

KUPOL – a study of the school environment's importance for the mental health of adolescents

QUESTIONNAIRE FOR STUDENT IN 9TH GRADE



**Karolinska
Institutet**



kupolstudien.se

What is Kupol?

Young people in Sweden are feeling worse mentally. Therefore, a research group at Karolinska Institutet is carrying out a study about how school environments affect adolescents' mental health. The research project is called Kupol - an abbreviation for Knowledge about young people's mental health and learning (*Kunskap om ungas psykiska hälsa och lärande*).

Why am I being contacted?

You receive this questionnaire because your school participates in Kupol and because your legal guardian(s) have given their/her/his consent for you to participate in the study. Last school year and the school year before that (when you were in grade 7 and in grade 8), you answered a questionnaire with questions about your health, about school and about friends and family. We now ask you to fill in a follow-up questionnaire.

What are the benefits of participating?

By participating in Kupol you will help us gain new knowledge on how school environment affects adolescent mental health. If your answers in the questionnaire show that you don't feel well, we will contact the student health team at your school.

Are there any disadvantages?

It will take a little time to fill in the questionnaire. If you feel that some of the questions in the questionnaires are too sensitive, you can choose to not answer them. Participating is voluntary and you may at any time end your participation in the study without explanation.

What will you do with the information about me?

All the information you provide to us will be entered in a computerized database and stored encrypted so they cannot be directly linked to you, or be confused with someone else's. Karolinska Institutet is responsible for how your personal data is managed. No one other than the staff who works on the study will have access to the data. These people work under a confidentiality agreement.

You have a right to know what information is registered about you. You can request such a data report for free once a year. If you want this information, write to Kupol's contact person. You find her contact information on the next page. If any registered information about you is incorrect, you are entitled to have it corrected.

How do I fill out the questionnaire?

Use a black or dark blue pen. Avoid using a pencil. Try to mark your answer within the box.

Like this:

NOT 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.

Like this:

When you have finished the questionnaire, please put it in the enclosed envelope.

Do you have any questions?

If you have any questions you are welcome to phone or email Kupol's contact person.

Sincerely,
The Kupol-team

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Elin Arnö (Contact person)
Research coordinator
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1. Who are you living with?

Mark the box for all persons that you are living with, even if it is only part time.

- Mother
- Foster mother
- Father
- Foster father
- Stepmother or father's partner
- Stepfather or mother's partner
- Brother/Stepbrother
- Sister/Stepsister
- Grandparent
- Other adult Who? _____
- On your own

2. How many other children are you living with?
 child/children

3. Are you: Girl Boy Other

Substance use

4. How many whole cigarettes would you say you smoked in your entire life?

- 0 (never smoked, go to question 7)
- 1-10
- 11-20
- more than 20

5. In how many days of the past 30 days did you smoke cigarettes?

If you did not smoke at all, write "0"

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6. **On average, how many cigarettes did you smoke during those days when you smoked (in the past 30 days)?**

If you did not smoke at all or if you just had some puffs, write "0"

7. **How many times would you say you used snus in your life?**

- 0 (never, go to question 10)
 1-10
 11-20
 more than 20

8. **In how many of the past 30 days did you use snus?**

If you did not use snus at all, write "0"

9. **On average, how many snus dips did you use those days?**

If you did not use snus at all write "0"

10. **Did you ever feel you are/were addicted to tobacco?**

- No
 Yes

11. **How many times did you use hash in your life?**

- 0 (never, go to question 13)
 1-2
 3-5
 6-10
 more than 10

12. **Did you use hash during the past 30 days?**

- No
 Yes

13. **Did you use other drugs any time in your life (for example cocaine, ecstasy, amphetamine)?**
- No
 - Yes
14. **Think about the past 12 months: how often have you been drinking any alcoholic beverage?**
- Never
 - Once during the year
 - 2-10 times in the year
 - Once a month
 - 2-3 times in a month
 - Once a week
 - About twice a week
 - Every other day
 - Every day
15. **Think about the past 12 months: How often did you drink so much alcohol that you felt drunk/intoxicated?**
- I don't drink alcohol at all/Haven't been drunk
 - Some times in the year, but not each month
 - 1-3 times in a month
 - Once or more per week
16. **Think about the past 12 months: how often did it happen that you in a rather short time (a few hours) drank a quantity of alcoholic beverages corresponding to 18 cl heavy spirit, or a whole bottle of wine, or 4 bottles strong cider/alcohol pops, or 4 cans strong beer (more than 3.5% vol) or 6 cans medium beer (2.5-3.5 % alc. Vol,)?**
- I don't drink alcohol at all/Haven't drunk that much
 - Some times in the year, but not each month
 - 1-3 times in a month
 - Once per week or more often

