



Questionnaire ISRD3

Standard Student Questionnaire

ISRD3 Working Group (2013)

ISRD3 Technical Report Series #2

Available at: <http://www.northeastern.edu/isrd/isrd3/>



Questionnaire ISRD-3

Hello,

This questionnaire is about you and your friends. We are interested in getting to know more about your life, school, what you do in your free time and about the problems you might have. The questions are about your personal experience and your opinions, but you are free to answer them or not.

Of course the questionnaire is anonymous: your name is not on it, your parents or your teachers won't see your answers. Even our research team will not know who has given what answer. Once you have finished, the questionnaires will be transferred **[In the online version insert: automatically and anonymously]** to the University of ...

If there are any questions you don't understand please ask the **assistant who has come to your school to help you** **[In the online version or in countries where teachers are the only persons the students can ask - replace by: teacher in your class to help you (but don't let her/him see your answers!)]**. Don't think too much about answering the questions, just answer them spontaneously.

Thank you very much for taking part!

Before you start, please enter the number which will be shown to you into the fields below:

ID: - - -

Some questions about yourself

1.1) Are you male or female?

- male
- female

1.2) How old are you?

_____ years (*enter your age*)

1.3) Which country were you born in?

(Please tick only ONE box!)

- in this country
- Italy [this and the next 4 categories: country specific sequence!]
- Kosovo
- Portugal
- Germany
- Turkey
- in another country (write in): _____

1.4) Which country was your (natural) mother born in?

(Please tick only ONE box!)

- she was born in this country
- Italy [this and the next 4 categories: country specific sequence!]
- Kosovo
- Portugal
- Germany
- Turkey
- in another country (write in): _____
- I don't know

1.5) Which country was your (natural) father born in?

(Please tick only ONE box!)

- he was born in this country
- Italy [this and the next 4 categories: country specific sequence!]
- Kosovo
- Portugal
- Germany
- Turkey
- in another country (write in): _____
- I don't know

1.6) Which people are involved in bringing you up?

- Father **and** mother (or stepfather/stepmother)
- One** parent only (Father or mother)
- Other situation (specify): _____

1.7) What language do you MOST OFTEN speak with the people you live with?

- [dominant language 1 of country]
- [dominant language 2 of country - can be extended to more than 2 languages]
- My native language, (write in) _____

1.8) What is your religion or to which religious community do you belong?

(Please tick only ONE box!)

- I do not belong to a religion / a religious community
- Catholic Christianity [from here on country specific sequence!]
- Protestant Christianity
- Orthodox Christianity [In India/Indonesia: replace this by Hinduism]
- Sunni Islam
- Shi'ite Islam
- Judaism
- another religion / religious community (write in:) _____

1.9) How important to you (personally) is religion in your everyday life?

very important	quite important	a bit important	a bit unimportant	quite unimportant	totally unimportant
<input type="checkbox"/>					

1.10) What is your [category - each country will use its own organizing dimensions!] [To which of the following groups do you belong]?

Tick ONE box

- [category 1]
- [category 2]
- [category 3]
- None of the above, but _____

1.11) Is your FATHER (or the man in your home) unemployed?

Tick ONE box

- Yes, he is unemployed.
- No, he is working.
- Other (is retired, has longterm illness, looks after the home, is a student, ...)

1.12) Is your MOTHER (or the woman in your home) unemployed?

Tick ONE box

- Yes, she is unemployed.
- No, she is working.
- Other (is retired, has longterm illness, looks after the home, is a student, ...)

1.13) Where does your family get its income from?

Tick ALL that apply.

- They receive unemployment or social welfare benefits [each country has to translate "social welfare" into an equivalent, appropriate category!]
- Earnings, wages, or property of my parents
- Other, (write in) _____

1.14) How well-off is your family, compared to others?

In comparison to most other families that I know, we are ...

much worse off	worse off	somewhat worse off	the same	somewhat better off	better off	much better off
<input type="checkbox"/>						

1.15) If you compare yourself with other people of your age: do you have more, the same, or less money (pocket money + presents + own earnings, etc.) to spend?

much less	less	somewhat less	the same	somewhat more	more	much more
<input type="checkbox"/>						

About your family

Note: Some of the following questions ask about your parents. If mostly foster parents, step-parents or others brought you up answer for them. For example, if you have both a stepfather and a natural father, answer for the one that is the most important in bringing you up.

2.1) How well do you get along with your parents?

Tick one box for each line indicating how much you agree or disagree

	totally agree	rather agree	neither /nor	rather disagree	totally disagree	there is no such person
I get along just fine with my father (stepfather)	<input type="checkbox"/>	<input type="radio"/>				
I get along just fine with my mother (stepmother)	<input type="checkbox"/>	<input type="radio"/>				
I can easily get emotional support and care from my parents	<input type="checkbox"/>					
I would feel very bad disappointing my parents	<input type="checkbox"/>					

2.2) How many days a week do you usually eat an evening meal with your parent(s)?

