch</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... understand <i>Dutch</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... read <i>Dutch</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... write <i>Dutch</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6 Is there a language other than Dutch spoken at home?

- Yes
 No **➔ Go to Q12**

Q7 Which language is this? If there are 2 languages, you can fill out **Q10 for the other**

- | | | |
|----------------------------------|--|---|
| <input type="checkbox"/> Turkish | <input type="checkbox"/> Arabic | <input type="checkbox"/> Berber |
| <input type="checkbox"/> Polish | <input type="checkbox"/> English | <input type="checkbox"/> French |
| <input type="checkbox"/> Twi | <input type="checkbox"/> Other, namely | <input style="width: 100%; height: 20px;" type="text"/> |

Q8 Think about the language you just checked. How well can you ...

	Not well at all	Not well	Well	Very well	Perfect
... speak this language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... understand this language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... read this language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... write in this language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9 Is there another language spoken at home?

Yes

No **➔ Go to Q12**

Q10 Which language is this?

Turkish

Arabic

Berber

Polish

English

French

Twi

Other, namely

Q11 Think about the language you just checked. How well can you ...

	Not well at all	Not well	Well	Very well	Perfect
... speak this language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... understand this language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... read this language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... write in this language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q12 We would like to know how you describe yourself. For the following groups, check the box that indicates how close you feel connected to this group.

	Very strong	Strong	Neutral	Weak	Not at all
Amsterdammer/ Hagenaar/ Hagenees/ Almerenaar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dutch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ethnicity, e.g. Moroccan, Polish, Ghanaian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
European	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A human in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II: Your family

Please note that if you have same sex (homosexual) parents, you can answer Q13-28 for one parent and Q29-Q43 for the other parent. Please indicate if you have:

Two mothers

Two fathers

Questions mother

Q13 In which country was your mother born?

- | | | | |
|--|----------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Netherlands | ➔ Go to Q19 | <input type="checkbox"/> Turkey | <input type="checkbox"/> Surinam |
| <input type="checkbox"/> Belgium | | <input type="checkbox"/> Morocco | <input type="checkbox"/> Ghana |
| <input type="checkbox"/> Germany | | <input type="checkbox"/> Poland | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Other, namely | <input type="text"/> | | |

Q14 In your whole life how often did you visit this country for a holiday or family visit?

- I visit this country every year ➔ Go to Q16
- I visit this country about every two years ➔ Go to Q16
- I have visited this country less often, namely
approximately times
- I have never visited this country ➔ Go to Q18

Q15 Write down how old you were during each of these trips

<input type="text"/> years	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years
<input type="text"/> years	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years

Q16 How did you find these trips? Please circle the most appropriate number

Very annoying 1-----2-----3-----4-----5 Fantastic

Q17 If you look at the answer given at Q16, why did you experience these trips this way? After answering this question go to Q19

Q18 How do you feel about the fact that you have never visited this country?

- Very regrettable
- Regrettable
- Neutral
- I do not feel the need to visit this country
- I do not feel the urge to visit this country at all

Q24 Describe as precisely as possible what your mother is doing in her job, e.g. the tasks she has. If she does not have a job now, describe her previous job.

Q25 What is approximately the highest level of education your mother reached?

- | | |
|---|--|
| <input type="checkbox"/> No schooling | <input type="checkbox"/> Finished vocational school (MBO) |
| <input type="checkbox"/> Some primary school | <input type="checkbox"/> Some University of Applied Sciences (HBO) |
| <input type="checkbox"/> Finished primary school | <input type="checkbox"/> Finished University of Applied Sciences |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Some university |
| <input type="checkbox"/> Finished high school | <input type="checkbox"/> Finished university |
| <input type="checkbox"/> Some vocational school (MBO) | <input type="checkbox"/> Don't know |

Q26 Is your mother currently:

- | | | |
|---|-------------------------------------|--------------------|
| <input type="checkbox"/> Married | <input type="checkbox"/> Single | ➔ Go to Q28 |
| <input type="checkbox"/> In a relationship, living with her partner in the same house | <input type="checkbox"/> Widowed | |
| <input type="checkbox"/> In a relationship, but not living with her partner | <input type="checkbox"/> Don't know | ➔ Go to Q28 |

Q27 Is her current partner/ husband your father?

