

# Questionnaire for legal guardian

## *This is how you fill out the questionnaire*

Your answers will be mechanically registered. It is therefore important that the questionnaire is filled out correctly.

- Use a black or dark blue pen. Avoid using a pencil.
- Write your answers clearly. Try not to write outside of the marked lines.
- Mark your answer within the box.

Like this:

NOT like this:

- When you give an answer in numbers, write clearly.

Like this:

NOT like this:

- If you mark the wrong box by mistake, color the whole box. Then the machine will not read the answer.

Like this:

## *If you have questions*

If you want more information about the study or have any questions about how to fill out the questionnaire, please contact **Elin Arnö** via e-mail [elin.arno@ki.se](mailto:elin.arno@ki.se) or phone 08-524 80 108.

## *Reply deadline*

We ask you to fill out the questionnaire as soon as possible, preferably within a few days.

## *Return envelope*

When you have filled out consent form and the questionnaire, return them separately in each of the two enclosed pre-addressed, prepaid envelopes.

If you have any comments on the questionnaire you are welcome to write them down on the last page.

**Thank you for your participation!**

## Background information about you as legal guardian

### 1. What is your relation to your child in 7th grade?

- Mother
                      Father  
 Stepmother
                      Stepfather  
 Foster mother
                      Foster father  
 Other (please specify): \_\_\_\_\_

### 2. With whom do you live for the greater part of the week?

*Several alternatives may be indicated*

- Your and/or other persons child or children (see question 3)  
 Your husband/wife/cohabitee/partner  
 Your parents/siblings  
 Other adults

### 3. If you are living with child/children (your own or other person's):

**How many children and of what ages?**

*Include all children that live with you half of the time or more, including your child in 7th grade*

- Child(ren) in the ages 0-5  
 Child(ren) in the ages 6-12  
 Child(ren) in the ages 13-19  
 Child(ren) 20 years or older

4. Your age:

5. Your sex:            Woman                       Man                       Other

### 6. What is your highest level of education?

*Only one alternative may be indicated*

- No education  
 Comprehensive school or similar  
 Gymnasium/Upper secondary school 2 years  
 Gymnasium/Upper secondary school 3 years  
 Gymnasium/Upper secondary school 4 years  
 University less than three years  
 University 3 years or more  
 Other education (please specify): \_\_\_\_\_



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10. In what year did you move to Sweden?

11. Why did you move to Sweden?

- To apply for asylum
- To study
- To work
- Relative of person with asylum claim (for example, parent or partner)
- Relative of other person (for example, parent or partner)
- Adoption
- Other reason (please specify): \_\_\_\_\_

12. In the past 12 months have you more or less regularly participated in activities together with several other people?

*For example sports, music/theater, courses, religious gatherings, choir, sewing groups, political associations or other society.*

- Yes  No

13. Do you know any people who can provide you with personal support for personal problems or crises in your life?

- Yes, always
- Yes, for the most part
- No, usually not
- No, never

14. Did you vote in any of the latest elections (Riksdag election, County Council election or Municipal election)?

- Yes  No

15. How much confidence do you have in the following public institutions?

*Indicate one alternative for each line.*

	Considerable	Fairly considerable	Little	None whatsoever	No opinion
Medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Riksdag (Parliament)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Politicians in your municipality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Please mark to what extent you agree or disagree with the following statements

	Strongly disagree	Disagree	Neither	Agree	Strongly agree
16. In general, most people can be trusted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Most people are fair and don't take advantage of you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### About the child's other legal guardian

18. Are you living together with the child's other legal guardian?

- Yes (includes sometimes)
- No
- There is no other legal guardian (go to question 25)

19. What is her/his highest level of education? *Only one alternative may be indicated*

- No education
- Comprehensive school or similar
- Gymnasium/Upper secondary school 2 years
- Gymnasium/Upper secondary school 3 years
- Gymnasium/Upper secondary school 4 years
- University less than 3 years
- University 3 years or more
- Other education (please specify): \_\_\_\_\_

20. Which is her/his main occupation? *Only one alternative may be indicated*

- Permanent employment
- Temporary employment (for example, for a project, or hourly, substitute or probationary employment)
- Self-employed business owner or business partner
- On sick leave for more than 30 days
- Disability pensioner/receive sickness benefits or activity benefits
- Old-age pensioner
- Student, trainee
- Leave of absence, including studies and parental leave
- Unemployed
- Managing the household
- Other (please specify): \_\_\_\_\_



## About your child

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how the child's behavior **over the last six months**.

