



# OECD Programme for International Student Assessment

<country>  
<language of test>

## STUDENT QUESTIONNAIRE

School Name	<input type="text"/>
Student ID	<input type="text"/>
Student Name	<input type="text"/> <input type="text"/>
	Family Name Given Name
Date of Birth	<input type="text"/> / <input type="text"/> / 198
	Day Month Year



*Project Consortium:*

Australian Council for Educational Research (ACER)

Netherlands  
National Institute  
for Educational  
Measurement  
(CITO)



In this booklet you will find questions about:

- you and your family;
- your experience of your school;
- what you plan to do in the future.

Please read each question carefully and answer as accurately as you can. In the test you usually circled your answers. For the questionnaire, you will normally answer by <ticking> a box. For a few questions you will need to write in a short answer.

If you make a mistake when <ticking> a box, cross out your error and mark the correct box. If you make an error when writing in an answer, simply cross it out and write the correct answer next to it.

**In this questionnaire, there are no ‘right’ or ‘wrong’ answers. Your answers should be the ones that are ‘right’ for you.**

You may ask for help if you do not understand something or are not sure how to answer a question.

**Your answers will be kept confidential. Thank you.**



ST01Q01 **Q 1 On what date were you born?**

ST01Q02 *(Please write in the day, month and year you were born.)*

ST01Q03 < \_\_\_\_\_ 198 \_\_\_\_ >  
Day Month Year

ST02Q01 **Q 2 What <grade> are you in?** \_\_\_\_\_ <grade>

ST03Q01 **Q 3 Are you <female> or <male>?** <Female> <Male>

**Q 4 Who usually lives at <home> with you?**

*(Please <tick> only one box on each row.)*

		Yes	No
ST04Q01	a) Mother.....	<input type="checkbox"/>	<input type="checkbox"/>
ST04Q02	b) Other female guardian (e.g., stepmother or foster mother) .....	<input type="checkbox"/>	<input type="checkbox"/>
ST04Q03	c) Father .....	<input type="checkbox"/>	<input type="checkbox"/>
ST04Q04	d) Other male guardian (e.g., stepfather or foster father).....	<input type="checkbox"/>	<input type="checkbox"/>
ST04Q05	e) Brother(s) (including stepbrothers).....	<input type="checkbox"/>	<input type="checkbox"/>
ST04Q06	f) Sister(s) (including stepsisters).....	<input type="checkbox"/>	<input type="checkbox"/>
ST04Q07	g) Grandparent(s).....	<input type="checkbox"/>	<input type="checkbox"/>
ST04Q08	h) Others .....	<input type="checkbox"/>	<input type="checkbox"/>

**Q 5 How many brothers and sisters do you have?**

*(Please <tick> only one box on each row. When appropriate, remember to <tick> the 'None' box.)*

	None	One	Two	Three	Four or more
ST05Q01 a) Older than you .....	<input type="checkbox"/>				
ST05Q02 b) Younger than you .....	<input type="checkbox"/>				
ST05Q03 c) Same age as you .....	<input type="checkbox"/>				

Some of the following questions are about your mother and father (or those person(s) who are like a mother or father to you — for example, guardians, step-parents, foster parents, etc.).

If you share your time with more than one set of parents or guardians, please answer the following questions for those parents/step-parents/guardians you spend the most time with.

ST06Q01 **Q 6 What is your mother currently doing?**

*(Please <tick> only one box.)*

- Working full-time <for pay>.....
- Working part-time <for pay> .....
- Not working, but looking for a job.....
- Other (e.g. home duties, retired).....

ST07Q01

**Q 7 What is your father currently doing?**

*(Please <tick> only one box.)*

Working full-time <for pay>.....

Working part-time <for pay> .....

Not working, but looking for a job.....

Other (e.g. home duties, retired) .....

**Q 8 What is your mother's main job? (e.g., <School teacher, nurse, sales manager>)**

*If she is not working now, please tell us her last main job.*

*Please write in the job title.* \_\_\_\_\_

ST09Q01

**Q 9 What does your mother do in her main job? (e.g., <Teaches high school students, cares for patients, manages a sales team>)**

*If she is not working now, please tell us her last main job.*

*Please use a sentence to describe the kind of work she does or did in that job.*

\_\_\_\_\_

**Q 10 What is your father's main job? (e.g., <School teacher, carpenter, sales manager>)**

*If he is not working now, please tell us his last main job.*

*Please write in the job title. \_\_\_\_\_*

ST11Q01 **Q 11 What does your father do in his main job? (e.g., <Teaches high school students, builds houses, manages a sales team>)**

*If he is not working now, please tell us his last main job.*

*Please use a sentence to describe the kind of work he does or did in that job.*

\_\_\_\_\_

ST12Q01 **Q 12 Did your mother complete <ISCED 3A>?**

*(Please <tick> only one box.)*

No, she did not go to school.....