Computer, TV and mobile use**17. During an normal week day, about how many hours do you spend doing the following:**

a. Watch TV, DVD, streamed or downloaded film

- Not at all
- Circa half an hour a day
- Circa 1 hour a day
- Circa 2 hours a day
- Circa 3 hours a day
- Circa 4 hours a day
- Circa 5 hours a day
- Circa 6 hours a day
- Circa 7 hours a day or more

b. Spend time on social medias, blog/read other peoples' blogs, or chat online

- Not at all
- Circa half an hour a day
- Circa 1 hour a day
- Circa 2 hours a day
- Circa 3 hours a day
- Circa 4 hours a day
- Circa 5 hours a day
- Circa 6 hours a day
- Circa 7 hours a day or more

c. Surf/search for information online (includes school work)

- Not at all
- Circa half an hour a day
- Circa 1 hour a day
- Circa 2 hours a day
- Circa 3 hours a day
- Circa 4 hours a day
- Circa 5 hours a day
- Circa 6 hours a day
- Circa 7 hours a day or more

d. Play computer or video games

- Not at all
- Circa half an hour a day
- Circa 1 hour a day
- Circa 2 hours a day
- Circa 3 hours a day
- Circa 4 hours a day
- Circa 5 hours a day
- Circa 6 hours a day
- Circa 7 hours a day or more

18. During an normal Saturday or Sunday, about how many hours do you spend doing the following:

a. Watch TV, DVD, streamed or downloaded film

- Not at all
- Circa half an hour a day
- Circa 1 hour a day
- Circa 2 hours a day
- Circa 3 hours a day
- Circa 4 hours a day
- Circa 5 hours a day
- Circa 6 hours a day
- Circa 7 hours a day or more

b. Spend time on social medias, blog/read other peoples' blogs, or chat online

- Not at all
- Circa half an hour a day
- Circa 1 hour a day
- Circa 2 hours a day
- Circa 3 hours a day
- Circa 4 hours a day
- Circa 5 hours a day
- Circa 6 hours a day
- Circa 7 hours a day or more

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c. Surf/search for information online (includes school work)

- Not at all
- Circa half an hour a day
- Circa 1 hour a day
- Circa 2 hours a day
- Circa 3 hours a day
- Circa 4 hours a day
- Circa 5 hours a day
- Circa 6 hours a day
- Circa 7 hours a day or more

d. Play computer or video games

- Not at all
- Circa half an hour a day
- Circa 1 hour a day
- Circa 2 hours a day
- Circa 3 hours a day
- Circa 4 hours a day
- Circa 5 hours a day
- Circa 6 hours a day
- Circa 7 hours a day or more