- Yes
- No

Q28 How well do you generally get along with your mother?

- Very well
- Well
- Not so well
- Not well at all
-

Questions father

Q29 In which country was your father born?

- | | | | |
|--|--------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Netherlands | ➔ Go to Q35 | <input type="checkbox"/> Turkey | <input type="checkbox"/> Surinam |
| <input type="checkbox"/> Belgium | | <input type="checkbox"/> Morocco | <input type="checkbox"/> Ghana |
| <input type="checkbox"/> Germany | | <input type="checkbox"/> Poland | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Other, namely | | | |

Q30 In your whole life how often did you visit this country for a holiday or family visit?

- My father's country of birth is the same as my mother's country of birth ➔ **Go to Q35**
- I visit this country every year ➔ **Go to Q32**
- I visit this country about every two years ➔ **Go to Q32**
- I have visited this country less often, namely
 approximately Times
- I have never visited this country ➔ **Go to Q34**

Q31 Write down how old you were during each of these trips

	years		years		years		years
	years		years		years		years

Q32 How did you find these trips? Please circle the most appropriate number

Very annoying 1-----2-----3-----4-----5 Fantastic

Q33 If you look at the answer given at Q32, why did you experience these trips this way?

After answering this question go to Q35

Q34 How do you feel about the fact that you have never visited this country?

- Very regrettable
- Regrettable
- Neutral
- I do not feel the need to visit this country
- I do not feel the urge to visit this country at all

Q35 Does your father currently live with you?

- Yes, he lives with me ➡ **Go to Q39**
- No, he lives somewhere else in the Netherlands
- No, he lives in another country, namely
- I do not know where my father is currently living
- My father has passed away ➡ **Go to Q46**
-

Q36 On average how often have you been in contact with your father in the past year?

- Every day Once a month
- Few times a week Few times a year
- Once a week Not at all ➡ **Go to Q38**
- Few times per month
-

Q37 How do you stay in contact with your father? *Multiple answers possible*

- Visits Post
- Landline E-mail
- Mobile phone Facebook
- Text/ sms/ whatsapp messaging Through friends, family who visit
- Snapchat No Contact
- Other, namely
-

Q38 When did you last see your father in person?

- 0-6 months ago
- 7-12 months ago
- 13-18 months ago (1-1,5 years)
- 19-24 months ago (1,5-2 years)
- More than 24 months ago (more than 2 years)
-

Q39 Is your father currently working?

- Not working Disability pension Don't know
- Retired Working. He is a
- Homemaker Other, namely
-

Q40 Describe as precisely as possible what your father is doing in his job, e.g. the tasks he has. If he does not have a job now, describe his previous job.

Q41 What is approximately the highest level of education your father reached?

- | | |
|---|--|
| <input type="checkbox"/> No schooling | <input type="checkbox"/> Finished vocational school (MBO) |
| <input type="checkbox"/> Some primary school | <input type="checkbox"/> Some University of Applied Sciences (HBO) |
| <input type="checkbox"/> Finished primary school | <input type="checkbox"/> Finished University of Applied Sciences |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Some university |
| <input type="checkbox"/> Finished high school | <input type="checkbox"/> Finished university |
| <input type="checkbox"/> Some vocational school (MBO) | <input type="checkbox"/> Don't know |

Q42 Is your father currently:

- | | |
|---|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Single → Go to Q28 |
| <input type="checkbox"/> In a relationship, living with his partner in the same house | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> In a relationship, but not living with his partner | <input type="checkbox"/> Don't know → Go to Q28 |

Q43 Is his current partner/ wife your mother?

- Yes
 No

Q44 How well do you generally get along with your father?

- Very well
 Well
 Not so well
 Not well at all

Q45 How well do your parents generally get along with each other?

