



# OECD Programme for International Student Assessment

*Canada  
English*

## STUDENT QUESTIONNAIRE

PISA SCHOOL ID	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
PISA STUDENT ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>

STC/SSD-040-75140

Confidential once completed



Statistics Canada / Statistique Canada

**Canada**

ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT



Learning

*International Project Consortium:*

Australian Council for Educational Research (ACER)  
Netherlands National Institute for Educational Measurement (CITO)  
Educational Testing Service (ETS, USA)

*In Canada:*

Council of Ministers of Education, Canada (CMEC)  
Human Resources Development Canada (HRDC)  
Statistics Canada (STC)

For information only

In this booklet you will find questions about:

- you and your family;
- your experiences in school; and
- 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 marking a box. For a few questions, you will need to write in a short answer.

If you make a mistake when marking 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.**

For information only



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

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

198

Day Month Year

**Q 2 What grade are you registered in?**

grade \_\_\_\_\_

**Q 3 Are you female or male?**

Female Male

<sub>1</sub>       <sub>2</sub>

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

*(Please mark only one box on each row.)*

Yes No

a) Mother .....  <sub>1</sub>       <sub>2</sub>

b) Other female guardian (e.g., step mother or foster mother).....  <sub>1</sub>       <sub>2</sub>

c) Father.....  <sub>1</sub>       <sub>2</sub>

d) Other male guardian (e.g., step father or foster father).....  <sub>1</sub>       <sub>2</sub>

e) Brother(s) (including step and half brothers).....  <sub>1</sub>       <sub>2</sub>

f) Sister(s) (including step and half sisters).....  <sub>1</sub>       <sub>2</sub>

g) Grandparent(s) .....  <sub>1</sub>       <sub>2</sub>

h) Others .....  <sub>1</sub>       <sub>2</sub>





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

*(Include step brothers and sisters and half brothers and sisters.)*

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

	None	One	Two	Three	Four or more
a) Older than you.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b) Younger than you.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c) Same age as you.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

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.

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

*(Please mark only one box.)*

Working full-time for pay ..... <sub>1</sub>

Working part-time for pay..... <sub>2</sub>

Not working, but looking for a job ..... <sub>3</sub>

Other (e.g., unpaid homemaker, retired) ..... <sub>4</sub>





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

*(Please mark only one box.)*

Working full-time for pay ..... <sub>1</sub>

Working part-time for pay..... <sub>2</sub>

Not working, but looking for a job ..... <sub>3</sub>

Other (e.g. unpaid homemaker, retired)..... <sub>4</sub>

**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.* \_\_\_\_\_

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

*Please use a sentence to describe the kind of work she does or did in that job. If she is not working now, please describe her last main 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.* \_\_\_\_\_

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

*Please use a sentence to describe the kind of work he does or did in that job. If he is not working now, please describe his last main job.*

\_\_\_\_\_

**Q 12 Did your mother complete high school?**

*(Please mark only one box.)*

No, she did not complete grade 6..... <sub>1</sub>

No, but she completed grade 6 ..... <sub>2</sub>

No, but she completed grade 9 ..... <sub>3</sub>

Yes, she completed a high school diploma or equivalent..... <sub>5</sub>

For information







**Q 13 Did your father complete high school?**

*(Please mark only one box.)*

No, he did not complete grade 6 ..... <sub>1</sub>

No, but he completed grade 6 ..... <sub>2</sub>

No, but he completed grade 9 ..... <sub>3</sub>

Yes, he completed a high school diploma or equivalent ..... <sub>5</sub>

**Q 14 Does your mother have a college diploma, a CEGEP diploma or a university degree?**

*(Please mark only one box.)*

Yes                      No

<sub>1</sub>                      <sub>2</sub>

**Q 15 Does your father have a college diploma, a CEGEP diploma or a university degree?**

*(Please mark only one box.)*

Yes                      No

<sub>1</sub>                      <sub>2</sub>

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

*(Please mark only one box on each row.)*

Canada                      Another  
Country

a) You..... <sub>1</sub>                      <sub>2</sub>

b) Mother..... <sub>1</sub>                      <sub>2</sub>

c) Father..... <sub>1</sub>                      <sub>2</sub>





**Q 17 What language do you speak most often at home?**

*(Please mark only one box.)*

- English..... <sub>1</sub>  
 French..... <sub>2</sub>  
 Another language ..... <sub>4</sub>

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

*(Please mark only one box on each row.)*

	Never	Once or twice a year	About 3 or 4 times a year	More than 4 times a year
a) Gone to a movie theatre .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b) Visited a museum or art gallery.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c) Attended a popular music concert.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d) Attended an opera, ballet or classical symphony concert.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e) Watched live theatre.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f) Attended sporting events.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