Tick ONE box

- Never
- Once a week
- Twice a week
- Three times a week
- Four times a week
- Five times a week
- Six times a week
- Daily

2.3) How often do the following statements apply to you?

Tick one box for each line

	almost always	often	some- times	seldom	almost never
My parents know where I am when I go out	<input type="checkbox"/>				
My parents know what I am doing when I go out	<input type="checkbox"/>				
My parents know what friends I am with when I go out	<input type="checkbox"/>				
If I have been out, my parents ask me what I did, where I went, and who I spent time with.	<input type="checkbox"/>				
If I go out in the evening my parents tell me when I have to be back home by.	<input type="checkbox"/>				
If I am out and it gets late I have to call my parents and let them know.	<input type="checkbox"/>				
My parents check if I have done my homework.	<input type="checkbox"/>				
My parents check that I only watch films/DVDs allowed for my age-group.	<input type="checkbox"/>				
I tell my parents who I spend time with.	<input type="checkbox"/>				
I tell my parents how I spend my money.	<input type="checkbox"/>				
I tell my parents where I am most afternoons after school.	<input type="checkbox"/>				
I tell my parents what I do with my free time.	<input type="checkbox"/>				

2.4) Have you ever experienced any of the following serious events?

Tick one box for each line

	No	Yes
Death of your father or mother.	<input type="checkbox"/>	<input type="checkbox"/>
Very serious illness of one of your parents or someone else close to you.	<input type="checkbox"/>	<input type="checkbox"/>
One of your parents having problems with alcohol or drugs.	<input type="checkbox"/>	<input type="checkbox"/>
Physical fights between your parents.	<input type="checkbox"/>	<input type="checkbox"/>
Repeated serious conflicts between your parents.	<input type="checkbox"/>	<input type="checkbox"/>
Divorce or separation of your parents.	<input type="checkbox"/>	<input type="checkbox"/>

About your school

3.1) How strongly do you agree or disagree with the following statements about your school?

Tick one box for each line

	I fully agree	I somewhat agree	I somewhat disagree	I fully disagree
If I had to move I would miss my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most mornings I like going to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our classes are interesting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a lot of stealing in my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a lot of fighting in my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many things are broken or vandalized in my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a lot of drug use in my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2) If you had to move to another city, how much would you miss your favourite teacher?

I would miss my teacher ... (Tick one box)

not at all	not much	only a bit	somewhat	quite a lot	very much
<input type="checkbox"/>					

3.3) How important is it to you how your favourite teacher thinks about you?

totally unimportant	quite unimportant	a bit unimportant	a bit important	quite important	very important
<input type="checkbox"/>					

3.4) Have you ever stayed away from school for at least a whole day without a proper reason in the last 12 months? If yes, how often?

- No, never.
- yes, ____ times (*enter frequency*)

3.5) How well do you do at school?

- Excellent, I'm probably one of the best in my class(es)
- Well above average
- Above average
- Average
- Below average
- Well below average
- Poor, I'm probably one of the worst in my class(es)

3.6) Have you ever been held back, that is did you ever have to repeat a year (grade)?

- No, never.
- yes, ____ times (*enter frequency*)

3.7) What do you think you will do when you finish compulsory school (when you reach the age when you can leave school if you choose)?

Tick ONE box

- I will (continue) going to school preparing for higher education
- I will (continue to) attend a school where I can learn a trade
- I will start an apprenticeship
- I will look for a job to earn money
- Other, _____
- I don't know yet.

Some bad things that may have happened to you

4.1. Try to remember: Did any of the following things ever happen to you? If so, was it reported to the police?

- a) Someone wanted you to give them money or something else (like a watch, shoes, mobile phone) and threatened you if you refused?

Has this ever happened to you?

no *If no, continue with question b)*

yes

How often has this happened to you in **the last 12 months**? _____ times

How many of these incidents **were reported** to the police? _____ incidents

- b) Someone hit you violently or hurt you – so much that you needed to see a doctor?

Has this ever happened to you?

no *If no, continue with question c)*

yes

How often has this happened to you in **the last 12 months**? _____ times

How many of these incidents **were reported** to the police? _____ incidents

- c) Something was stolen from you (such as a book, money, mobile phone, sport equipment, bicycle...)?

Has this ever happened to you?

no *If no, continue with question d)*

yes

How often has this happened to you in **the last 12 months**? _____ times

How many of these incidents **were reported** to the police? _____ incidents

- d) Someone threatened you with violence or committed physical violence against you **because** of your religion, the language you speak, the colour of your skin, your social or ethnic background, or for similar reasons?

Has this ever happened to you?

no *If no, continue with question e)*

yes

How often has this happened to you in **the last 12 months**? _____ times

How many of these incidents **were reported** to the police? _____ incidents

- e) Has anyone made fun of you or teased you seriously in a hurtful way through e-mail, instant messaging, in a chat room, on a website, or through a text message sent to your mobile phone?

