



## **Survey of 8<sup>th</sup> to 10<sup>th</sup> graders**

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. The questionnaires will be analysed by 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. Don't think too much about answering the questions, just answer them spontaneously.

Thank you very much for taking part!

## 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) Were you born in this country?

- yes
- no, I was born in \_\_\_\_\_ (*name of the country*)

→ **If no, how old were you when you came to this country?**

\_\_\_\_\_ years (*enter the age*)

### 1.4) Which country was your mother born in?

- she was born in this country
- she was born in another country (write in) \_\_\_\_\_
- I don't know

### 1.5) Which country was your father born in?

- he was born in this country
- he was born in another country (write in) \_\_\_\_\_
- I don't know

### 1.6) Which of the following people live in the same household with you?

Tick all that apply.

- Father / stepfather
- Mother / stepmother
- Brother(s)
- Sister(s)
- Grandparent(s)
- Other relative(s)
- I live with a foster family
- I live with others (write in) \_\_\_\_\_

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

- The language of this country / region
- My native language, (write in) \_\_\_\_\_

**1.8) Does your FATHER (or the man in your home) have a job?**

Tick ONE box

- He has a steady job.
- He runs his own business.
- He sometimes has work.
- No, he would like to work but can't find a job.
- No, he is retired / disabled / has a long-term illness.
- No, he looks after the home.
- I don't know.

**1.9) Does your MOTHER (or the woman in your home) have a job?**

Tick ONE box

- she has a steady job.
- she runs her own business.
- she sometimes has work.
- No, she would like to work but can't find a job.
- No, she is retired / disabled / has a long-term illness.
- No, she looks after the home.
- I don't know.

**1.10) If you compare yourself with other people of your age: do you have more, the same, or less money to spend?**

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

**About your family**

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

[By parents we also mean step- or adoptive parents]

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

	totally agree	rather agree	don't know	rather disagree	totally disagree	there is no such person
I get along just fine with my father (stepfather).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get along just fine with my mother (stepmother).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can easily get emotional support and care from my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I would feel very bad disappointing my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 2.2) How often do the following statements apply to you?

[If you don't live together with your parents, think of the adults who are responsible for you]

Tick one box for each line

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

## 2.3) On a normal weekend, what time do you have to be back home?

- I'm not allowed to go out in the evening at weekends.
- normally, I have to be back home at \_\_\_\_ : \_\_\_\_ (enter *hour* : *minutes*)
- there is no time limit for me

## 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"/>
Teachers are aware of any problem that might happen at school and try to solve it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are some activities for those who don't do well enough in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers and parents talk to each other about our work at school and the things that affect us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The school tries to solve the problems we have in there.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They organize activities and give us information on topics like sexuality, drugs, violence or peaceful conflict resolution...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>➔ If you ticked "I fully agree" or "I somewhat agree": Which one was most important to you? (write in)</p> <p>_____</p>				

### 3.2) 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*)

### 3.3) How well do you do at school?

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

## Some bad things that may have happened to you

### 4.1. Thinking back, have any of the following ever happened to you and did anyone report this 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

- 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

- 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

- 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

- 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 cell 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

- f) Have you ever been badly treated or humiliated by your boyfriend/girlfriend or by the person you went out with?

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, such as going to a party or a disco, go to somebody's house or hanging out on the street?

- Never, I don't go out in the evening
- Once a week
- Twice
- Three times
- Four times
- Five times
- Six times
- Daily

5.2) 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"/>

5.3) What kind of things do you usually do, and who with?

Tick one box for each line

**How often?**

	never	sometimes	often
I go to coffee bars, discos or pop concerts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do something creative (theatre, music, draw, write).	<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 forbidden to have fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I drink beer/ alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I frighten and annoy (other) people just for fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Who with?**

	with friends	alone
I go to coffee bars, discos or pop concerts.	<input type="checkbox"/>	<input type="checkbox"/>
I do something creative (theatre, music, draw, write).	<input type="checkbox"/>	<input type="checkbox"/>
I am engaged in fights with others.	<input type="checkbox"/>	<input type="checkbox"/>
I do sports, athletics, or exercise.	<input type="checkbox"/>	<input type="checkbox"/>
I study for school or do homework.	<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"/>
I do something forbidden to have fun.	<input type="checkbox"/>	<input type="checkbox"/>
I drink beer/ alcohol.	<input type="checkbox"/>	<input type="checkbox"/>
I take drugs.	<input type="checkbox"/>	<input type="checkbox"/>
I frighten and annoy (other) people just for fun.	<input type="checkbox"/>	<input type="checkbox"/>