- Very well
 Well
 Not so well
 Not well at all
-

Questions about other family members

Q46 How many of the following do you have in your family?

	How many in total?	How many live with you?	How many are older than you?	How many live in another country?
a. Sisters	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
b. Half sisters	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
c. Brothers	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
d. Half brothers	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
e. Foster children (girl)	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
f. Foster children (boy)	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _

Q47 In total, how many people currently live in the same house as you?

|_|_|_|_| People (*Do not count yourself*)

Q48 Who takes care of you mainly when you are at home? (One answer)

- | | | |
|--|--|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Your sister |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Your brother |
| <input type="checkbox"/> Grandmother mother's side | <input type="checkbox"/> Grandmother father's side | <input type="checkbox"/> Other relative mother's side |
| <input type="checkbox"/> Grandfather mother's side | <input type="checkbox"/> Grandfather father's side | <input type="checkbox"/> Other relative father's side |
| <input type="checkbox"/> Aunt mother's side | <input type="checkbox"/> Aunt father's side | <input type="checkbox"/> Other, namely |
| <input type="checkbox"/> Uncle mother's side | <input type="checkbox"/> Uncle father's side | |

Q49 In which country was your grandmother born?

From your mother's side

From your father's side

Q50 In which country was your grandfather born?

From your mother's side

From your father's side

Part IV: Travels

Short stays abroad

Q51 Did you spend time abroad for longer than a week?

Yes

No **➔** Go to Q82 (page 17)

Q52 To which of the following countries did you go on holiday for more than a week?

Multiple answers possible.

Is a country that you visited missing in the list below, write this country down in the white boxes provided at the bottom of the page.

Europa

- Austria
- Belgium
- Bulgaria
- Czech Republic
- Croatia
- Denmark
- England
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland

- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Norway
- Poland
- Portugal
- Romania
- Scotland
- Slovakia
- Slovenia
- Spain
- Sweden
- Switzerland

Rest wereld

- Aruba
- Bonaire
- Canada
- Curacao
- Egypt
- Ghana
- India
- Indonesia
- Morocco
- Mexico
- Surinam
- Thailand
- Turkey
- United States

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

Q53 How often do you on average go abroad for holidays that last more than a week?

- Once every few years
- Once every two years
- Once a year
- Twice a year
- Three times a year
- More than three times a year

Q54 How do you find these trips abroad?

Please circle the most appropriate number

Very annoying 1-----2-----3-----4-----5 Fantastic

Long stays abroad

Q55 Have you ever lived in another country than the Netherlands for more than 3 months at a time?

- Yes
- No ➔ Go to Q82 (page 17)

If you have stayed abroad for 3 months multiple times, you can answer the questions for each of the stays abroad separately.

Stay 1

Q56 Which country did you live in for longer than three months?

Q57 How old were you when you moved to this country?

|_|_|_| Years old

Q58 For how long did you live there?

|_|_|_| years & |_|_|_| months

Q59 For what purpose did you go abroad?

- Holiday Visit one of your parents study/school/ internship
- Visit Family Work of parent(s) Gap year
- Other, namely

Q60 With whom did you live during this time abroad?

Multiple answers possible

- | | | |
|--|--|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Your sister |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Your brother |
| <input type="checkbox"/> Grandmother mother's side | <input type="checkbox"/> Grandmother father's side | <input type="checkbox"/> Other relative mother's side |
| <input type="checkbox"/> Grandfather mother's side | <input type="checkbox"/> Grandfather father's side | <input type="checkbox"/> Other relative father's side |
| <input type="checkbox"/> Aunt mother's side | <input type="checkbox"/> Aunt father's side | <input type="checkbox"/> Other, namely |
| <input type="checkbox"/> Uncle mother's side | <input type="checkbox"/> Uncle father's side | <input type="text"/> |



Q61 Did you attend school there?

- Yes, an international school
- Yes, a boarding school
- Yes, a local school
- No

Q62 On a scale from 1 to 5 how did you generally experience this stay abroad?

