

Student Survey in DC



Network ID:

Dear students,

Thank you very much for participating in our survey. We are a group of researchers interested in your opinions about your school, class, and friends. Apart from that, we would like to learn something about your life, wishes, and goals, as well as your problems and concerns.

Participation in this survey is voluntary! The survey is also anonymous. Your fellow students, teacher, and parents will not see your filled-out survey. No one will find out what you have answered.

There are no “right“ or “wrong“ answers since this isn’t a test.

What’s most important is that you answer honestly!

All questions will first be read aloud and afterwards everyone will fill in their answers. The project, “School Survey“, thanks for you again for your participation.

Michael Windzio





To begin with, a few questions about yourself:

1. Are you a...												
<input type="checkbox"/> Boy?				<input type="checkbox"/> Girl?								
2. How old are you?												
I am _____ years old.												
3. Were you born in the USA?												
<input type="checkbox"/> Yes												
<input type="checkbox"/> No, I came to the USA when I was _____ years old.												
4. Where are your biological parents from (your biological father and your biological mother)?												
	USA	Turkey	Poland	Serbia, Croatia, Bosnia (Ex- Yugoslavia)	Russia	Kazakhstan or Ukraine	an African country	another country				
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
5. Did you attend a kindergarten before beginning school?												
<input type="checkbox"/> Yes, in the USA <input type="checkbox"/> Yes, in another country <input type="checkbox"/> I was not in kindergarten.												
6. Were there children in your kindergarden who weren't from the USA?												
<input type="checkbox"/> I wasn't in kindergarden in the USA.												
<input type="checkbox"/> There were <u>no</u> children who came from another country.												
<input type="checkbox"/> There were <u>few</u> children who came from another country.												
<input type="checkbox"/> There were <u>many</u> children who came from another country.												
<input type="checkbox"/> <u>Almost all</u> children came from another country.												
7. How happy or content are you? (please check the box)												
With my life overall		<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"/>	
In school		<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"/>	
At home		<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"/>	

Please turn the page!

Now we'd like to ask you about your home and family who you live with:



8. How many siblings do you have altogether? 0 = I don't have any siblings
(none) ① ② ③ ④ ⑤ (or more)

9. How many siblings live together with you at home?						
Younger brothers	(none) ①	②	③	④	⑤	(or more)
Older brothers	(none) ①	②	③	④	⑤	(or more)
Younger sisters	(none) ①	②	③	④	⑤	(or more)
Older sisters	(none) ①	②	③	④	⑤	(or more)

10. Do you have a room for you alone at home?
<input type="checkbox"/> Yes, I have a room for me alone.
<input type="checkbox"/> No, I share a room with ____ siblings.
<input type="checkbox"/> No, I share a room with other people.

11. Have your biological parents separated or divorced?
<input type="checkbox"/> No
<input type="checkbox"/> Yes, when I was ____ years old.

12. Who do you live with together at home? (please check the box)
<input type="checkbox"/> Mom <input type="checkbox"/> Father's girlfriend/stepmother <input type="checkbox"/> Grandma <input type="checkbox"/> Siblings <input type="checkbox"/> Dad <input type="checkbox"/> Mother's boyfriend/stepfather <input type="checkbox"/> Grandpa <input type="checkbox"/> Other people

13. Which adults live together with you at home?			
Woman <input type="checkbox"/> Yes <input type="checkbox"/> No		Who is this woman? <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother/Father's girlfriend <input type="checkbox"/> Other adult woman	Does she go to work? <input type="checkbox"/> yes <input type="checkbox"/> no, unemployed <input type="checkbox"/> no, housewife <input type="checkbox"/> no, something else
What do speak with each other most often? <input type="checkbox"/> English <input type="checkbox"/> Turkish <input type="checkbox"/> Russian <input type="checkbox"/> Polish <input type="checkbox"/> Serbian/Croatian/Bosnian <input type="checkbox"/> Another language			
Man <input type="checkbox"/> Yes <input type="checkbox"/> No		Wer ist dieser Mann? <input type="checkbox"/> Father <input type="checkbox"/> Stepfather/Mother's boyfriend <input type="checkbox"/> another adult man	Does he go to work? <input type="checkbox"/> yes <input type="checkbox"/> no, unemployed <input type="checkbox"/> no, homemaker <input type="checkbox"/> no, something else
What do speak with each other most often? <input type="checkbox"/> English <input type="checkbox"/> Turkish <input type="checkbox"/> Russian <input type="checkbox"/> Polish <input type="checkbox"/> Serbian/Croatian/Bosnian <input type="checkbox"/> Another language			