Has this ever happened to you?

no *If no, continue with question f).*

yes **How often** has this happened to you in **the last 12 months**? ____ times

How many of these incidents **were reported** to the police? ____ incidents

- f) Has your mother or father (or your stepmother or stepfather) ever hit, slapped or shoved you? (Include also times when this was punishment for something you had done.)

Has this ever happened to you?

no *If no, continue with question g)*

yes **How often** has this happened to you in **the last 12 months**? ____ times

- g) Has your mother or father (or your stepmother or stepfather) ever hit you with an object, punched or kicked you forcefully or beat you up? (Include also times when this was punishment for something you had done.)

Has this ever happened to you?

no *If no, continue with the next section.*

yes **How often** has this happened to you in **the last 12 months**? ____ times

About leisure time and your peers

5.1) How many times a week do you usually go out in the evening **[translators: night]**, such as going to a party, go to somebody's house or hanging out on the street?

- Never, I don't go out in the evening **[translators: night]**
- Once a week
- Twice a week
- Three times a week
- Four times a week
- Five times a week
- Six times a week
- Daily

5.2) When you go out in a weekend evening **[translators: night]**, what time do you normally get back home?

- I don't go out in the evening **[translators: night]** at weekends
- generally, I am back home at ____ : ____ (enter *hour* : *minutes*)

5.3) Who do you spend MOST of your free time with?

Please tick only ONE box!

- On my own.
- With my family.
- With 1-3 friends.
- With a larger group of friends (4 and more).

5.4) Think back over the LAST SIX MONTHS: Would you say that most of the time you have been happy?

Most of the time I have been ,, [Tick ONE box that best applies]:

						
very happy	happy	a bit more happy than unhappy	a bit more unhappy than happy	unhappy		very unhappy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.5) How many of your friends have at least one parent of foreign origin? [country specific: ... (see Translator's Guide to Q1.10 and Q5.5!)]

- None at all
- A few
- Many of them
- All of them

5.6) What kind of things do you usually do in you leisure time?

	never	sometimes	often
I go to coffee bars or pop concerts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do something creative (theatre, music, draw, write, read books).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am engaged in fights with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do sports, athletics, or exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I study for school or do homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hang out in shopping centres, streets, park, or the neighbourhood just for fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do something illegal to have fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I drink beer/alcohol or take drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I frighten and annoy people just for fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.7) Some people have a friend or a group of friends they spend time with, doing things together or just hanging out. Do you have a friend or a group of friends like that?

- No => skip questions 5.8 – 5.9 and continue with question 5.10
- Yes

5.8) If you had to move to another city, how much would you miss your friend or group of friends?

I would miss my friend or my group of friends ... (Tick one box)

not at all	not much	only a bit	somewhat	quite a lot	very much
<input type="checkbox"/>					

5.9) How important is it to you what your friend or group of friends thinks about you?

Tick one box

totally unimportant	quite unimportant	a bit unimportant	a bit important	quite important	very important
<input type="checkbox"/>					

5.10) Young people sometimes engage in illegal activities. How many friends do you know who have done any of the following?

(either check "no" or fill in the number)

(check)

(your best guess)

- | | | | |
|----|--|--------------------------|------------------|
| a) | I have friends who used soft or hard drugs like weed, hash, ecstasy, speed, heroin or coke. | <input type="radio"/> no | yes, ___ friends |
| b) | I have friends who have stolen things from a shop or department store. | <input type="radio"/> no | yes, ___ friends |
| c) | I have friends who have entered a building without permission to steal something. | <input type="radio"/> no | yes, ___ friends |
| d) | I have friends who have threatened somebody with a weapon or beaten someone up, just to get their money or other things. | <input type="radio"/> no | yes, ___ friends |
| e) | I have friends who have beaten someone up or hurt someone badly with something like a stick or a knife. | <input type="radio"/> no | yes, ___ friends |

What do you think about the following?

6.1) How wrong do you think is it for someone of your age to do the following?

Tick one box for each line

	very wrong	wrong	a little wrong	not wrong at all
Lie, disobey or talk back to adults such as parents and teachers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowingly insult someone because of his/her religion, skin colour, or ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purposely damage or destroy property that does not belong to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illegally download films or music from the internet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steal something small like a chocolate bar from a shop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Break into a building to steal something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit someone with the idea of hurting that person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use a weapon or force to get money or things from other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.2) Imagine you were caught shoplifting, would you feel ashamed if ...

	no, not at all	yes, a little	yes, very much
a) your best friend found out about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) your teacher found out about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) your parents found out about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.3) Imagine you were caught physically hurting another person, would you feel ashamed if ...

	no, not at all	yes, a little	yes, very much
a) your best friend found out about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) your teacher found out about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) your parents found out about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.4) Imagine you were arrested by the police for committing a crime, would you feel ashamed if ...

	no, not at all	yes, a little	yes, very much
a) your best friend found out about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) your teacher found out about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) your parents found out about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.5) How much do you agree or disagree with the following statements?