No, she completed <ISCED level 1> only.....

No, she completed <ISCED level 2> only .....

No, she completed <ISCED level 3B or 3C> only .....

Yes, she completed <ISCED level 3A> .....

ST13Q01

**Q 13 Did your father complete <ISCED 3A>?**

*(Please <tick> only one box.)*

- No, he did not go to school.....
- No, he completed <ISCED level 1> only .....
- No, he completed <ISCED level 2> only .....
- No, he completed <ISCED level 3B or 3C> only .....
- Yes, he completed <ISCED level 3A>.....

ST14Q01

**Q 14 Did your mother complete <ISCED 5A, 5B, 6>?**

*(Please <tick> only one box.)*

- |                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

ST15Q01

**Q 15 Did your father complete <ISCED 5A, 5B, 6>?**

*(Please <tick> only one box.)*

- |                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

**Q 16 In what country were you and your parents born?**

*(Please <tick> only one box on each row.)*

ST16Q01

ST16Q02

ST16Q03

- |                 | <Country<br>of test>     | Another<br>Country       |
|-----------------|--------------------------|--------------------------|
| a) You .....    | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Mother ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Father ..... | <input type="checkbox"/> | <input type="checkbox"/> |

ST17Q01

**Q 17 What language do you speak at home most of the time?**

*(Please <tick> only one box.)*

- <Test language> .....
- <Other official national languages> .....
- <Other national dialects or languages> .....
- <Other languages> .....

**Q 18 During the past year, how often have you participated in these activities?**

*(Please <tick> only one box on each row.)*

		Never or hardly ever	Once or twice a year	About 3 or 4 times a year	More than 4 times a year
ST18Q01	a) Gone to the <pictures>. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST18Q02	b) Visited a museum or art gallery. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST18Q03	c) Attended a popular music concert. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST18Q04	d) Attended an opera, ballet or classical symphony concert. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST18Q05	e) Watched live theatre. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST18Q06	f) Attended sporting events. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q 19 In general, how often do your parents:**

*(Please <tick> only one box on each row.)*

		Never or hardly ever	A few times a year	About once a month	Several times a month	Several times a week
ST19Q01	a) discuss political or social issues with you?...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST19Q02	b) discuss books, films or television programmes with you?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST19Q03	c) listen to classical music with you?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST19Q04	d) discuss how well you are doing at school? ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST19Q05	e) eat <the main meal> with you around a table? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST19Q06	f) spend time just talking to you? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q 20 How often do the following people work with you on your <schoolwork>?**

*(Please <tick> only one box on each row.)*

		Never or hardly ever	A few times a year	About once a month	Several times a month	Several times a week
ST20Q01	a) Your mother .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST20Q02	b) Your father .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST20Q03	c) Your brothers and sisters.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST20Q04	d) Grandparents.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST20Q05	e) Other relations .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST20Q06	f) Friends of your parents .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q 21 In your home, do you have:**

*(Please <tick> only one box on each row.)*

		Yes	No
ST21Q01	a) a dishwasher?.....	<input type="checkbox"/>	<input type="checkbox"/>
ST21Q02	b) a room of your own?.....	<input type="checkbox"/>	<input type="checkbox"/>
ST21Q03	c) educational software?.....	<input type="checkbox"/>	<input type="checkbox"/>
ST21Q04	d) a link to the Internet?.....	<input type="checkbox"/>	<input type="checkbox"/>
ST21Q05	e) a dictionary?.....	<input type="checkbox"/>	<input type="checkbox"/>
ST21Q06	f) a quiet place to study?.....	<input type="checkbox"/>	<input type="checkbox"/>
ST21Q07	g) a desk for study?.....	<input type="checkbox"/>	<input type="checkbox"/>
ST21Q08	h) text books?.....	<input type="checkbox"/>	<input type="checkbox"/>
ST21Q09	i) classic literature (e.g., <Shakespeare>)?.....	<input type="checkbox"/>	<input type="checkbox"/>
ST21Q10	j) books of poetry?.....	<input type="checkbox"/>	<input type="checkbox"/>
ST21Q12	k) works of art (e.g., paintings)?.....	<input type="checkbox"/>	<input type="checkbox"/>