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

Tick one box

unimportant	rather unimportant	rather important	important
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**5.5) Young people sometimes engage in illegal activities. Do you have friends who have done any of the following?**

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

**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"/>
Humiliate, hit or threaten someone at school just for fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humiliate, hit or threaten one's girlfriend/boyfriend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 6.2) 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
Wife and children have to obey a man as head of the family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a woman is cheating on her partner, he is allowed to beat her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A man should be willing to defend women and children against offenders by using violence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A man who is not willing to answer insults violently is a wimp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a father, a man is head of the family and if necessary is allowed to assert his claims violently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A man should be allowed to possess guns in order to protect his family or property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A real man is willing to use physical violence to prevail over somebody who badmouths his family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A real man is strong and protects his family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 6.3) 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"/>

**6.4) 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 something 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a lot of fighting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are a lot of empty and abandoned buildings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a lot of graffiti.	<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"/>
This is a safe neighbourhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a lot of police patrolling in my neighbourhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are places and activities for young people in my neighbourhood.	<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. What about you? Have you ever done any of the following, and if so, how often within the last 12 months?

<i>Have you ever ...</i>		<i>... how often?</i>
... painted on a wall, train, subway or bus (graffiti)?	<input type="radio"/> (No) <input type="radio"/> (Yes)	<i>If you ticked „yes“:</i> How often in the last <b>12 months</b> ? ___ times
... damaged something on purpose, such as a bus shelter, a window, a car or a seat in the bus or train?	<input type="radio"/> (No) <input type="radio"/> (Yes)	<i>If you ticked „yes“:</i> How often in the last <b>12 months</b> ? ___ times
... stolen something from a shop or department store?	<input type="radio"/> (No) <input type="radio"/> (Yes)	<i>If you ticked „yes“:</i> How often in the last <b>12 months</b> ? ___ times
... broken into a building to steal something?	<input type="radio"/> (No) <input type="radio"/> (Yes)	<i>If you ticked „yes“:</i> How often in the last <b>12 months</b> ? ___ times
... stolen a bicycle?	<input type="radio"/> (No) <input type="radio"/> (Yes)	<i>If you ticked „yes“:</i> How often in the last <b>12 months</b> ? ___ times
... stolen a motorbike or car?	<input type="radio"/> (No) <input type="radio"/> (Yes)	<i>If you ticked „yes“:</i> How often in the last <b>12 months</b> ? ___ times
... stolen something off or from of a car?	<input type="radio"/> (No) <input type="radio"/> (Yes)	<i>If you ticked „yes“:</i> How often in the last <b>12 months</b> ? ___ times
... used a weapon, force or threat of force to get money or things from someone?	<input type="radio"/> (No) <input type="radio"/> (Yes)	<i>If you ticked „yes“:</i> How often in the last <b>12 months</b> ? ___ times
... stolen something from a person?	<input type="radio"/> (No) <input type="radio"/> (Yes)	<i>If you ticked „yes“:</i> How often in the last <b>12 months</b> ? ___ times
... carried a gun?	<input type="radio"/> (No) <input type="radio"/> (Yes)	<i>If you ticked „yes“:</i> How often in the last <b>12 months</b> ? ___ times
... carried another weapon or an object that could be used as a weapon, such as a stick, knife or chain?	<input type="radio"/> (No) <input type="radio"/> (Yes)	<i>If you ticked „yes“:</i> How often in the last <b>12 months</b> ? ___ times
... taken part in a group fight in a football stadium, on the street or other public place?	<input type="radio"/> (No) <input type="radio"/> (Yes)	<i>If you ticked „yes“:</i> How often in the last <b>12 months</b> ? ___ times
... intentionally beaten someone up, or hurt them with stick or knife, so badly that they were injured?	<input type="radio"/> (No) <input type="radio"/> (Yes)	<i>If you ticked „yes“:</i> How often in the last <b>12 months</b> ? ___ times
... threatened someone with violence or committed physical violence against them <b>because</b> of their religion, language, colour of skin, or social or ethnic background?	<input type="radio"/> (No) <input type="radio"/> (Yes)	<i>If you ticked „yes“:</i> How often in the last <b>12 months</b> ? ___ times
... illegally downloaded music or films or films from the internet?	<input type="radio"/> (No) <input type="radio"/> (Yes)	<i>If you ticked „yes“:</i> How often in the last <b>12 months</b> ? ___ times
... sold any drugs or help someone selling drugs?	<input type="radio"/> (No) <input type="radio"/> (Yes)	<i>If you ticked „yes“:</i> How often in the last <b>12 months</b> ? ___ times