Tick one box for each line

	fully agree	somewhat agree	somewhat disagree	fully disagree
I act on the spur of the moment without stopping to think	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do whatever brings me pleasure here and now, even at the cost of some future goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm more concerned with what happens to me in the short run than in the long run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to test myself every now and then by doing something a little risky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes I will take a risk just for the fun of it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excitement and adventure are more important to me than security.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try to look out for myself first, even if it means making things difficult for other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If things I do upset people, it's their problem not mine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will try to get the things I want even when I know it's causing problems for other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.6) Did you ever have an accident that was so serious you had to see a doctor, such as during sports or a traffic accident (not just a simple cut)?

- No
- Once
- _____ times (*enter number*)

Next we will ask you some questions about your neighbourhood. **Neighbourhood is the area within a short walking distance (say a couple of minutes) from your home.** That is the street you live in and the streets, houses, shops, parks and other areas close to your home. When asked about your neighbours think about the people living in this area.

6.7) How much do you agree or disagree with the following statements about your neighbourhood?

Tick one box for each line

	fully agree	somewhat agree	somewhat disagree	fully disagree
Many of my neighbours know me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in my neighbourhood often do things together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a lot of crime in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a lot of drug selling in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a lot of fighting in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are a lot of empty and abandoned buildings in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a lot of graffiti in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People around here are willing to help their neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This is a close-knit neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in this neighbourhood can be trusted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in this neighbourhood generally get along well with each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About things young people sometimes do

7.1) Young people sometimes do things that are forbidden, for example damaging or stealing another person’s property. Some hit and hurt others on purpose (we don’t mean situations in which young people play-fight with each other just for fun). What about you? Have you ever done any of the following, and if so, how often within the last 12 months?

Please remember that nobody, not your family, nor your teachers, nor the police, nor anybody else will be told what you have told us. You can be sure that what you tell us will remain secret.

Have you ever in your life ... (check "no" or "yes"; if yes: write in how often the last 12 months)

... painted on a wall, train, subway or bus (graffiti)?

no
 yes → how often **in the last 12 months?** _____ times (if never, write "0")

... damaged something on purpose, such as a bus shelter, a window, a car or a seat in the bus or train?

no
 yes → how often **in the last 12 months?** _____ times (if never, write "0")

... stolen something from a shop or department store?

no
 yes → how often **in the last 12 months?** _____ times (if never, write "0")

Have you ever in your life ... (check "no" or "yes"; if yes: write in how often the last 12 months)

... broken into a building to steal something?

no
 yes → how often **in the last 12 months**? ____ times (if never, write "0")

... stolen a bicycle?

no
 yes → how often **in the last 12 months**? ____ times (if never, write "0")

... stolen a motorbike or car?

no
 yes → how often **in the last 12 months**? ____ times (if never, write "0")

... stolen something off or from of a car?

no
 yes → how often **in the last 12 months**? ____ times (if never, write "0")

... used a weapon, force or threat of force to get money or things from someone?

no
 yes → how often **in the last 12 months**? ____ times (if never, write "0")

... stolen something from a person without force or threat?

no
 yes → how often **in the last 12 months**? ____ times (if never, write "0")

... carried a weapon, such as a stick, knife, gun, or chain?

no
 yes → how often **in the last 12 months**? ____ times (if never, write "0")

... taken part in a group fight in a football stadium, on the street or other public place?

no
 yes → how often in the last 12 months? ____ times (if never, write "0")

... beaten someone up or hurt someone with stick or knife so badly that the person was injured?

no
 yes → how often **in the last 12 months**? ____ times (if never, write "0")

... illegally downloaded music or films from the internet?

no
 yes → how often **in the last 12 months**? ____ times (if never, write "0")

... sold any drugs or help someone selling drugs?

no
 yes → how often **in the last 12 months**? ____ times (if never, write "0")

[optional!] ... hurt an animal on purpose?

no
 yes → how often **in the last 12 months**? ____ times (if never, write "0")

7.2) Have you ever had **contact with the police** because you **yourself** did something illegal like one of the things listed above?

- No
- Yes, I have had contact with the police because I did something illegal.
 - ↳ If yes, a) How often in the last **12 months**? ____ times (*enter frequency*)
 - b) **The last time**, because of which offence?
It was because _____
 - c) What happened **the last time** you had contact with the police?
Tick all that apply
 - my parents were notified about the incident
 - the school / my teacher was notified
 - I was sent to the court or a prosecutor
 - I was given a warning by the court/prosecutor/police
 - I was punished by the court or a prosecutor
 - I was punished by my parents
 - nothing happened
 - something else happened: _____

Next are questions about alcohol and drugs. When we ask about occasions this can be a party, a normal day, or a special situation. Please answer as thoughtfully and frankly as possible!

8.1 a) Have you ever drunk alcohol?

- No, never (if no, continue with question 8.2)
- Yes

b) Think back over the **LAST 30 DAYS**. On how many occasions (if any) have you had any of the following to drink?