Please circle the most appropriate number

Bad 1-----2-----3-----4-----5 Very good

Q63 Looking at the answer you gave for Q62, why did you experience the trip this way?

Q64 Besides the stay abroad you have answered the above questions on, have you ever lived in another country than the Netherlands for more than 3 months at a time?

- Yes
- No  **Go to Q82 (page 17)**

Stay 2

Q65 Which country did you live in?

Q66 How old were you when you moved to this country?

|_|_|_|_| Years old

Q67 For how long did you live there?

| years & | months

Q68 For what purpose did you go abroad?

- Holiday Visit one of your parents study/school/ internship
 Visit Family Work of parent(s) Gap year
 Other, namely

Q69 With whom did you live during this time abroad? *Multiple answers possible*

- Mother Father Your sister
 Stepmother Stepfather Your brother
 Grandmother mother's side Grandmother father's side Other relative mother's side
 Grandfather mother's side Grandfather father's side Other relative father's side
 Aunt mother's side Aunt father's side Other, namely
 Uncle mother's side Uncle father's side
-

Q70 Did you attend school there?

- Yes, an international school
 Yes, a boarding school
 Yes, a local school
 No

Q71 On a scale from 1 to 5 how did you generally experience this stay abroad?

Please circle the most appropriate number

Bad 1-----2-----3-----4-----5 Very good

Q72 Looking at the answer you gave for Q71, why did you experience the trip this way?

Please describe it below

Q73 Besides the stay abroad you have answered the above questions on, have you ever lived in another country than the Netherlands for more than 3 months at a time?

Yes

No



Go to Q82 (page 17)

Stay 3

Q74 Which country did you live in?

Q75 How old were you when you moved to this country?

 Years old

Q76 For how long did you live there?

 years & months

Q77 For what purpose did you go abroad?

- | | | |
|--|---|---|
| <input type="checkbox"/> Holiday | <input type="checkbox"/> Visit one of your parents | <input type="checkbox"/> study/school/ internship |
| <input type="checkbox"/> Visit Family | <input type="checkbox"/> Work of parent(s) | <input type="checkbox"/> Gap year |
| <input type="checkbox"/> Other, namely | <input style="width: 100%; height: 20px;" type="text"/> | |

Q78 With whom did you live during this time abroad? *Multiple answers possible*

- | | | |
|--|--|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Your sister |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Your brother |
| <input type="checkbox"/> Grandmother mother's side | <input type="checkbox"/> Grandmother father's side | <input type="checkbox"/> Other relative mother's side |
| <input type="checkbox"/> Grandfather mother's side | <input type="checkbox"/> Grandfather father's side | <input type="checkbox"/> Other relative father's side |
| <input type="checkbox"/> Aunt mother's side | <input type="checkbox"/> Aunt father's side | <input type="checkbox"/> Other, namely |
| <input type="checkbox"/> Uncle mother's side | <input type="checkbox"/> Uncle father's side | <input style="width: 100%; height: 20px;" type="text"/> |

Q79 Did you attend school there?

- Yes, an international school
- Yes, a boarding school
- Yes, a local school
- No

Q80 On a scale from 1 to 5 how did you generally experience this stay abroad?

Please circle the most appropriate number

Bad 1-----2-----3-----4-----5 Very good

Q81 Looking at the answer you gave for Q80, why did you experience the trip this way?

Please describe it below

Part V: School

Q82 Which educational track are you currently enrolled in?

- | | | |
|--------------------------------------|----------------------------------|---|
| <input type="checkbox"/> VMBO-basis | <input type="checkbox"/> VMBO -t | <input type="checkbox"/> Gymnasium |
| <input type="checkbox"/> VMBO -kader | <input type="checkbox"/> Havo | <input type="checkbox"/> Other |
| <input type="checkbox"/> VMBO -gt | <input type="checkbox"/> VWO | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |



Q83 On average, how are you performing in the following subjects this year?

	Failing	Below average	Average	Above average	Way above average
A Dutch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q84 For the previous academic year, which grades did you have on your final school report for the following subjects?