Your health

19. How tall are you? State your height in centimeters, for example 164.

I am cm tall

I don't know how tall I am

20. How much do you weigh? State your weight in whole kilograms.

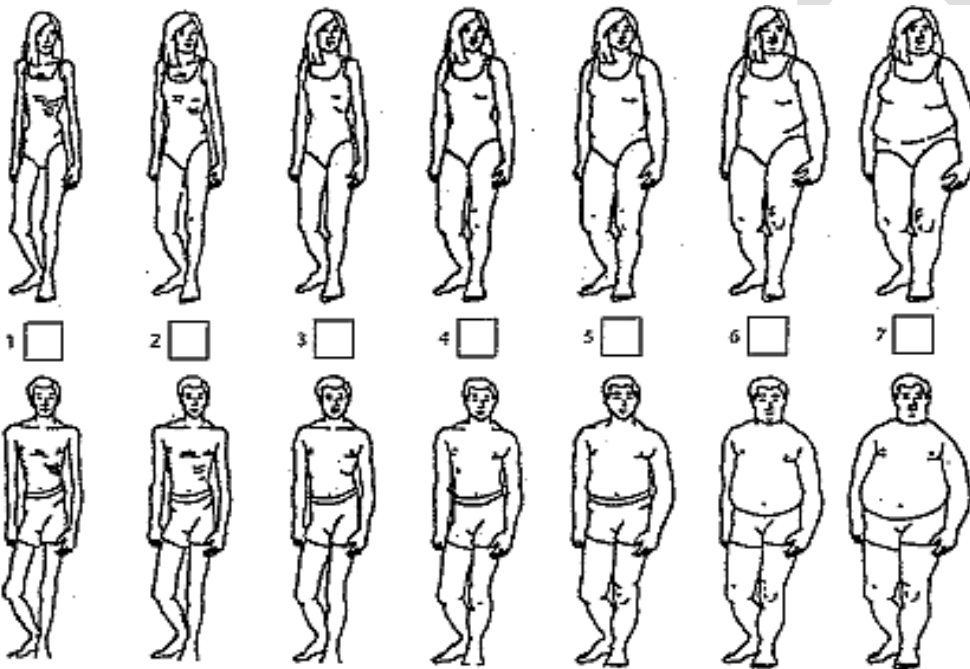
I weigh kg

I don't know my weight

21. Do you think you are:

- Way too thin
- A little bit thin
- Normal
- A little bit big
- Way too big
- Don't think about my weight

22. Look at the picture, which person looks most like you? (mark the box for the body that looks most like your own)



23. This term, on how many occasions have you been absent from school for more than one day due to illness? (mark *one* box)

- Never
- One time
- 2-4 times
- More than 4 times

24. How good is your health? (mark *one* box)

- Very good
- Fairly good
- Not very good

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| | During the past week... | Not at all | A little | Some | A lot |
|-----|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 25. | I was bothered by things that usually don't bother me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. | I did not feel like eating, I wasn't very hungry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. | I wasn't able to feel happy, even when my family or friends tried to help me feel better | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. | I felt like I was just as good as other kids. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. | I felt like I couldn't pay attention to what I was doing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. | I felt down and unhappy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. | I felt like I was too tired to do things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. | I felt like something good was going to happen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. | I felt like things I did before didn't work out right | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. | I felt scared | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. | I didn't sleep as well as I usually sleep | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. | I was happy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. | I was more quiet than usual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. | I felt lonely, like I didn't have any friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. | I felt like kids I know were not friendly or that they didn't want to be with me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. | I had a good time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. | I felt like crying | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. | I felt sad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. | I felt people didn't like me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. | It was hard to get started doing things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

For each item, please mark the box for Not True, Somewhat True or certainly True. Please give your answers on the basis of how things have been for you over the last six months.

| | Not true | Somewhat true | Certainly true |
|--|--------------------------|--------------------------|--------------------------|
| 45. I try to be nice to other people. I care about their feelings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. I am restless, I cannot stay still for long | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. I get a lot of headaches, stomach-aches or sickness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. I usually share with others (food, games, pens etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. I get very angry and often lose my temper | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. I am usually on my own. I generally play alone or keep to myself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. I usually do as I am told | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. I worry a lot | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. I am helpful if someone is hurt, upset or feel ill | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. I am constantly fidgeting or squirming | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. I have one good friend or more | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. I fight a lot. I can make other people do what I want | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. I am often unhappy, down-hearted or tearful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. Other people my age generally like me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 59. I am easily distracted, I find it difficult to concentrate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. I am nervous in new situation. I easily lose confidence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 61. I am kind to younger children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 62. I am often accused of lying or cheating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 63. Other children or young people pick on me or bully me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 64. I often volunteer to help others (parents, teachers, children) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 65. I think before I do things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 66. I take things that are not mine from home, school or elsewhere | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 67. I get on better with adults than with people my own age | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 68. I have many fears, I am easily scared | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 69. I finish the work I'm doing. My attention is good | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 70. Do you have any other comments or concerns? | | | |

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71. Overall, do you think that you have difficulties in one or more of the following areas: emotions, concentration, behaviour 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”, please go to question 76