Do you speak also another language at home? No Yes, we speak _____

14. What are your parents/stepparents who live with you at home like?								
My mother/my father...	Mother or Stepmother				Father or Stepfather			
	never	sometim es	often	alway s	never	sometim es	often	alway s
knows what I do in my freetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is someone who I can talk to about everything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
knows where I am in my freetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
punishes me when I've done something bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
slams me or pushes me when I've done something bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
knows who I do things with in my freetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
deals with me lovingly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
helps me with my homework when I need help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smacks me when I've done something bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
praises me when I've done something good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
plays with me when there's time (for example, board or card games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
asks me how things were in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tells me who I should and shouldn't be friends with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	never	someti mes	often	alway s	never	someti mes	often	alway s



15. Do you guys own your own car at home?			
no	one	two	more than two
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Do your parents frequently listen to jazz or classical music (for example, piano or orchestra music)?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Please turn the page!

17. Now we're going to read you some things aloud which some people have at home, some people even have in their rooms, and others don't have at all. (please check the box for how it is for you at home)

Do you have...	No, we <u>don't</u> have that at home	Yes, we have that at home	Yes, I even have that in my room
a television?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
computer games/games console?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
internet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
learning programs on your computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a dictionary or encyclopedia in book form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
your own garden directly at your house?	<input type="checkbox"/>	<input type="checkbox"/>	



18. How many hours do you normally spend each day watching TV or playing computer games? (30 Minutes = 1/2 Hour)

On school days (Monday through Friday) approximately _____ hours per day.

On the weekend (Saturday and Sunday) approximately _____ hours per day.

19. How many books does your family have? (Don't count any magazines, newspapers, or textbooks)

none/very few (0-10 Books)	about one bookshelf (11-25 Books)	about one bookcase (26-100 Books)	about two bookcases (101-200 Books)	three or more bookcases (mehr als 200 Books)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. How many days a week do you read books other than those for school, for example, history or nonfiction books?

never one or two days three to four days five days or even more often

21. Do you go with your parents or relatives to the theater or museum?

Yes, many times a month	Yes, many times a year	one time a year at most	never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Now will come some questions about the fellow students in your class.

Each of you will receive a number on the table in front of you [FLAG]

In the right column, please fill in the numbers of your classmates who the sentence is true for.

Do not fill in their names. You can fill in one or more numbers. Please always put a comma between the numbers. For example: 31, 23, 38, 5 ...

If this sentence isn't true for any students, draw a ✗ in the box.

We will first go through the questions together. Afterwards you have time to answer them in peace.

Example:

With which students do you meet with most frequently in your freetime(many times a month or more)?

41, 43, 38

Which students have you been at least once to a football stadium with?

✗

Please fill in your number before on you on the table here:

Which classmates live near enough to you so that you can walk to their place in a few minutes? (ca. 5 Minutes max.)

Which classmates are your friends?

Which classmates do you often meet with outside of school in your freetime, so several times each month or more?

Do you parents know other classmates' parents? And do they know them so well that they sometimes meet up or phone each other? Fill in the numbers of the classmates!

Which classmates sometimes say nasty things to you or bother you, and not in a merely playful way?

Some students engage in small transactions among themselves. They buy, sell, or exchange things like playing cards or other things. Who do you make small transactions?

Who do you often visit at home? For example, after school or on the weekend?

Which classmates often visit you at home?