- | | | |
|-------------|---|-------------------------------------|
| Dutch | <div style="border: 1px solid black; padding: 2px;"> _ _ _ _ </div> | <input type="checkbox"/> Don't know |
| English | <div style="border: 1px solid black; padding: 2px;"> _ _ _ _ </div> | <input type="checkbox"/> Don't know |
| Mathematics | <div style="border: 1px solid black; padding: 2px;"> _ _ _ _ </div> | <input type="checkbox"/> Don't know |

Q85 What is the school diploma you eventually want to obtain?

- | | | |
|-------------------------------------|------------------------------|-------------------------------------|
| <input type="checkbox"/> No diploma | <input type="checkbox"/> VWO | <input type="checkbox"/> University |
| <input type="checkbox"/> Vmbo | <input type="checkbox"/> MBO | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Havo | <input type="checkbox"/> HBO | |

Q86 What is the highest school diploma you think you will obtain?

- | | | |
|-------------------------------------|------------------------------|-------------------------------------|
| <input type="checkbox"/> No diploma | <input type="checkbox"/> VWO | <input type="checkbox"/> University |
| <input type="checkbox"/> Vmbo | <input type="checkbox"/> MBO | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Havo | <input type="checkbox"/> HBO | |

Q87 What is the highest school diploma your parents want you to obtain?

- | | | |
|-------------------------------------|------------------------------|-------------------------------------|
| <input type="checkbox"/> No diploma | <input type="checkbox"/> VWO | <input type="checkbox"/> University |
| <input type="checkbox"/> Vmbo | <input type="checkbox"/> MBO | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Havo | <input type="checkbox"/> HBO | |

Q88 What kind of work would you like to do when you are an adult? *Please write below*

Q89 Have you ever repeated a class?

Yes

No **➔** Go to Q92

Q90 How many times did you repeat a class?

|_|_|_| times

Q91 Which class or classes did you repeat? *Please mention all the levels below*

Q92 How many days were you absent from school the last term?

|_|_|_| days

Q93 Approximately, when was the last time you were absent from school?

Last week

Between half a year and a year ago

Last month

Longer than a year ago

Some time in the past half year

Never absent **➔** Go to Q98

Q94 Approximately for how long were you absent?

|_|_|_| days

Don't know

Q95 What was the main reason you were absent from school the last time?

Q96 Have you ever been absent from school for more than 1 month at a time?

Yes

No **➔** Go to Q98

Q97 What was the reason for this absence?

I was sick

I had failed an exam

I got injured


I had to work

I was not in the mood

I had to help at home

I did not see the use of school

Other, specify:



Q98 Have you ever been suspended from school?

Yes

No **➔** Go to Q100

Q99 For what reason?

Q100 On a typical weekday, how many hours do you spend on schoolwork?

Less than 1 hour per day

3 to four 4 per day

1 to 2 hours per day

4 to 5 hours per day

2 to 3 hours per day

5 or more hours per day

Q101 On a typical weekday, how many hours do you spend on leisure activities such as watching television, playing computer/ video games, or playing sports?

Less than 1 hour per day

3 to four 4 per day

1 or 2 hours per day

4 to 5 hours per day

2 or 3 hours per day

5 or more hours per day

Q102 How many hours do you sleep on average the day before a normal school day?

|_|_|_| hours

Q103 How often do your parents attend parent meetings at your school?

My parents attend every meeting

My parents attend most of the meetings

My parents attend about half of the meetings

My parents have only attended a few meetings

My parents never attended a parent meeting at school

School does not have parent meetings

Don't know

Q104 How often

	Every day	One or multiple times a week	One or multiple times a month	Less than once a month	Never
a) ... do you argue/ quarrel with teachers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) ... do you get school punishment (e.g. detention, expulsions or writing lines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) ... do you skip class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) ...do you come late to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q105 Do you agree with the following statements?