72. 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"/> |

73. Do these difficulties upset or distress you?

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

74. Do these difficulties interfere with your 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"/> |

75. Do these difficulties make it harder for those around you (family, friends, teachers, etc.)?

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

About you as a person

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

| | Strongly disagree | Disagree | Neither | Agree | Strongly agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 76. I change my opinion of myself a lot | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 77. I feel mixed up | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 78. I can't decide what I want to do with my life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 79. I know who I am | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 80. I feel involved | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

You and your family

Please mark to what extent the following statements apply to your parents.

| | Your mother | | | Your father | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Never | Sometimes | Usually | Never | Sometimes | Usually |
| 81. Brings up the positive and seldom negative things about me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 82. Shows how proud she/he is of me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 83. Do small things that make me feel special | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 84. Shows she/he cares for me with words and gestures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 85. Shows her/his love to you without a cause - almost regardless of what I do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 86. Praise me for no special reason | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please mark to what extent the following statements apply to you and your family.

| | Strongly disagree | Disagree | Neither agree or disagree | Agree | Strongly agree |
|---|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|
| 87. My family is there for me when I need them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 88. When I have problems at school my family is willing to help me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 89. When something good happens at school, my family wants to know about it | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 90. My family wants me to keep trying when things are tough at school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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- | | Never | Seldom | Sometimes | Usually | Always |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 91. Do you talk at home about how you are doing in the different subjects at school? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 92. Do you usually tell how school was when you get home (how you did on different exams, your relationships with teachers, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 93. Do you keep a lot of secrets from your parents about what you do during your free time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 94. Do you hide a lot from your parents about what you do during nights and weekends? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 95. If you are out a night, when you get home, do you tell what you have done that evening? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 96. Do you need to have your parent's permission to stay out late on a weekday evening? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 97. Do you need to ask you parents before you can decide with your friends what you will do on a Saturday evening? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 98. Before you go out on a Saturday night, do your parents require you to tell them where you are going and who you will be with? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 99. Do your parents require that you tell them where you are at night, who you are with and what you do together? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 100. If you have been out very late one night, do you parents require that you explain what you did and whom you were with? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | No, absolutely not | No, too little | Yes, sometimes | Yes, pretty much/for the most part | Yes, completely |
|---|--------------------------|--------------------------|--------------------------|--|--------------------------|
| 101. Do your parents trust that you are not hanging out with bad people? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 102. Do your parents trust you to be careful with you money? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 103. Do your parents trust that you will responsible in your free time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 104. Do your parents trust that you have done your best in school this semester? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 105. Do your parents trust that you will not do anything dumb during your free time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 106. Do your parents trust that what you say you are going to do on a Saturday night is true? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Strongly disagree | Disagree | Neither | Agree | Strongly agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 107. My parents let me have my say even if they disagree | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 108. My parents respect my opinions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 109. In my 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"/> |
| 110. If you see your family as a country, what type of government does your family have? Think of your family as a country and your parents as the leaders. Mark one alternative. | | | | | |
| It is a democracy where people respect each other and people discuss and make decisions together. Sometimes conflicts can arise, but people try to solve them together. Everyone can influence decisions. | | | | | <input type="checkbox"/> |
| It is a dictatorship where there are leaders that decide over everyone. Only the leaders can influence the decisions. | | | | | <input type="checkbox"/> |
| It is an anarchy where everyone does what he or she wants to do. There are no clear rules and there is no leader. | | | | | <input type="checkbox"/> |
| It is a country where people have had a revolution. The people who used to make decision do not make the decisions now. The old leaders no longer have any power. | | | | | <input type="checkbox"/> |

You and school

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

| | Strongly disagree | Disagree | Neither agree or disagree | Agree | Strongly agree |
|--|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|
| 111. I plan to continue my education following gymnasium | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 112. Going to school after gymnasium is important | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 113. School is important for achieving my future goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 114. My education will create many future opportunities for me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 115. I am hopeful about my future | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