Who do you often have serious fights or problems with?

Which classmates do you sometimes do homework with?

Which classmates are your three best friends? Fill in three numbers at most!

Which two classmates do you not want to sit next to?

When it concerns who gets to play along or be present during recess, whose opinion is especially important?

Which classmates have been there for your birthday?

Whose birthdays have you been to?

With which classmates are you most often on the playground?

Which of your classmates have hit, kicked or otherwise hurt you, and not out in fun?

Please turn the page!

Now it's about your home again:

23. Have you ever moved with your family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you move here from another city or another place?		
<input type="checkbox"/> No		
<input type="checkbox"/> Yes, I was _____ when we moved.		
Have you ever moved within DC?		
<input type="checkbox"/> No		
<input type="checkbox"/> Yes, _____ number of times. I was _____ years old the last time.		

24. What kind of house does your family live in?
<input type="checkbox"/> In a house for your family.
<input type="checkbox"/> In a house with more separated apartments, but not more than four.
<input type="checkbox"/> In an apartment building with more than four separate apartments.
<input type="checkbox"/> In a high-rise with more than five stories.

25. Think about your home. Where do your next door neighbors come from?
<input type="checkbox"/> All neighbors are from the USA.
<input type="checkbox"/> Some come from the USA, some from other countries.
<input type="checkbox"/> All neighbors come from countries other than the USA.

26. How well do your parents/stepparents know your next door neighbors?
<input type="checkbox"/> They don't know them at all.
<input type="checkbox"/> My parents talk sometimes with some neighbors.
<input type="checkbox"/> My parents are friends with some neighbors and visit each other sometimes.

27. What religion do you yourself and your parents/stepparents belong to?			
<small>(Please check each for you, your mother, and your father)</small>			
	I myself	My father	My mother
Christian (Evangelical, Catholic, or Orthodox)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm not familiar with religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Were you in a church, mosque, or synagogue in the <u>last 4 weeks</u>? <u>And</u> did you participate in the prayer there?		
<input type="checkbox"/> never	<input type="checkbox"/> one to two times	<input type="checkbox"/> three or more times

29. Here are some sentences which you can use to describe yourself. What ones pertain to you?				
	exactly true	somewhat true	hardly true	not true at all
I have trouble concentrating or being attentive longer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can't sit still for long.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'd rather be alone than with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get angry pretty quickly when something isn't the way I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like getting to know new kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a lot of expensive things, like sneakers, toys, or a cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I'm angry, others should stay clear of me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I fight with someone, it's difficult for me to stay calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I notice when a friend of mine isn't doing well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can easily imagine how other kids feel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I gladly bring my expensive things with me to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kids who don't have good sneakers or cell phones are often boring.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I have a new toy, I can hardly wait to show it to my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	exactly true	somewhat true	hardly true	not true at all

30. How many times in the week do you do something with your friends outside of school? (Please do not count your siblings.)

never one to two times three to four times five or more times

31. Which language do you speak with your friends the most? (Please only check one box and do not count your siblings.)

English	Turkish	Polish	Serbian/Croatian/Bosnian	Russian	Another language
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. How many good friends do you have who are not in your class (please do not count your siblings.)

none one two to three four or more

Please turn the page!

33. Now we have a couple of questions about your best friends, inside and outside of your school class: please answer these questions for up to three of your best friends.