	Strongly agree	Agree	Not agree, not disagree	Disagree	Strongly disagree
a) I like school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I put a great deal of effort into my school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Grades are very important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Education is very important for getting a good life later on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Education is so important that it is worth to put up with things I do not like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I usually finish my homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Homework is a waste of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I am sure that I can get good grades at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I am sure that I can do well at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) School is not for people like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) It is very important for me to get an education at least to the same level as my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) My parents find my grades and how well I do in school very important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) My parents tell me that they are proud of me when I do well in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) There are teachers who treat me unfairly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Fellow students often give me the feeling I am different than others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part VI: Health & Well-being

Q106 How often did you miss school due to illness in the previous term?

days

Q107 How often did you visit a doctor in the previous school year?

times

Q108 How often have you visited a hospital in the previous school year?

times

Q109 On a scale from 1 to 5, how would you rate your own health?

Please circle the most appropriate number

Bad 1-----2-----3-----4-----5 Very good

Q110 On a scale from 1 to 5, how satisfied are you with your life?

Please circle the most appropriate number

Very dissatisfied 1-----2-----3-----4-----5 Very satisfied

Q111 On a scale from 1 to 5, how happy do you consider yourself?

Please circle the most appropriate number

Very unhappy 1-----2-----3-----4-----5 Very happy

Q112 On a scale from 1 to 5, how satisfied are you with ...

Please circle the most appropriate number

		Very unsatisfied	Very satisfied
A	Life in general	1-----2-----3-----4-----5	
B	School in general	1-----2-----3-----4-----5	
C	Your home situation	1-----2-----3-----4-----5	
D	Your friends	1-----2-----3-----4-----5	
E	Your leisure time	1-----2-----3-----4-----5	

Q113 For each item, please mark the box that corresponds most to your situation. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last **six months**.

	Not true	Sometimes true	Very true
a. I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I usually share with others (food, games, pens, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. I have many fears, I am scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q114 Below is a list of statements dealing with your general feelings about yourself. For each item, please mark the box that best indicates how much you agree with the following statements

	Strongly disagree	Disagree	Agree	Strongly agree
a. On the whole, I am satisfied with myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. At times I think I am no good at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel that I have a number of good qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am able to do things as well as most other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I feel I do not have much to be proud of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I certainly feel useless at times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I feel that I am a person of worth, at least on an equal plane with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I wish I could have more respect for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. All in all, I am inclined to feel that I am a failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I take a positive attitude toward myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q115 With whom did you have a big fight in the past three months?

Multiple answers possible

- | | |
|---|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Your girlfriend/ boyfriend |
| <input type="checkbox"/> Father | <input type="checkbox"/> A classmate |
| <input type="checkbox"/> Sibling | <input type="checkbox"/> A teacher |
| <input type="checkbox"/> Other family member | <input type="checkbox"/> Nobody |
| <input type="checkbox"/> A friend | |
| <input type="checkbox"/> Someone else, namely | <input style="width: 400px; height: 20px;" type="text"/> |

Q116 How often did the following occur in the past month?

	Every day	One or multiple times a week	Less than once a week	Never
a. I was scared of other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I was teased by other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I was bullied by other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q117 How often are you discriminated against or unfairly treated?

	Every day	One or multiple times a week	Once a month	A few times a year	Almost never
a. In school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. In trains, busses, trams or metro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In shops, cafes, restaurants, or discoteques?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. By police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other, namely <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



GO TO Q119 IF YOU HAVE ALMOST NEVER BEEN DISCRIMINATED

Q118 If you have been discriminated against several times, on what feature did you feel they discriminated you? *Multiple answers possible*

- | | |
|---|--|
| <input type="checkbox"/> My sex (being boy or girl) | <input type="checkbox"/> My dress |
| <input type="checkbox"/> My skin color | <input type="checkbox"/> My sexual orientation (e.g. homosexual) |
| <input type="checkbox"/> My religion | <input type="checkbox"/> Other, namely <input type="text"/> |

Q119

For each item, please mark the box that best indicates how much you agree with the following statements as they apply to you over the last **month**. If a particular situation has not occurred recently, answer according to how you think you would have felt.