**Q 22 How many of these do you have at your home?**

*(Please <tick> only one box on each row.)*

		None	One	Two	Three or more
ST22Q01	a) <Cellular> phone .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST22Q02	b) Television .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST22Q03	c) Calculator.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST22Q04	d) Computer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST22Q05	e) Musical instrument (e.g., piano, violin).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST22Q06	f) Motor car .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST22Q07	g) Bathroom.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q 23 During the last three years, have you attended any of these special courses at your school to improve your results?**

*(Please <tick> only one box on each row.)*

		No, never	Yes, sometimes	Yes, regularly
ST23Q01	a) <Extension> or additional courses .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST23Q02	b) <Remedial> courses in <test language> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST23Q03	c) <Remedial> courses in other subjects .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST23Q04	d) Training to improve your study skills .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q 24 During the last three years, have you attended any of these special courses outside of your school to improve your results?**

*(Please <tick> only one box on each row.)*

		No, never	Yes, sometimes	Yes, regularly
ST24Q01	a) courses in <test language> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST24Q02	b) courses in other subjects .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST24Q03	c) <Extension> or additional courses .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST24Q04	d) <Remedial> courses in <test language> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST24Q05	e) <Remedial> courses in other subjects .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST24Q06	f) Training to improve your study skills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST24Q07	g) <Private tutoring> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ST25Q01 **Q 25 What <programme> are you in at school?**

*(Please <tick> only one box.)*

- <ISCED 2A> .....
- <ISCED 2B> .....
- <ISCED 2C> .....
- <ISCED 3A> .....
- <ISCED 3B> .....
- <ISCED 3C> .....

**Q 26 How often do these things happen in your <test language> lessons?**

*(Please <tick> only one box on each row.)*

		Never	Some lessons	Most lessons	Every lesson
ST26Q01	a) The teacher has to wait a long time for students to <quieten down> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST26Q02	b) The teacher wants students to work hard.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST26Q03	c) The teacher tells students that they can do better.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST24Q04	d) The teacher does not like it when students deliver <careless> work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST24Q05	e) The teacher shows an interest in every student's learning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST24Q06	f) The teacher gives students an opportunity to express opinions .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST24Q07	g) The teacher helps students with their work .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST24Q08	h) The teacher continues teaching until the students understand.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST24Q09	i) The teacher does a lot to help students.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST24Q10	j) The teacher helps students with their learning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST24Q11	k) The teacher checks students' homework.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST24Q12	l) Students cannot work well.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST24Q13	m) Students don't listen to what the teacher says .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST24Q14	n) Students don't start working for a long time after the lesson begins .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST24Q15	o) Students have to learn a lot.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST24Q16	p) There is noise and disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST24Q17	q) At the start of class, more than five minutes are spent doing nothing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q 27 In the last full week you were in school, how many <class periods> did you spend in:**

*(Please write in the number of class periods.)*

		Total number	Does this number apply for <u>most</u> of the school year?	
ST27Q01	a) <test language>? .....	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ST27Q02	b) <mathematics> <in total>? .....	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ST27Q03				
ST27Q04	c) <science> <in total>? .....	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ST27Q05				
ST27Q06				

**Q 28 On average, about how many students are in your:**

*(Please write in the average number of students in each class.)*

		Average number
ST27Q01	a) <test language class(es)>? .....	_____
ST27Q02	b) <mathematics class(es)>? .....	_____
ST27Q03	c) <science class(es)>? .....	_____

**Q 29 How many times in the previous two school weeks did you:**

*(Please <tick> only one box on each row.)*

		None	1 or 2	3 or 4	5 or more
ST28Q01	a) miss school? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST28Q02	b) <skip> classes? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST28Q03	c) arrive late for school? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q 30 How much do you disagree or agree with each of the following statements about teachers at your school?**

*(Please <tick> only one box on each row.)*

		Strongly disagree	Disagree	Agree	Strongly agree
ST30Q01	a) Students get along well with most teachers ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST30Q02	b) Most teachers are interested in students' well-being.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST30Q03	c) Most of my teachers really listen to what I have to say.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST30Q04	d) If I need extra help, I will receive it from my teachers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST30Q05	e) Most of my teachers treat me fairly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q 31 My school is a place where:**