If never, fill in 0 !

Beer or alcopops _____ occasions
Wine _____ occasions
Strong spirits [e.g. whisky, gin, vodka, ...] _____ occasions

c) Think back again over the **LAST 30 DAYS**. How many times (if any) have you had **FIVE OR MORE DRINKS on one occasion?** (A "drink" is a can, glass or 0.33l bottle of beer, a glass of wine, or 2cl glass of spirits)

- never
- once
- twice
- 3-4 times
- 5-9 times
- 10-19 times
- 20 times or more

8.2) Have you ever used cannabis (cannabis / marijuana / hash)?

- No, never (if no, continue with question 8.3)
- Yes
 - ↳ If yes, on how many occasions during **the last 30 days**?
_____ occasions (if never, fill in 0!)

8.3) Have you ever used Relevin?

- No, never (if no, continue with question 8.4)
- Yes

8.4) Have you ever used XTC, LSD, speed, amphetamines or similar drugs?

- No, never (if no, continue with question 8.5)
- Yes
 - ↳ If yes, on how many occasions during **the last 12 months**?
_____ occasions (if never, fill in 0!)

8.5) Have you ever used heroine, cocaine, or crack?

- No, never (if no, continue with question 8.6)
- Yes
 - ↳ If yes, on how many occasions during **the last 12 months**?
_____ occasions (if never, fill in 0!)

8.6) Imagine you had used cannabis (cannabis / marijuana / hash), do you think that you would have said so in this questionnaire?

Tick ONE box

- I have already said that I have used it
- Definitely yes
- Probably yes
- Probably not
- Definitely not

What would other people think ...

Next are two imaginary situations. Perhaps you have never been in such situations. We would like to know what other people would think **IF** you ever did something like this.

Imagine: You own a two year old mobile phone. You convince a class-mate that this old model is great and you do not say that there is a new model that is much better and cheaper. You are able to sell your class-mate your old mobile phone for a price that allows you to buy yourself the brand new model.

9.1 **IF** you did this: How would the following people feel about it?

Tick one box for each line

	would admire me for it	😊	neutral ... nor	☹️	would criticize me for it
My best friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The other people in my class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My mother (or stepmother)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My father (or stepfather)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My favourite teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people of my age in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.2 Can you imagine actually doing this?

not at all	probably not	undecided	probably yes	yes, surely
<input type="checkbox"/>				

Imagine: In a big store you see something which you always wanted but couldn't afford (e.g. smart trainers, expensive teeshirt, CD, or perfume). You take it home without paying.

9.3 **IF** you would do this: How would the following people feel about this?

Tick one box for each line

	would admire me for it	😊	neutral ... nor	☹️	would criticize me for it
My best friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The other people in my class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My mother (or stepmother)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My father (or stepfather)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My favourite teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people of my age in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.4 Can you imagine actually doing this if it you were certain of not getting caught?

not at all	probably not	undecided	probably yes	yes, surely
<input type="checkbox"/>				

The following questions ask what you think about the police. Normally, such questions are meant for adults and probably you have never thought about this before. But we feel that young people like you also have an opinion and can also answer questions like this. **(Module 10: grade 9 only)**

10.1) When victims report crimes to the police, do you think the police treat people of different races, different ethnic groups, or of foreign origin equally?

Tick ONE box

- Yes, everyone is treated equally
- No, some groups are treated worse,
Which groups? _____ (write in)

10.2) If a violent crime or a burglary happened near where you live and the police were called, how quickly do you think they would arrive at the scene?

Tick one box between 0 and 10

extremely slowly

extremely quickly

10.3) Would you say the police generally treat young people with respect?

(almost) never sometimes often (almost) always

10.4) How often, would you say, the police make fair decisions when dealing with young people?

(almost) never sometimes often (almost) always

10.5) How often would you say the police explain their decisions and actions to young people?

(almost) never sometimes often (almost) always

10.6) How you think about your duty towards the police:

To what extent is it your duty to do what the police tell you, even if you don't understand or agree with the reasons?

Tick one box between 0 and 10

not at all my duty

completely my duty

10.7) To what extent do you agree or disagree with the following statements about the police?

Tick one box for each line

	agree strongly	agree	neither agree nor disagree	disagree	disagree strongly
The police generally have the same sense of right and wrong as I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The police are appreciative of how young people think.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I generally support how the police usually act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.8) Do you think the police take bribes, and if yes, often?

Tick one box between 0 and 10

never

always

<input type="checkbox"/>										
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Module 11: Optional

In the following there are some questions about your group of friends

11.1) Some people have a certain group of friends that they spend time with, doing things together or just hanging out. Do you have a group of friends like that?

Please tick only ONE box!

- Yes.
- No.

↳ **if no**, skip question 11.2 to 11.8 and go to the last question on page 20!

11.2) Which of the following best describes the ages of people in your group?

