

Youth Survey

Hi!

This survey is done in the framework of CaSYPoT project (Capacity Building for Strategic Youth Policy and Transnational Cooperation) under the Interreg South Baltic Programme. Through this survey we will compare youth situation and opinions in cross-border scale in Lithuania, Poland, Russia and Sweden.

This survey is being carried out so that your town/city can have a better knowledge of the conditions young people are living in and what is needed to improve these conditions. The aim is to involve youth in taking decisions about your local environment and let your voices be heard. By completing this survey, you will help your town gain important knowledge about young people, and it can be used to develop youth policy in your town/city and in Euroregion Baltic.

The survey poses questions about your school, how you feel, what you do during your leisure time and more, but there are also questions concerning your life situation that may be perceived as private. We want you to feel safe in that no answers that you provide can be linked to you personally. Your answers will be added to everyone else's and presented in merged tables. Participation in the survey is voluntary, but your contribution is important!

Many thanks for your participation!

If you have any questions, comments or concerns, please contact:

Contact: xx/xx

Phone number:

E-Mail address:

For more information about the CaSYPoT project please visit casypot.eu

The content of this survey is the sole responsibility of the author and can in no way be taken to reflect the views of the European Union, the Managing Authority or the Joint Secretariat of the South Baltic Cross-border Cooperation Programme 2014-2020.

The project Capacity building for Youth Policy and Strategic Transnational cooperation - CaSYPoT is partly financed from the Interreg South Baltic Programme 2014-2020 through the European Regional Development Fund.

A. Leisure

This introductory section will include some questions about your leisure time. By "leisure time" we mean time outside of schoolwork or work. We would like to know how much spare time you feel that you have, what you are doing during your leisure time and what you want to get out of it. All of this is important for the municipality to know in order to develop leisure activities for young people.

A1. How well do these statements describe you?

Make a selection on each row.

	Not true at all	Partly true	Completely true
There are things to do but nothing that interests me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are things to do but my family tells me I cannot participate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are things to do but I cannot get there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are things to do but it costs too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A2. How often do you do the following during your leisure time?

In some options two or more activities are included. If you only do one of the activities you can answer how often you do just that one. If you do several of the examples, answer how often you do them in total. This question relates to activities outside of school or work.

	Never	About once per year	About once per month	Once per week	Several times per week
Exercise/do sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Act, play music or dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take photos or make films, draw/paint, write, sew or similar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play video games, online games or computer games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read books, newspapers, articles, blogs or similar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit the library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go out into nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to a youth centre, leisure centre or similar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to concerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	About once per year	About once per month	Once per week	Several times per week
Go to theatres, musicals or dance performances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to museums or exhibitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to see games or other sporting events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to church or other religious organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					

A3. When you meet your friends during your leisure time, where do you spend most of your time?

Please, select three options.

- At each other's homes
- On social media on the Internet
- At a youth centre, leisure centre or similar
- At a local association club
- At a sports hall or other location connected with sports
- At a coffee shop
- At a restaurant, pub, bar or similar
- In a mall or shopping centre
- In the city centre/downtown
- Outside
- Church
- Club or disco
- Somewhere else

If somewhere else, please indicate where: _____

A4. Do you think there is a lack of recreational activities where you live?

Yes

No

Do not know

} Go to question **A5**

A4b. What are you lacking?

A5. Are you a member of any associations?

For example any religious, cultural or sports association, a political youth association, a recreational, computer or game association, etc.

No

Yes

If "yes", specify what type of association(s): _____

B. School

In this section we would like to know what you think about your school. For example, it could be about what you think is good or what could be improved. There will also be questions about how much or how little you as a student can – or want – to influence in your school.

B1. What orientation does your secondary school programme have?

Vocational

Preparation for higher education

Other orientation

If other orientation, please indicate what orientation: _____

B2. Here are some statements about school. How well do you think they apply to your school?

	Not true at all	Somewhat true	Largely true	Completely true	Do not know
I enjoy the atmosphere in my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying occurs in my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racism occurs in my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual harassment occurs in my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My school takes action if a student bullies another student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students and teachers treat each other with respect in my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My school takes action if a teacher mistreats a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence occurs in my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teachers treat boys and girls equally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been informed about what students should be able to influence in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The school staff listen to what the student council says and takes them seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The school educational culture is based on strong competition between students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The school educational culture facilitate behaviour that students help each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B3. How much *do you want* to be part of and decide about the following?

	Very little/not at all	Rather little	Quite a lot	Very much
What I will be learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How we will work, for example group work/project work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The school's "rules"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The school environment (inside)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The school environment (outside)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The school's offer of free time activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B4. How much *do you feel you as a student are allowed* to be a part of and decide when it comes to the following?

	Very little/not at all	Rather little	Quite a lot	Very much
What I will be learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How we will work, for example group work/project work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The school's "rules"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The school environment (inside)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The school environment (outside)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The school's offer of free time activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Politics and society

In this section we would like to know how you view the different ways you can have an influence in your municipality, what – if anything – you would like to influence and how you think it works for you.

C1. How interested are you in the following?