*(Please <tick> only one box on each row.)*

		Strongly disagree	Disagree	Agree	Strongly agree
ST31Q01	a) I feel like an outsider (or left out of things). ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST31Q02	b) I make friends easily. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST31Q03	c) I feel like I belong. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST31Q04	d) I feel awkward and out of place.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST31Q05	e) other students seem to like me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST31Q06	f) I feel lonely. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST31Q07	g) I do not want to go. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST31Q08	h) I often feel bored.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q 32 Please indicate how often each of these applies to you.**

*(Please <tick> only one box on each row.)*

		Never	Some- times	Most of the time	Always
ST32Q01	a) I complete my homework on time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST32Q02	b) I do my homework while watching television....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST32Q03	c) My teachers grade my homework .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST32Q04	d) I finish my homework during the school day .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST32Q05	e) My teachers make useful comments on my homework.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST32Q06	f) I am given interesting homework.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST32Q07	g) My homework is counted as part of my <marks> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q 33 On average, how much time do you spend each week on homework and study in these subject areas?**

*(Please <tick> only one box on each row.)*

*When answering include time at the weekend too.*

		No time	Less than 1 hour a week	Between 1 and 3 hours a week	3 hours or more a week
ST33Q01	a) <test language>.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST33Q02	b) <mathematics>.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST33Q03	c) <science>.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ST34Q01

**Q 34 *Each day*, about how much time do you usually spend reading for enjoyment?**

*(Please <tick> only one box.)*

- I do not read for enjoyment .....
- 30 minutes or less each day .....
- More than 30 minutes to less than 60 minutes each day .....
- 1 to 2 hours each day .....
- More than 2 hours each day .....

**Q 35 How much do you disagree or agree with these statements about reading?**

*(Please <tick> only one box on each row.)*

		Strongly disagree	Disagree	Agree	Strongly agree
ST35Q01	a) I read only if I have to .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST35Q02	b) Reading is one of my favourite hobbies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST35Q03	c) I like talking about books with other people.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST35Q04	d) I find it hard to finish books .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST35Q05	e) I feel happy if I receive a book as a present.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST35Q06	f) For me, reading is a waste of time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST35Q07	g) I enjoy going to a bookstore or a library .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST35Q06	h) I read only to get information that I need .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST35Q07	i) I cannot sit still and read for more than a few minutes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q 36 How often do you read these materials because you want to?**

*(Please <tick> only one box on each row.)*

		Never or hardly ever	A few times a year	About once a month	Several times a month	Several times a week
ST36Q01	a) Magazines .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST36Q02	b) Comic books.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST36Q03	c) Fictions (novels, narratives, stories).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST36Q04	d) Non-fiction books.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST36Q05	e) Emails and Web pages.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST36Q06	f) Newspapers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q 37 How many books are there in your home?**

*There are usually about <40 books per metre> of shelving. Do not include magazines.*

*(Please <tick> only one box.)*

ST	None .....	<input type="checkbox"/>
	1-10 books .....	<input type="checkbox"/>
	11-50 books .....	<input type="checkbox"/>
	51-100 books .....	<input type="checkbox"/>
	101-250 books .....	<input type="checkbox"/>
	251-500 books .....	<input type="checkbox"/>
	More than 500 books.....	<input type="checkbox"/>

**ST38Q01 Q 38 How often do you borrow books to read for pleasure from a public or school library?**

*(Please <tick> only one box.)*

	Never or hardly ever .....	<input type="checkbox"/>
	A few times per year.....	<input type="checkbox"/>
	About once a month .....	<input type="checkbox"/>
	Several times a month.....	<input type="checkbox"/>

**Q 39 At your school, about how often do you use:**

*(Please <tick> only one box on each row.)*

		Never or hardly ever	A few times a year	About once a month	Several times a month	Several times a week
ST39Q01	a) school library? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST39Q02	b) computers?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST39Q03	c) calculators? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST39Q04	d) Internet?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST39Q05	e) <science> laboratories? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q 40 What kind of job do you expect to have when you are about 30 years old?**

*Write the job title: \_\_\_\_\_*

**Q 41 In your last school report, what <mark> did you receive in the following subjects?**

- ST41Q01 a) <Test language> \_\_\_\_\_
- ST41Q02 b) <Mathematics> \_\_\_\_\_
- ST41Q03 c) <Science> \_\_\_\_\_

**Q 41 In your last school report, how did your <mark> compare with the <pass mark> in each subject area?**

*(Please <tick> only one box on each row.)*

		Above the <pass mark>	At the <pass mark>	Below the <pass mark>
ST41Q04	a) <Test language>.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST41Q05	b) <Mathematics> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST41Q06	c) <Science>.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for completing this questionnaire**