	Friend 1	Friend 2	Friend 3
What are your friends' names? (only the first two letters of their first names!)	_____	_____	_____
Is your friend a girl or a boy?	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
How old is your friend?	_____ years old	_____ years old	_____ years old
Do your friends go to the same school as you?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Is your friend in your class?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Does your friend live near you so that you can walk to their house? (ca 5 Min)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Do your parents talk with your friends' parents sometimes?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Where does your friend come from?	<input type="checkbox"/> USA <input type="checkbox"/> Turkey <input type="checkbox"/> Poland <input type="checkbox"/> Serbia/Croatia/ Bosnia <input type="checkbox"/> Russia <input type="checkbox"/> Kazakhstan/ Ukraine <input type="checkbox"/> African Country <input type="checkbox"/> Other country	<input type="checkbox"/> USA <input type="checkbox"/> Turkey <input type="checkbox"/> Poland <input type="checkbox"/> Serbia/Croatia/ Bosnia <input type="checkbox"/> Russia <input type="checkbox"/> Kazakhstan/ Ukraine <input type="checkbox"/> African Country <input type="checkbox"/> Other country	<input type="checkbox"/> USA <input type="checkbox"/> Turkey <input type="checkbox"/> Poland <input type="checkbox"/> Serbia/Croatia/ Bosnia <input type="checkbox"/> Russia <input type="checkbox"/> Kazakhstan/ Ukraine <input type="checkbox"/> African Country <input type="checkbox"/> Other country
How good is your friend in school?	<input type="checkbox"/> as good as me <input type="checkbox"/> better <input type="checkbox"/> worse	<input type="checkbox"/> as good as me <input type="checkbox"/> better <input type="checkbox"/> worse	<input type="checkbox"/> as good as me <input type="checkbox"/> better <input type="checkbox"/> worse
Has your friend ever intentionally broken another kid's things?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Has your friend ever hit or kicked another kid, and not in fun?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

34. Think once more about your best friends who you've just described. Are these friends also friends with each other?

Is friend 1 good friends with friend 2?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I only have one best friend.
Is friend 1 good friends with friend 3?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is friend 2 good friends with friend 3?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I only have two best friend.

35. How were you doing last week?

Last week....	never	rarely	sometim es	often	always
I felt sick.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was afraid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I laughed a lot and had fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had a head or stomach ache.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was bored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had a lot of power and endurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was tired and weak during the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. Have you gone on vacation in the last year?

No

Yes, ____ times. I was in _____
(Hier das Land eintragen, in dem du warst)

Did you stay with relatives when you were on vacation? For example, grandparents, uncles, aunts, or other relatives?

Yes No I didn't go on vacation



Now some questions about school



37. After school, do you go to an after school care center?

No Yes

Please turn the page over!

38. When do you most often arrive home after school or after school care?
 (For example, when you come home at 1:30pm, then check the box for between 1pm and 2pm.)

11:00 am	12:00 pm	1:00pm	2:00pm	3:00pm	4:00pm	5:00pm or later
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Is there are an adult around most of the time when you arrive home from school or after school care?

Yes

No

40. In school: what are things like for you?

	Exactly true	somewhat true	hardly true	not true at all
I'm good at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My classmates are nice to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The majority of my classmates are more popular than I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get along well with the other students in my class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learn very slowly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do the majority of things in school correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can learn pretty well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to go to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The majority of students in my class have better things than me, for example, cell phone, sneakers, or jeans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School is fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have only a few friends in my class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. Please give your grades for the four subjects from your last transcript.

Subject:	My grades				
	A	B	C	D	F
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Other subject)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

There is also trouble in school sometimes. Almost every student will at one

point be annoyed or have personally annoyed or teased someone else, and not just in fun. How is that for you?

42. How many times in the <u>last school term</u> has something like this happened to you at school or on the way to or from school?				
	Not once	1 or 2 times	3 to 6 times	even more times
I was hit or kicked by students, and not in fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students have teased me or said nasty things about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students have intentionally broken my stuff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students have forced me to give over my money or things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other students have treated me like I wasn't there and intentionally not cared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other students have spread rumors about me that weren't true.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wasn't allowed to play with other students in the break.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. How many times in the <u>last school term</u> have you done something like this at school or one of the way to or from school?				
	Not once	1 or 2 times	3 to 6 times	even more times
I have hit or kicked other students, and not in fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have intentionally broken other students' things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have forced a student to give me his money or things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have teased or said nasty things about another student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have gotten in a fight with other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have treated other students as if they weren't there and intentionally not cared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have spread rumors about another student that weren't true.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was against other students playing with me and my friends during the break.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn the page!