	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
1. I am able to adapt when changes occur.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have at least one close and secure relationship that helps me when I am stressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When there are no clear solutions to my problems, sometimes fate or God can help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can deal with whatever comes my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Past successes give me confidence in dealing with new challenges and difficulties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I try to see the humorous side of things when I am faced with problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Having to cope with stress can make me stronger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I tend to bounce back after illness, injury, or other hardships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Good or bad, I believe that most things happen for a reason.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I give my best effort no matter what the outcome may be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I believe I can achieve my goals, even if there are obstacles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Even when things look hopeless, I don't give up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. During times of stress/crisis, I know where to turn for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Under pressure, I stay focused and think clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I prefer to take the lead in solving problems rather than letting others make all the decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I am not easily discouraged by failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I think of myself as a strong person when dealing with life's challenges and difficulties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I can make unpopular or difficult decisions that affect other people, if it is necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I am able to handle unpleasant or painful feelings like sadness, fear, and anger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. In dealing with life's problems, sometimes you have to act on a hunch without knowing why.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I have a strong sense of purpose in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I feel in control of my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I like challenges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I work to attain my goals no matter what roadblocks I encounter along the way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I take pride in my achievements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q120

The following questions ask about people who provide you with help or support. Please answer all the questions for the different relationships listed. If you have multiple people who fit the description, think about the people closest to you. You can skip questions that concern relationships you do not have, for example if you do not have a sister, you do not have to answer for 3. Sister.

Moreover, if a person is important to you which is not listed in the relations described below you can add them for other.

		Very much disagree	Disagree	Don't agree, don't disagree	Agree	Very much agree
A. I can really count on this person when I need help						
1.	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Friend(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Other, namely <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. If I am sad, this person tries to comfort me						
1.	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Friend(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Other, namely <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. If I am stressed or under pressure, this person helps me feel more relaxed						
1.	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Friend(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Other, namely <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Very much disagree	Disagree	Don't agree, don't disagree	Agree	Very much agree
D. This person gives me advice and guidance						
1.	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Friend(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Other, namely <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. This person makes me feel important						
1.	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Friend(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Other, namely <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. With this person I talk about my future plans						
1.	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Friend(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Other, namely <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. This person encourages me to do well in school						
1.	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Friend(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Other, namely <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. This person helps me with my schoolwork

1. Mother		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Father		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sister(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Brother(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Friend(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Teacher(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other, namely	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q121 Are there people outside of The Netherlands who are important to you?

Yes

No **➔** Go to Q125

Q122 Who is (s)he / are they?

	Who?	Relation	Where does (s)he live?
For example	<i>John</i>	<i>old babysitter</i>	<i>Portugal</i>
Person 1			
Person 2			
Person 3			

Q123 Why is this person / are these people important to you?

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

Part VII: Home environment

Q124 Do you have ...

	Yes	No
a. ... your own computer?	<input type="checkbox"/>	<input type="checkbox"/>
b. ... internet at home?	<input type="checkbox"/>	<input type="checkbox"/>
c. ... your own room?	<input type="checkbox"/>	<input type="checkbox"/>
d. ... your own smartphone (e.g. iPhone, Samsung, HTC, LG, etc)?	<input type="checkbox"/>	<input type="checkbox"/>
e. ... your own TV?	<input type="checkbox"/>	<input type="checkbox"/>
f. ... a game computer, like Playstation, Wii or X-Box?	<input type="checkbox"/>	<input type="checkbox"/>

Q125 How many bedrooms do you have in your house?

If you live in multiple houses, choose the house you live most of the time

rooms

Q126 Do your parents or guardians rent or own the house you live in?

- Rent
 Other, namely
- Own
 Don't know
- We live in an asylum seeker center

Q127 How many books are there in your house approximately?

- 0-25
 26-100
 101-200
 201-500
 More than 500

Q128 How often do you visit a library?