Tick ONE box

- under twelve
- twelve to fifteen
- sixteen to eighteen
- nineteen to twenty-five
- over twenty-five

11.3) Does this group spend a lot of time together in public places like the park, the street, shopping areas, or the neighbourhood?

- No
- Yes

11.4) How long has this group existed?

Tick ONE box

- less than three months
- three months or less than one year
- one to four years
- five to ten years
- eleven to twenty years
- more than twenty years

11.5) Is doing illegal things (against the law) accepted by or okay for your group?

- No
- Yes

11.6) Do people in your group actually do illegal things (against the law) together?

- No
- Yes

11.7) Do you consider your group of friends to be a gang?

- No
- Yes

11.8) Are they all boys or all girls, or is it a mixed group?

- We are all boys
- We are all girls
- It is a mixed group

Your last answer in this questionnaire

(Grade 9 only)

Please read the following instruction carefully:

Next, we apply a novel questioning technique to provide additional protection of your privacy. We will ask you now two questions, but you will give us only one answer.

Please think first about how you would honestly answer each of the two questions (either with Yes or with No) but do not write these answers down:

Question 1: *Is your mother's birthday in January, February, or March?*
(if you really don't know, make a most likely guess)

Question 2: *Did you commit one of the following criminal offenses in the last 12 months?*
(shoplifting, robbery, assault resulting in an injury, or burglary)

Now, please mark option (A) or option (B) depending on your answers:

– If your answer to both questions is the same (**both YES or both NO**) tick option (A)

– If your answers to both questions are different (**one YES and one NO**) tick option (B)

(Your privacy remains protected because we do not know your answers to the separate questions. With the help of statistical procedures, however, we can compute to how many people overall the second question applies.)

How are your answers to the two questions?

Tick ONE box

- (A) NO to both questions or YES to both questions
- (B) YES to one of the questions and NO to the other

Thank you for your cooperation!

Follow-up Questions (Online Version)

[61.1] Some bad things that happened to you

Earlier in this questionnaire, you said that you have had some experience with crime or violence. For the purposes of crime prevention and research, it is important to know a bit more about the circumstances where these things happen.

[61.2.1] You said earlier that someone has threatened you to get your money or things you own. Now, think of the last time this happened to you.

How old were you when this happened to you last time?

____ years

Where did it happen?

- at school or school yard
- in a youth club/centre or similar place intended for after-school use for youths
- in public transport or public transport station
- in a shopping mall / shopping centre
- in a sports area or facility
- other public place such as street or park
- at your home
- in somebody else's home
- somewhere else

[61.2.2] Think of the last time someone has threatened you to get your money or things you own. Were you under the influence of alcohol or drugs when this happened?

(You may tick multiple options)

- no
- yes, under influence of alcohol
- yes, under influence of drugs

When this happened, how many persons did this to you?

____ person(s)

[61.2.3] The last time someone has threatened you to get your money or things you own:

Now think of the person who did this to you. If there were more than one, think of the person who was most actively involved.

Was this person male or female?

- male
- female

How old was he or she?

(If you do not know, give your best guess)

He/she was ____ years old.

In your view, was he or she under the influence of alcohol or drugs at that time?
(You may tick multiple options)

- no
- yes, under influence of alcohol
- yes, under influence of drugs

What was his or her national background?

- nationality of this country
- other national background (write in): _____
- I don't know

[61.3.1] **You said earlier that someone has hit you violently or hurt you so much that you needed to go to see a doctor. Now, think of the last time this happened to you.**

How old were you when this happened to you last time?

_____ years

Where did it happen?

- at school or school yard
- in a youth club/centre or similar place intended for after-school use for youths
- in public transport or public transport station
- in a shopping mall / shopping centre
- in a sports area or facility
- other public place such as street or park
- at your home
- in somebody else's home
- somewhere else

[61.3.2] **Think of the last time someone has hit you violently or hurt you so much that you needed to go to see a doctor.**

Were you under the influence of alcohol or drugs when this happened?
(You may tick multiple options)

- no
- yes, under influence of alcohol
- yes, under influence of drugs

When this happened, how many persons did this to you?

_____ person(s)

[61.3.3] **The last time someone has hit you violently or hurt you so much that you needed to go to see a doctor:**

Now think of the person who did this to you. If there were more than one, think of the person who was most actively involved.

Was this person male or female?

- male
- female

How old was he or she?

(If you do not know, give your best guess)

He/she was ____ years old.

In your view, was he or she under the influence of alcohol or drugs at that time?

(You may tick multiple options)

- no
- yes, under influence of alcohol
- yes, under influence of drugs

What was his or her national background?

- nationality of this country
- other national background (write in): _____
- I don't know

[61.4.1] **You said earlier that someone had threatened you with violence or committed violence against you because of your religion, the language you speak, the colour of your skin, your social or ethnic background, or for similar reasons. Now, think of the last time this happened to you.**

How old were you when this happened to you last time?

____ years

Where did it happen?