	Not at all interested	Not too interested	Rather interested	Very interested
Politics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social matters in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is going on in other countries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C2. Over the last 12 months, have you done any of the following?

	Yes	No, but I could imagine myself doing it	No
Contacted a politician, state official or decision maker in the municipality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written a proposal (civil proposal) to the municipality's politicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taken part in a demonstration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussed social matters/politics on forums or blogs on the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liked/shared posts on social matters/politics on the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C3. Do you want to be part of and make decisions on questions that concern your municipality?

Yes

No → Go to question **C4**

C3b. To whom or where do you turn if you want to influence something in your municipality?

Here you can select several options.

- Someone I know
- Political party or political youth association
- Association or organisation
- Internet/social media, for example Facebook
- Civil servants or politicians
- Organised youth group that has the ability to influence, for example youth councils or youth assemblies
- Other
- Do not know

C3c. What do you want to influence?

C4. How much or little trust do you have for the following adults?

	A lot of trust	Rather a lot of trust	Rather little trust	Very little trust
Adult neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult relatives	<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"/>
Parents	<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"/>
Priests or other religious leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Politicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Security

This section is about security and how you feel in different environments, if you have been a victim of a crime or other forms of mistreatment and, in which case, where and by whom. We would also like to know if you know where you could turn for support if you were to be mistreated or feel unwell.

D1. Now we want you to look back at the last six months. Has any of this happened to you?

	No	Yes	Do not want to answer
Someone has threatened me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone has stolen from me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been exposed to physical violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been exposed to sexual violence/abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D2a. How often do you feel safe in the following places?

	Never	Seldom	Most of the time	Always
At home	<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"/>
In the city or city centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D2b. How often do you feel safe in the following places?

	Never	Seldom	Most of the time	Always	Not relevant
On the bus, train or similar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the way to or from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my residential area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During a workout or organised recreational activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At the youth centre, leisure centre or similar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D3. During the last six months, have you been bullied, harassed or excluded?

- Yes, over a longer period of time
- Yes, on a few occasions
- Yes, once
- No → Go to question **D4**

D3b. Where were you bullied, harassed or excluded?

Here you can select several options.

- At home
- In someone else's home
- In my residential area
- On the way to or from school
- In school
- During a workout or organised recreational activity
- At the youth centre, leisure centre or similar
- At church
- In the city or city centre
- On the bus, train or similar
- On the internet/my mobile phone
- Other. Please specify: _____

D4. In the last six months have you felt that you have been unfairly treated in a way that made you feel unwell?

- Yes, several times
- Yes, on one or two occasions
- No → Go to question **D5**

b. Who have you feel unfairly treated by?

Here you can select several options.

- Other students/youths
- Family/relatives

Staff within...

- ...school
- ...a leisure centre or similar
- ...church
- ...healthcare services
- ...the police/justice department
- ...social services
- ...an organisation or association (for example coach or leader)

- Other person
Please specify: _____

c. For what reason(s) do you think you were unfairly treated?

Here you can select several options.

- Ethnic background (where I or my family come from)
- Sex
- Sexual orientation
- Age
- Appearance
- Disability
- Religion or beliefs
- Political opinion
- Other reason, please specify: _____
- Do not know

D5. Do you know where you could turn to get support if you were to be mistreated or feel unwell?

- Yes
- No

E. Health

Here are some questions about your health and how you feel. We would also like to know how you feel about tobacco, alcohol and drugs.

E1. How would you assess your health – how you have been doing and how you have felt – over the last six months?

- Very good
- Rather good
- Neither good nor poor
- Rather poor
- Very poor

E2. Over the last six months, how often have you had the following problems?

	Seldom or never	Once or a few times per month	Once per week	Several times per week	Every day
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt down (depressed or down)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty falling asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping badly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt dizzy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt irritated or annoyed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

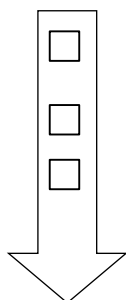
E3. How often do you exercise hard enough to cause heavy breathing or perspiration?

Include exercise both inside and outside of school.

- Every day
- Several times per week
- Once per week
- Once or a few times per month
- Seldom or never

E4. How often do you...

	Seldom or never	Once or a few times per month	Once per week	Several times per week	Every day	Don't want to answer
...smoke cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... smoke e-cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... drink energetic drinks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...use snus? (question only in Swedish version)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... drink beer or cider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... drink alcopops or wine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... drink spirits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Go to question **E5**

b. How do you usually get hold of alcohol?

Your answer: _____

c. How often do you drink enough alcohol to feel drunk?

- I do not drink alcohol
- Seldom or never
- Once or a few times per month
- Once per week
- Several times per week

E5. Does your parent/Do your parents allow you to drink alcohol?

- Yes
- Yes, but only on special occasions
- No
- Do not know

E6. Have you ever used drugs?

By "drugs" we mean illegal substances classed as drugs. Substances prescribed by a medical professional are not counted.

- Yes, often
- Yes, sometimes
- Yes, once
- No → Go to section **F**
- Do not want to answer

b. Which type(s) of drugs have you used?