- Every day
 Once a week
 Once a month
 Every half year
 Less often than every half year
 Never

Q129 All-in-all, would you say that at this moment your family has enough money to live on from day-to-day?

- Yes, absolutely
 No, not at all
 It depends
-

Q130 Compared to other people in the neighborhood, would you say that your family's financial situation at the moment is:

- Better
 The same
 Less good
 Worse
-

Q131 How often ...

	Every day	One or multiple times a week	One or multiple times a month	A few times a year	Never
a. ...do you eat a warm meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ...do you drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ...do you do sports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ...do you smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ...have breakfast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. ...do you use drugs like hasj, paddo's, xtc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q132 What do you worry about most in life?

 <hr/> <hr/> <hr/>

End time survey: |__|__| : |__|__|



We would like to ask some of your personal details, so we can contact you again for follow-up research. We will keep this information separately from the information obtained in the questionnaire. Only the team of researchers has access to these personal details.

You do not have to provide these details if you do not want to.

It is important to know that we will always deal with this information very carefully; we will not make it public or share it.

Moreover, if you provide your contact information, you are always free to say no to participation in the future.

First name



Last name

E-mail

Facebook profile

Class

School



Address

Postal code

Town/ city

Mobile phone nr.

Home phone nr.



For the researchers:

Questionnaire number

School number

Class number

Have you finished the questionnaire? Make the puzzles on this and the next page.

Word search

In this puzzle, you can find words that have to do with our MO-TRAYL project.

I	W	U	D	J	Y	B	E	L	G	I	U	M	S	R	T	I	M
B	N	F	J	D	S	G	H	A	M	B	U	R	G	Y	V	S	B
M	X	M	G	J	E	L	T	H	L	K	B	N	U	F	Y	Y	T
T	B	U	B	N	X	X	L	C	B	R	R	S	Y	R	E	T	A
K	R	U	N	E	T	H	E	R	L	A	N	D	S	K	R	B	Y
E	J	W	Y	U	N	A	S	K	P	A	K	Y	I	O	E	R	C
Q	L	V	O	J	T	H	T	G	R	L	B	A	F	Y	H	E	Y
Y	L	O	C	F	U	T	Q	B	E	S	S	L	E	Y	C	M	H
C	Y	K	Y	P	O	L	H	U	W	U	Q	M	T	X	A	E	A
L	A	L	N	B	H	R	U	E	T	R	X	E	I	D	E	N	G
L	R	T	A	T	N	I	U	L	N	V	G	R	M	W	T	X	U
O	T	R	M	N	R	S	F	K	A	E	S	E	W	V	U	J	E
O	O	A	R	E	U	R	U	F	C	Y	H	T	H	O	K	U	V
H	M	V	E	H	T	T	H	C	I	R	T	S	A	A	M	Y	K
C	V	E	G	G	W	A	D	D	Ü	S	S	E	L	D	O	R	F
S	X	L	Z	V	I	T	Q	C	A	W	D	D	R	Q	F	O	P
L	T	R	O	P	S	S	A	P	V	B	P	E	O	T	G	E	O
O	I	X	E	R	I	A	N	N	O	I	T	S	E	U	Q	M	E

- Almere • Teacher • Questionnaire • Ghent • Survey
- Bremen • Netherlands • Antwerp • Maastricht • Belgium
- Düsseldorf • School • The Hague • Passport • Germany
- Hamburg • Motrayl • Travel • Turnhout

Sudoku

★

1			2	5			8	
					4	2		
			7		8			4
	3							
9		7		3	6	5		8
	8				5			1
		6						
			9		7			3
3		8			1	9		7

★★★

2	8					1		
1						4		
		6		8			7	
7								
	3	2						
			8		2	7	5	1
	1		9					
5			1		4			2
		9						6

★★

		7	5				3	
		5			9	1		8
			3			6		
	1					5		4
						9		
8		6		7				
4	3		6					
					8			
				2				9

★★★★

		9			8			1
				3		8	6	
			4					
		5		8		7		
	9		1	2				
	3	8						9
						3	8	
	8			6	5			2
7	4							