- at school or school yard
- in a youth club/centre or similar place intended for after-school use for youths
- in public transport or public transport station
- in a shopping mall / shopping centre
- in a sports area or facility
- other public place such as street or park
- at your home
- in somebody else's home
- somewhere else

[61.4.2] Think of the last time someone had threatened you with violence or committed violence against you because of your religion, the language you speak, the colour of your skin, your social or ethnic background, or for similar reasons.

Were you under the influence of alcohol or drugs when this happened?

(You may tick multiple options)

- no
- yes, under influence of alcohol
- yes, under influence of drugs

When this happened, how many persons did this to you?

_____ person(s)

[61.4.3] The last time someone had threatened you with violence or committed violence against you because of your religion, the language you speak, the colour of your skin, your social or ethnic background, or for similar reasons:

Now think of the person who did this to you. If there were more than one, think of the person who was most actively involved.

Was this person male or female?

- male
- female

How old was he or she?

(If you do not know, give your best guess)

He/she was _____ years old.

In your view, was he or she under the influence of alcohol or drugs at that time?

(You may tick multiple options)

- no
- yes, under influence of alcohol
- yes, under influence of drugs

What was his or her national background?

- nationality of this country
- other national background (write in): _____
- I don't know

[61.4.4] **The last time someone had threatened you with violence or committed violence against you because of your religion, the language you speak, the colour of your skin, your social or ethnic background, or for similar reasons:**

Think again of the person who did this to you. If there were more than one, think of the person who was most actively involved.

Why did that person threaten or attack you?

(You may tick multiple options)

Because of ...

- my religion
- my language
- my skin colour
- my social background
- my ethnic background
- my political or social opinions
- other aspect of my identity (write in): _____

[61.5.1] **You said earlier that someone made fun of you or teased you seriously in a hurtful way through e-mail , instant messaging, in a chat room, on a website, or through a text message sent to your cell phone. Now, think of the last time this happened to you.**

How old were you when this happened to you last time?

____ years

Did someone then clearly threaten you with violence?

- no
- yes

Did they refer to any of the following aspects of your life?

(You may tick multiple options)

- my religion
- my language
- my skin colour
- my social background
- my ethnic background
- my political or social opinions
- other aspect of my identity (write in): _____

[61.6.1] You said earlier that your mother or father (or your stepmother or stepfather) had hit, slapped, or shoved you or beaten you up (including times when this was punishment for something you had done). Now, think of the last time this happened to you.

How old were you when this happened to you last time?

____ years

Who did it to you on that occasion?

(You may tick multiple options)

- my mother
- my father
- my stepmother
- my stepfather

Were you bruised, cut, or injured on that occasion?

- no
- yes, but I didn't need medical treatment
- yes, and I (would have) needed medical treatment

[62.1] About things young people sometimes do

Earlier in this questionnaire, you said that you have done things that are forbidden. Next we would like to know a bit more about the circumstances when you did these things.

[62.2.1] You said earlier that you have damaged something on purpose, such as a bus shelter, a window, a car or a seat in the bus or in the train. Now, we would like to know a bit more about this.

How old were you when you did this for the FIRST time?

____ years

The following questions are about the LAST time you did this.

How old were you when you did this the LAST time?

(please enter the age even if you did it only once) _____ years

Where did you do it?

- at school or school yard
- in a youth club/centre or similar place intended for after-school use for youths
- in public transport or public transport station
- in a shopping mall / shopping centre
- in a sports area or facility
- other public place such as street or park

- at your home
- in somebody else's home
- somewhere else

[62.2.2] **Think of the last time that you have damaged something on purpose.**

Were you under the influence of alcohol or drugs when you did it?

(You may tick multiple options)

- no
- yes, under influence of alcohol
- yes, under influence of drugs

Did you choose your target because the owner of the property represented some specific group of people?

(You may tick multiple options)

- no
- yes, immigrants
- yes, people from specific ethnic or national background
- yes, people who speak a language other than my own
- yes, people who have a religion other than my own
- yes, people who have different values and opinions than I
- yes, sexual minorities
- yes, supporters of other sports team than the one I support
- yes, some other specific group

[62.3.1] **You said earlier that you have carried part in a group fight in a football stadium, on the street, or other public place.**

How old were you when you did this for the FIRST time?

_____ years

The following questions are about the LAST time you did this.

How old were you when you did this the LAST time?

(please enter the age even if you did it only once)

_____ years

What kind of weapon or weapons did you carry?

(You may tick multiple options)

- stick or other blunt object
- knife or other sharp instrument
- gun (firearm)
- chain
- other (write in): _____

[62.3.2] **Think of the last time that you have carried a weapon.**

In which of the following places did you carry the weapon(s)?

(You may tick multiple options)

- at school or school yard
- in a youth club/centre or similar place intended for after-school use for youths
- in public transport or public transport station/stop
- in a shopping mall / shopping centre
- in a sports area or facility
- other public place such as street or park
- at your home
- in somebody else's home
- somewhere else

Were you under the influence of alcohol or drugs when you were most recently carrying a weapon?