116. How far would you like to go in school?

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

117. How far do you believe you will go in school?

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

118. In grade 7, what were your grades in the following subjects? (At the end of the spring semester)

| | | | | | | | |
|---------|-----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Swedish | <input type="checkbox"/> No grade | <input type="checkbox"/> F | <input type="checkbox"/> E | <input type="checkbox"/> D | <input type="checkbox"/> C | <input type="checkbox"/> B | <input type="checkbox"/> A |
| English | <input type="checkbox"/> No grade | <input type="checkbox"/> F | <input type="checkbox"/> E | <input type="checkbox"/> D | <input type="checkbox"/> C | <input type="checkbox"/> B | <input type="checkbox"/> A |
| Math | <input type="checkbox"/> No grade | <input type="checkbox"/> F | <input type="checkbox"/> E | <input type="checkbox"/> D | <input type="checkbox"/> C | <input type="checkbox"/> B | <input type="checkbox"/> A |

119. In grade 8, what were your grades in the following subjects? (At the end of the spring semester)

| | | | | | | | |
|---------|-----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Swedish | <input type="checkbox"/> No grade | <input type="checkbox"/> F | <input type="checkbox"/> E | <input type="checkbox"/> D | <input type="checkbox"/> C | <input type="checkbox"/> B | <input type="checkbox"/> A |
| English | <input type="checkbox"/> No grade | <input type="checkbox"/> F | <input type="checkbox"/> E | <input type="checkbox"/> D | <input type="checkbox"/> C | <input type="checkbox"/> B | <input type="checkbox"/> A |
| Math | <input type="checkbox"/> No grade | <input type="checkbox"/> F | <input type="checkbox"/> E | <input type="checkbox"/> D | <input type="checkbox"/> C | <input type="checkbox"/> B | <input type="checkbox"/> A |

Please mark to what extent you agree with the following statements:

| | Disagree | Partly agree | Agree |
|---|--------------------------|--------------------------|--------------------------|
| 120. At my school, everyone is welcome and is treated equally regardless of gender identity (for example identifying as transgender). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 121. At my school, everyone is welcome and is treated equally regardless of sexual orientation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 122. At my school, everyone is free to express their opinions and views on religion and politics. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 123. At my school, all students hang out regardless of cultural background, ethnicity or geographical origin. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 124. At my school, disabilities (for example sitting in a wheel chair) does not affect the way one is treated or ones possibilities to participate in different activities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Friendship

125. At present, how many close male and female friends do you have?

Males:

- None
 One
 Two
 Three or more

Females:

- None
 One
 Two
 Three or more

126. How easy is it for you to talk to your friends of the same sex about things that really bother you?

- Very easy
 Easy
 Difficult
 Very difficult
 Don't see/have this person

127. How easy is it for you to talk to your friends of the opposite sex about things that really bother you?

- Very easy
 Easy
 Difficult
 Very difficult
 Don't see/have this person

128. How often do you talk to your friend(s) on the phone or send them text messages or have contact through the internet?

- Rarely or never
- 1-2 days a week
- 3-4 days a week
- 5-6 days a week
- Every day

129. At school, do you usually hang out in a group? (A group is at least 3 people)

- I hang out in one group at school
- I hang out in more than one group at school
- I do not hang out in any group at school

Bullying

130. Have you been mocked, teased in an unpleasant way, or has anyone said nasty things to you at school, on the way to or from school, or online? (this semester)

- No, it has never happened
- Yes, it has happened once or twice
- Yes, it has happened more than twice

131. Have you been beaten, kicked, or assaulted in a nasty way by anyone at school or on the way to or from school? (this semester)

- No, it has never happened
- Yes, it has happened once or twice
- Yes, it has happened more than twice

132. Sometimes one can be ostracized by someone or some people and not be allowed to hang out with them. Has this ever happened to you? (this semester)

- No, it has never happened
- Yes, it has happened once or twice
- Yes, it has happened more than twice

133. Have you said nasty things, mocked or teased anyone in an unpleasant way at school or online? (this semester)

- No, it has never happened
- Yes, it has happened once or twice
- Yes, it has happened more than twice

134. Have you beaten, kicked, or assaulted anyone in an unpleasant way at school or on the way to or from school? (this semester)

- No, it has never happened
- Yes, it has happened once or twice
- Yes, it has happened more than twice

135. Have you participated in ostracizing someone (this semester)?

- No, it has never happened
- Yes, it has happened once or twice
- Yes, it has happened more than twice

Confidence in others

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

| | Strongly disagree | Disagree | Neither | Agree | Strongly agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 136. In general, most people can be trusted. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 137. 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"/> |