### 8.3) On how many occasions (if any) have you used any of the following?

Tick one box for each line

	Number of occasions						
	0 (never)	1-2	3-5	6-9	10-19	20-39	40 or more
Ritalin (without a doctor's prescription)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anabolic steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy or Amphetamines (speed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glue or something to sniff or to inhale (like laughing gas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tranquilizer or sedative (without a doctor's prescription)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LSD or other hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magic mushrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin, Cocaine/Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Medical) pills in combination with alcohol in order to get high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other substances (write in): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Some institutions make efforts to prevent violence or alcohol and drug use among young people. In the following section we want to ask about your views and experiences.**

### 9.1) What do you think would work when trying to keep young people from doing forbidden things (like violence, stealing something, taking drugs)?

Tick one box for each line

	works very good	works	doesn't work	is rather harmful
Punish them severely when caught.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give information on possible consequences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen to their sorrows and problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide training for better social behaviour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide counselling to their parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give them a good general education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide good opportunities for leisure time activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve their prospects to get a job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other (write in): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9.2) In your opinion: Who is important when trying to keep young people from doing forbidden things?**

	very important	important	little important	not important
parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
social workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sports coaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
others (write in): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9.3) During the last 12 months: Have you been given information on alcohol, drugs, and other harmful substances? (Please mark all that applies to you)**

- yes, in school by my teacher
- yes, in school by another person (e.g. police, social worker, psychologist, physician)
- yes, by one or both of my parents
- yes, on the internet
- yes, in a youth centre
- yes, by somebody else (write in): \_\_\_\_\_
- no ⇨ Please continue with question **9.5**

**9.4) In sum, what do you think about the information provided to you on alcohol, drugs and other harmful substances?**

Tick one box for each line

	true	false
I learned new facts about alcohol and drugs.	<input type="checkbox"/>	<input type="checkbox"/>
I learned new facts about the health effects of alcohol and drugs.	<input type="checkbox"/>	<input type="checkbox"/>
It made me curious about some drugs.	<input type="checkbox"/>	<input type="checkbox"/>
It was nothing new to me.	<input type="checkbox"/>	<input type="checkbox"/>
I learned new facts about how to keep away from alcohol and drugs.	<input type="checkbox"/>	<input type="checkbox"/>
I learned new facts on how to help my friends staying / getting away from drugs.	<input type="checkbox"/>	<input type="checkbox"/>

**9.5) What would you say: How much influence can school have on keeping students of your age away from alcohol or drugs?**

no influence at all	some influence	medium influence	strong influence	very strong influence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9.6) If you were a teacher: What would *you* do to keep your students away from alcohol and drugs?**

Please describe the most important thing you would do briefly in your own words.

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**9.7) During the last 12 months: Did you participate in any activities aimed at avoiding / reducing violence by young people or against young people? (Please check all that applies to you)**

- yes, in school – training against bullying at school
- yes, in school – training on how to settle conflicts without violence
- yes, in school – other activities (please describe briefly): \_\_\_\_\_
- yes, outside of school – Please name the activity and who provided it):
  1. What? \_\_\_\_\_
  2. By whom? \_\_\_\_\_
- no ⇒ continue with question **9.9**

**9.8) In sum, what do you think about the activities aimed at avoiding / reducing violence by young people you participated in?**

Tick one box for each line

	true	false
Helpful to protect myself from attacks by others.	<input type="checkbox"/>	<input type="checkbox"/>
Taught me how to intervene when I see violence against others.	<input type="checkbox"/>	<input type="checkbox"/>
Changed my way of thinking about violence.	<input type="checkbox"/>	<input type="checkbox"/>
Taught me how to resolve problems without violence.	<input type="checkbox"/>	<input type="checkbox"/>
Taught me what to do if somebody tries to attack me.	<input type="checkbox"/>	<input type="checkbox"/>
Provided information on where to turn to when I am under threat by others.	<input type="checkbox"/>	<input type="checkbox"/>
Made me feel more secure.	<input type="checkbox"/>	<input type="checkbox"/>
Made me feel more insecure.	<input type="checkbox"/>	<input type="checkbox"/>
Made me more aware of how violence harms people.	<input type="checkbox"/>	<input type="checkbox"/>
Made me more aware of possible punishments and other consequences.	<input type="checkbox"/>	<input type="checkbox"/>

**9.9) What would you say: How much influence could school have on reducing student’s violent behaviour?**

no influence at all	some influence	medium influence	strong influence	very strong influence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**9.10) If you were a teacher: What would *you* do to avoid and reduce violence among your students?**

Please describe the most important thing you would do briefly in your own words.

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**Thanks a lot for taking part in our study!**