For information only





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

*(Please mark 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
a) discuss political or social issues with you? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b) discuss books, films or television programs with you? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c) listen to classical music with you? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d) discuss with you how well you are doing at school? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e) eat the evening meal with you around a table? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f) spend time just talking with you? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**Q 20 How often do the following people work with you on your school work?**

*(Please mark 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
a) Your mother .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b) Your father .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c) Your brothers and sisters.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d) Grandparents .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e) Other relatives.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f) Friends of your parents.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>





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

*(Please mark only one box on each row.)*

	Yes	No
a) a dishwasher? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b) a room of your own? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c) educational software?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d) a link to the Internet?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e) a dictionary? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
f) a quiet place to study?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
g) a desk for study?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
h) text books?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
i) classic literature (e.g., Shakespeare)?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
j) books of poetry?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
k) works of art (e.g., paintings)? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

For information only





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

*(Please mark only one box on each row.)*

	None	One	Two	Three or more
a) Cellular phone.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Television.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Calculator.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Computer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Musical instrument (e.g., piano, violin).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Motor vehicle (e.g., car, van).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 mark only one box on each row.)*

	No, never	Yes, sometimes	Yes, regularly
a) Enriched or additional courses.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b) Remedial or make-up courses in English language and literature.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c) Remedial or make-up courses in other subjects.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d) Training to improve your study skills.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>





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

*(Please mark only one box on each row.)*

	No, never	Yes, sometimes	Yes, regularly
a) Enriched or additional courses.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b) Remedial or make-up courses in English language and literature.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c) Remedial or make-up courses in other subjects.....	<input type="checkbox"/> <sub>1</sub>	<input checked="" type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d) Training to improve your study skills.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e) Private tutoring .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**Q 25 What program are you in at school?**

*(Please mark only one box.)*

A program that prepares you for further education at a university, college or CEGEP..... <sub>7</sub>

A program that prepares you for further trade or technical education at a college or CEGEP..... <sub>8</sub>

A program that prepares you for a job (no further education required)..... <sub>9</sub>





**Q 26 How often do these things happen in your English language and literature lessons?**

*(Please mark only one box on each row.)*

	Never	Some lessons	Most lessons	Every lesson
a) The teacher has to wait a long time for students to quiet down.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input checked="" type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b) The teacher wants students to work hard.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c) The teacher tells students that they can do better.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d) The teacher does not like it when students produce careless work.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e) The teacher shows an interest in every student's learning.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f) The teacher gives students an opportunity to express opinions.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g) The teacher helps students with their work.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h) The teacher continues teaching until the students understand.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
i) The teacher does a lot to help students.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
j) The teacher helps students with their learning.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
k) The teacher checks students' homework.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
l) Students cannot work well.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
m) Students don't listen to what the teacher says.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
n) Students don't start working for a long time after the lesson begins.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
o) Students have to learn a lot.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
p) There is noise and disorder.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
q) At the start of class, more than five minutes are spent doing nothing.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>





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

*(If you are not currently taking a course, please report for the last full week you were taking the course this school year.)*

*(Please write in the number of class periods and mark only one box on each row.)*

	Total number	Does this number apply for most of the school year?	
a) English language and literature? .....	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Mathematics in total? .....	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Science in total (e.g., chemistry, physics and biology)? .....	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

*(If you are not currently taking a course, please report for the last full week you were taking the course this school year.)*

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

	Average number
a) English language and literature class(es)? .....	_____
b) Mathematics class(es)? .....	_____
c) Science class(es) (e.g., chemistry, physics and biology)? .....	_____







**Q 29 How many times in the previous two full school weeks did you:**  
*(Please mark only one box on each row.)*

	None	1 or 2	3 or 4	5 or more
a) miss school? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) skip classes? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) arrive late for school? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 mark only one box on each row.)*

	Strongly disagree	Disagree	Agree	Strongly agree
a) Students get along well with most teachers.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b) Most teachers are interested in students' well-being .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c) Most of my teachers really listen to what I have to say.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d) If I need extra help, I will receive it from my teachers.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e) Most of my teachers treat me fairly.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>





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

*(Please mark only one box on each row.)*

	Strongly disagree	Disagree	Agree	Strongly agree
a) I feel like an outsider (or left out of things).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b) I make friends easily.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c) I feel like I belong.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d) I feel awkward and out of place.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e) Other students seem to like me .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input checked="" type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f) I feel lonely .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g) I do not want to go.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h) I often feel bored.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

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

*(Please mark only one box on each row.)*

	Never	Some-times	Most of the time	Always
a) I complete my homework on time.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b) I do my homework while watching television.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c) My teachers mark my homework .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d) I finish my homework at school .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e) My teachers make useful comments on my homework.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f) I am given interesting homework.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g) My homework is counted as part of my final mark .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>





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

*(If you are not currently taking a course, please report for the last full week you were taking the course this school year.)*