(You may tick multiple options)

- no
- yes, under influence of alcohol
- yes, under influence of drugs

[62.3.3] **The last time that you have carried a weapon:**

What was the reason you carried a weapon?

(You may tick multiple options)

- for self-protection
- to attack against a person or group
- because of my hunting or sports hobby
- for other reason

Did you at that time consider some group of people as a threat to you?

(You may tick multiple options)

- no
- yes, immigrants
- yes, people from specific ethnic or national background
- yes, people who speak a language other than my own
- yes, people who have a religion other than my own
- yes, people who have different values and opinions than I
- yes, sexual minorities
- yes, supporters of other sports team than the one I support
- yes, some other specific group

[62.4.1] **You said earlier that you have taken part in a group fight in a football stadium, on the street, or other public place.**

How old were you when you did this for the FIRST time?

_____ years

The following questions are about the LAST time you did this.

How old were you when you did this the LAST time?

(please enter the age even if you did it only once)

_____ years

In what kind of place did the fight take place?

- at school or school yard
- in a youth club/centre or similar place intended for after-school use for youths
- in public transport or public transport station/stop
- in a shopping mall / shopping centre
- in a sports area or facility
- other public place such as street or park
- somewhere else

Were you under the influence of alcohol or drugs when you did this?

(You may tick multiple options)

- no
- yes, under influence of alcohol
- yes, under influence of drugs

[62.4.2] **Think of persons against whom you were fighting the last time you took part in a group fight:**

What was their national background?

Most of them ...

- had the nationality of this country
- had another nationality (write in): _____
- I don't know

Did you inflict injuries or damages to any of those persons during that fight?

(You may tick multiple options)

- no
- yes, injury to people
- yes, damage to their property (such as clothes, vehicles, etc.)
- I don't know

[62.4.3] **The last time that you took part in a group fight:**

Did you fight these people because they represented some specific group of people?

(You may tick multiple options)

- no
- yes, immigrants
- yes, people from specific ethnic or national background
- yes, people who speak a language other than my own
- yes, people who have a religion other than my own
- yes, people who have different values and opinions than I
- yes, sexual minorities
- yes, supporters of other sports team than the one I support
- yes, some other specific group

[62.5.1] **You said earlier that you have intentionally beaten someone up, or hurt them with a stick or a knife, so badly that they were injured.**

How old were you when you did this for the FIRST time?

_____ years

The following questions are about the LAST time you did this.

How old were you when you did this the LAST time?

(please enter the age even if you did it only once)

_____ years

Where did you do it?

- at school or school yard
- in a youth club/centre or similar place intended for after-school use for youths
- in public transport or public transport station/stop
- in a shopping mall / shopping centre
- in a sports area or facility
- other public place such as street or park
- at your home
- in somebody else's home
- somewhere else

Were you under the influence of alcohol or drugs when you did this?

(You may tick multiple options)

- no
- yes, under influence of alcohol
- yes, under influence of drugs

[62.5.2] **Think of person you beat up or hurt the last time. If you beat up or hurt more than one person at that time, think of the person who was most badly hurt.**

Was this person male or female?

- male
- female

How old was he or she?

(If you do not know, give your best guess)

He/she was ____ years old.

What was his or her national background?

- the nationality of this country
- another nationality (write in): _____
- I don't know

[62.5.3] **The last time that you have beaten up or hurt someone:**

Did you do it because the person you beat up or hurt represented some specific group of people?

(You may tick multiple options)

- no
- yes, immigrants
- yes, people from specific ethnic or national background
- yes, people who speak a language other than my own
- yes, people who have a religion other than my own
- yes, people who have different values and opinions than I
- yes, sexual minorities
- yes, supporters of other sports team than the one I support
- yes, some other specific group

[62.6.1] **You said earlier that you have intentionally hurt an animal. The following questions are about the last time you did this.**

What kind of animal did you hurt the last time?

- insects
- fish, lizards, frogs
- birds
- cat
- dog
- pony, horse
- other animal (write in): _____

Was this an animal that belonged to you or what kind of animal was it?

- it was my own pet
- it was a pet of my family
- it was somebody else's animal
- it was a wild animal
- other (write in): _____

How old were you when you did this for the first time?

- 9 years or younger
- 10 to 12 years
- 13 years or older

[62.6.2] What kind of animals did you or do you have at home?

(Tick all that applies)

- none, I never had any pets or animals at home
- cat(s)
- dog(s)
- pony(s), horse(s)
- any other animals (write in): _____

[62.6.3.1] Do you presently still have any animals at home?

- yes, I still have animal(s) at home
- no, not since I was ____ years old.

[63.1/63.2] How are your answers to the two questions?

Tick ONE box

- (A) NO to both questions or YES to both questions
- (B) YES to one of the questions and NO to the other

Tick ONE box

- (A) YES to one of the questions and NO to the other
- (B) NO to both questions or YES to both questions