Substances prescribed by a medical professional are not counted.

Your answer: _____

F. Work

In this section we will ask some questions about how you view work outside of school and summer jobs.

F1. Do you have a job at the moment?

- Yes → Go to question **b**
- No → Go to question **d**

b. Approximately how many hours per week do you work?

Your answer: _____

c. Describe what type of job you have

Your answer: _____ → Go to question **F2**

d. Why do you not have an extra job?

- I do not want to
- I do not have time for a job
- I haven't been able to find a job/no job offers
- Other, please specify: _____

F2. Could you imagine starting your own business in the future?

- I have already started a company → Go to question **F2b**
- Yes
- No
- Do not know

F2b. If you have already started a company please specify the branch: _____

G. Future

In this section we would like to know how you feel about the future, what you *want* to do and what you think you *will do*. We would also like to know what you think are the advantages or disadvantages of living in your municipality.

G1. What would you *most* enjoy doing straight after upper secondary school?

Only select one option.

- Studying at a university college or university in Sweden/Lithuania/Poland/Russia
- Studying abroad
- Working in this municipality or a municipality nearby
- Working somewhere else in the country
- Working abroad
- Working at my family's farm or business
- Combine study and work
- Start my own business
- Travelling
- Other, please specify: _____
- Do not know

G2. Do you *believe* you will continue studying after upper secondary school, either straight after or later?

- Yes, I will continue studying at university/university college
- Yes, I will continue studying at (not university/university college):
Please specify: _____
- No, I will not be studying after upper secondary school
- Do not know

G3. What do you *believe* you will be doing *straight after* secondary school?

Select only one option.

- Studying at a university college or university in Sweden/Lithuania/Poland/Russia
- Studying abroad
- Working in this municipality or a municipality nearby
- Working somewhere else in Sweden/Lithuania/Poland/Russia
- Working abroad
- Working at my family's farm or business
- Combine study and work
- Start my own business
- Travelling
- Other

G4. Do you think you will move away from the municipality in which you live?

- Yes
- No

G4b. How important are each of the following aspects for your decision to ***move away*** from the municipality you live in?

	Not important	Slightly important	Of average importance	Important	Very important	I do not know
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continued studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My recreational interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not important	Slightly important	Of average importance	Important	Very important	I do not know
Friends or girlfriend/boyfriend/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family and relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The housing situation in the municipality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Want to be closer to nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Want to be closer to a larger municipality or city	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Better environment for children to grow up in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Here I cannot be who I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If in the previous question you missed some reason to **move away** from your municipality/town please specify it here:

G4c. How important are each of the following aspects for your decision to **stay in** the municipality you live in?

	Not important	Slightly important	Of average importance	Important	Very important	I do not know
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continued studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My recreational interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends or girlfriend/boyfriend/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family and relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The housing situation in the municipality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Want to be closer to nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Want to be closer to a larger municipality or city	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Better environment for children to grow up in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Here I can be who I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If in the previous question you missed some reason to **stay in** your municipality/town please specify it here:

H. You and your family

In this final section, we will ask some background questions about you and your family. When we ask questions about your parents, we mean the people you consider to be your parents, regardless of whether they are your biological parents or not and regardless of how many adults there are in your family. Your answers are important so try to answer what you can.

H1a. Gender

- Girl
- Boy

H1b. Year of birth

H2. Do you have any illness or disability which is not temporary and which means that you have difficulty participating in various activities, such as at school, with friends or during your leisure time?

- Yes
- No
- Do not want to answer

H3. Where were you and your parent or parents born?

	Sweden (Kaliningrad Region/Russia) (Poland) (Lithuania)	Nordic countries	Europe	Outside Europe
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent a (mother)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent b (father)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered that you were born in Sweden, Go to question **H4**.

b. If you were not born in Sweden/ Russia - Kaliningrad Region/ Lithuania/ Poland, how long have you lived here?

- 10 years or more
- 4–9 years
- 0–3 years

H4. What is/are the main occupation(s) of your parent(s) or other legal guardian?

Please fill in the rows that apply to your life situation.

	Work	Work abroad	Study	Parental leave	Unem- ployed	Long-term sick leave/ disability pensioner	Old-age pensioner	Other	Do not know
Parent a (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"/>	<input type="checkbox"/>
Parent b (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"/>	<input type="checkbox"/>
Legal guardian (if you are not cared by parents)	<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"/>

H5. What is your parents' highest level of education?

	Less than 9 years of schooling	9 years of schooling	Upper secondary school	Tertiary education	I do not know
Parent a (mother)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent b (father)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H6. To what extent are you worried about your parents' (or legal guardian's) finances?

- Not at all worried
- Not too worried
- Rather worried
- Very worried

H7. Over the past six months, has it happened that you could not *do something* or *buy something* that many others of your age are *doing* or *buying* because your family could not afford it?

- Yes, several times
- Yes, once
- No
- Do not want to answer

H8. In addition to the questions you now have answered, is there anything more your municipality should know or do in order to become better for young people?

Thank you very much for your help!