*(Please mark only one box on each row.)*

*When answering include time during the weekend too.*

	No time	Less than 1 hour a week	Between 1 and 3 hours a week	3 hours or more a week
a) English language and literature.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input checked="" type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b) Mathematics .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c) Science (e.g., chemistry, physics and biology).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

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

*(Please mark only one box.)*

- I do not read for enjoyment..... <sub>1</sub>
- 30 minutes or less each day..... <sub>2</sub>
- More than 30 minutes to less than 60 minutes each day..... <sub>3</sub>
- 1 to 2 hours each day..... <sub>4</sub>
- More than 2 hours each day..... <sub>5</sub>





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

*(Please mark only one box on each row.)*

	Strongly disagree	Disagree	Agree	Strongly agree
a) I read only if I have to .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b) Reading is one of my favourite hobbies .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input checked="" type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c) I like talking about books with other people .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input checked="" type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d) I find it hard to finish books .....	<input type="checkbox"/> <sub>1</sub>	<input checked="" type="checkbox"/> <sub>2</sub>	<input checked="" type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e) I feel happy if I receive a book as a present .....	<input type="checkbox"/> <sub>1</sub>	<input checked="" type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f) For me, reading is a waste of time.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g) I enjoy going to a bookstore or a library .....	<input checked="" type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h) I read only to get information that I need.....	<input checked="" type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
i) I cannot sit still and read for more than a few minutes.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

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

*(Please mark 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
a) Magazines.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b) Comic books.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c) Fiction (novels, narratives, stories).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d) Non-fiction books.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e) E-mail and Web pages.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f) Newspapers.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>





**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 mark only one box.)*

- None .....  1
- 1-10 books .....  2
- 11-50 books .....  3
- 51-100 books .....  4
- 101-250 books .....  5
- 251-500 books .....  6
- More than 500 books .....  7

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

*(Please mark only one box.)*

- Never or hardly ever .....  1
- A few times per year .....  2
- About once a month .....  3
- Several times a month .....  4

For information only





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

*(Please mark 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
a) school library?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b) computers?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c) calculators?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d) Internet? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e) science laboratories? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

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

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

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

*(Please mark only one box on each row.)*

	Above the pass mark	At the pass mark	Below the pass mark
a) English language and literature .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b) Mathematics .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c) Science (e.g., chemistry, physics and biology).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>





**Q 42 How often is there a computer available to you to use at these places?**

*(Mark one box on each line.)*

	Almost every day	A few times each week	Between once a week and once a month	Less than once a month	Never
a) At home.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input checked="" type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b) At school.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input checked="" type="checkbox"/> <sub>3</sub>	<input checked="" type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c) In the library that you use .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input checked="" type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d) At another place.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input checked="" type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**Q 43 How comfortable:**

*(Mark one box on each line.)*

	Very comfortable	Comfortable	Somewhat comfortable	Not at all comfortable
a) are you with using a computer? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b) are you with using a computer to write a paper? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c) would you be taking a test on a computer?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**Q 44 If you compare yourself with other 15-year-olds, how would you rate your ability to use a computer?**

Excellent	Good	Fair	Poor
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>





**Q 45 How often do you use a computer:**  
(Mark one box on each line.)

	Almost every day	A few times each week	Between once a week and once a month	Less than once a month	Never
a) at home? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input checked="" type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b) at school? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c) in the library that you use? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input checked="" type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d) at another place? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

For information only







**Q 46 How often do you use:**

*(Mark one box on each line.)*

	Almost every day	A few times each week	Between once a week and once a month	Less than once a month	Never
a) the Internet? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input checked="" type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b) a computer for electronic communication (e.g. e-mail or "chat rooms")? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input checked="" type="checkbox"/> <sub>3</sub>	<input checked="" type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c) the computer to help you learn school material? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input checked="" type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d) the computer for programming? .....	<input type="checkbox"/> <sub>1</sub>	<input checked="" type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**Q 47 How often do you use each of the following kinds of computer software?**

*(Mark one box on each line.)*

	Almost every day	A few times each week	Between once a week and once a month	Less than once a month	Never
a) Games.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b) Word processing (e.g. Word ® or Word Perfect®).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c) Spreadsheets (e.g., Lotus 1 2 3 ® or Microsoft Excel®).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d) Drawing, painting or graphics.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e) Educational software.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f) Website or homepage creation software.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>





**Q 48 It is very important to me to work with a computer.**

Yes      No  
<sub>1</sub>      <sub>2</sub>

**Q 49 To play or work with a computer is really fun.**

Yes      No  
<sub>1</sub>      <sub>2</sub>

**Q 50 I use a computer because I am very interested in this.**

Yes      No  
<sub>1</sub>      <sub>3</sub>

**Q 51 I loose track of time, when I am working with the computer.**

Yes      No  
<sub>1</sub>      <sub>2</sub>

**Thank you for completing this questionnaire.**

**Please begin the Youth in Transition Survey Questionnaire.**

For information only