	Not true	Somewhat true	Certainly true
25. Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Often complains of headaches, stomachaches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Shares readily with other children (treats, toys, pencils, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Think things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Do you have any other comments or concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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51. Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?

No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered “No”, go to question 56.

52. How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53. Do these difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. Do these difficulties interfere with your child’s everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
Home life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

55. Do these difficulties put a burden on you or your family as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark to what extent you agree or disagree with the following statements

	Strongly disagree	Disagree	Neither	Agree	Strongly agree
56. I let my child have her/his say even if I disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. I respect my child’s opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. In our family, we take the time to listen to each other’s views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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- |   | No,<br>never             | No,<br>seldom            | Yes,<br>sometimes        | Yes,<br>usually          | Yes,<br>always           |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 59. Does your child talk at home about how she/he is doing in different subjects at school?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. Does your child usually tell you how school was when she/he gets home (how she/he did on different exams, relationships with teachers, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 61. Does your child keep a lot of secrets from you about what she/he does during free time?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 62. Does your child hide a lot from you about what she/he does during nights and weekends?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 63. If your child is out a night, when she/he gets home, does she/he tell what they did that evening?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

64. How satisfied are you with the education your child has received so far in school?

No at all satisfied

Very satisfied

- |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

65. How well is your child's school preparing her/him for future jobs?

Not at all well

Very well

- |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How important do you think the following should be to your child:

66. Getting a full-time job after gymnasium?

One of the least important

One of the most important

- |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

67. Going to university after gymnasium

One of the least important

One of the most important

1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark to what extent you agree or disagree with the following statements

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
68. I hope that my child will continue her or his education following gymnasium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Going to school after gymnasium is important for my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. For my child, school is important for achieving her or his future goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. My child's education will create many future opportunities for her or him	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. I am hopeful about my child's future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

73. What is the highest level of education that you hope that your child will complete?

- Don't know
- Gymnasium Vocational track
- Gymnasium Theoretical track
- University degree

74. What is the highest level of education that you believe your child will actually complete?

- Don't know
- Gymnasium Vocational track
- Gymnasium Theoretical track
- University degree

**Please mark the box for Never, Sometimes or Usually**

	<b>Never</b>	<b>Sometimes</b>	<b>Usually</b>
75. I bring up the positive and seldom negative things about my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. I show how proud I am of my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. I do small things that make my child feel special	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. I show I care about my child with words and gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. I show my love unconditionally, almost regardless of what my child does	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. I praise my child for no special reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**81. How can you tell if an adolescent is thriving or doing really well in all areas of life? In your opinion, what is she or he like, what sort of things does she or he do?**

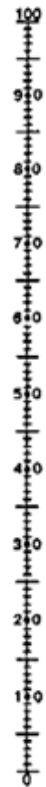
General Health

82. Please score how good or bad your health state is today.

The best health state you can imagine is marked with 100 and the worst health state you can imagine is marked 0.

□

Best imaginable health state



Worst imaginable health state

83. Have you ever smoked cigarettes on a daily basis during a time period of at least 6 months?

- No (go to question 85)
Yes

84. Are you currently smoking cigarettes on a daily basis?

- No
Yes. On average, how many cigarettes do you smoke per day?

□

85. Have you ever used snus on a daily basis during a time period of at least 6 months?

- No (go to question 87)
Yes

86. Are you currently using snus on a daily basis?

- No
Yes. On average, how many boxes of snus do you use every week?

□

**87. How often do you, on the same occasion, drink alcoholic beverages equivalent to:**

- A half bottle of spirits
  - **or** 2 bottles of wine
  - **or** 6 cans of beer (8 bottles)
  - **or** 12 bottles of medium-strong beer
- 
- Virtually every day (at least 5 days a week)
  - A few times per week (3-4 times per week)
  - Once or twice per week
  - 2-3 times per month
  - Once a month
  - 1-6 times per year
  - Never
  - I don't drink alcohol at all

**Thank you for your participation!**

**Please return the questionnaire in one of the enclosed envelopes.**