44. Many students have done things that weren't allowed before. Have you ever done any of the following things? When yes, then please say how many times in the last three months.

	Have you ever done this?		When yes: how many times in the last 3 months?
	No	Yes	
Hurt another kid so badly that he cried.	<input type="checkbox"/>	<input type="checkbox"/>	→ _____ times
Stolen something in a mall, department store or shop.	<input type="checkbox"/>	<input type="checkbox"/>	→ _____ times
Smoken a cigarette.	<input type="checkbox"/>	<input type="checkbox"/>	→ _____ times
Drank more than a sip of alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	→ _____ times

Now a couple of questions about your freetime activities



45. Some students are members of a club or something similar. What's it like for you? Are you a member of a club, group, or school organization?

	No	Yes
School organization	<input type="checkbox"/>	<input type="checkbox"/> , and it is _____
Sports team/club	<input type="checkbox"/>	<input type="checkbox"/> , and it is _____ (Type of sport and club)
Music group/club	<input type="checkbox"/>	<input type="checkbox"/> , and it is _____ (Music group, choir, or orchestra)
Another group or club	<input type="checkbox"/>	<input type="checkbox"/> , and it is _____ (Name of group/club)

46. Do you play a musical instrument?

<input type="checkbox"/> No
<input type="checkbox"/> Yes, I play the _____ (fill in your musical instrument)

And to finish:

47. Could you understand and answer the questions in this questionnaire well?

Yes, very well 😊 ☹️ No, not well at all

48. Was the questionnaire fun for you?

Yes, very fun 😊 ☹️ No, not at all

Now please fill in the number before you (that means your own number) one more on the first page on this questionnaire.

Finally, we would like to know where you live in DC.

On the last side of this questionnaire, you will therefore find a list with all the DC neighborhoods.

Please check the box next to the neighborhood you live in.

😊 *Thank you very much for you help!* 😊



Please check the box next to the neighborhood you live in.

Mitte

Altstadt
Bahnhofsvorstadt
Ostertor

Häfen

Häfen
Hohentorshafen
Industriehäfen
Neustädter Hafen
Überseehafen

Neustadt

Alte Neustadt
Buntentor
Gartenstadt Süd
Hohentor
Huckelriede
Neuenland
Neustadt
Südvorstadt

Obervieland

Arsten
Habenhausen
Kattenesch
Kattenturm

Huchting

Grolland
Kirchhuchting
Mittelshuchting
Sodenmatt

Woltmershausen

Rablinghausen
Seehausen
Strom
Woltmershausen

**Another
neighborhood:**

Östl. Vorstadt

Fesenfeld
Hulsberg
Peterswerder
Steintor

Schwachhausen

Barkhof
Bürgerpark
Gete
Neu-Schwachhausen
Radio Bremen
Riensberg
Schwachhausen

Vahr

Gartenstadt Vahr
Neue Vahr Nord
Neue Vahr Südost
Neue Vahr Südwest

Horn-Lehe

Borgfeld
Horn
Lehe
Lehesterdeich
Oberneuland

Osterholz

Blockdiek
Ellener Feld
Ellenerbock-
Schevemoor
Osterholz
Tenever

Hemelingen

Arbergen
Hastedt
Hemelingen
Mahndorf
Sebaldsbrück

Findorff

Findorff-Bürgerweide
In den Hufen
Regensburger Str.
Weidedamm

Walle

Hohweg
Osterfeuerberg
Steffensweg
Utbremen
Walle
Westend

Gröpelingen

Gröpelingen
In den Wischen
Lindenhof
Ohlenhof
Oslebshausen

Bremen-Nord

Burglesum

Burg-Gramke
Burgsdamm
Lesum
St. Magnus
Werderland

Vegesack

Aumund-
Hammersbeck
Fähr-Lobbendorf
Grohn
Schönebeck
Vegesack

Blumenthal

Blumenthal
Farge
Lüssum-Bockhorn
Rekum
Rönnebeck