



PAPER-BASED STUDENT QUESTIONNAIRE FOR PISA 2022

Main Survey Version

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In this questionnaire you will find questions about the following topics:

- You, your family, and your home
- Mathematics learning in school
- How you think about your life
- Your school
- Your school schedule and learning time

Please read each question carefully and answer as accurately as you can.

Please note that there are different answering formats throughout this questionnaire.

In this questionnaire, there are no right or wrong answers. Your answers should be the ones that are right for yourself.

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

Some questions relate to mathematics.

Your answers will be combined with others to make totals and averages in which no individual can be identified. All your answers will be kept confidential.

Q1

What <grade> are you in?

ST001

ST001Q02TA

_____01

<grade>

Q2 On what date were you born?

ST003

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

ST003Q01TA

Day _____01

ST003Q02TA

Month _____01

ST003Q03TA

Year _____01

Q3

Are you female or male?

ST004

(Please select one response.)

Female

Male

ST004Q01TA

_01_02

Q4 Which one of the following <programmes> are you in?

ST002

(Please select one response.)

- | | | |
|------------|---------------|------------------------------|
| ST002Q01TA | <Programme 1> | <input type="checkbox"/> _01 |
| ST002Q01TA | <Programme 2> | <input type="checkbox"/> _02 |
| ST002Q01TA | <Programme 3> | <input type="checkbox"/> _03 |
| ST002Q01TA | <Programme 4> | <input type="checkbox"/> _04 |
| ST002Q01TA | <Programme 5> | <input type="checkbox"/> _05 |
| ST002Q01TA | <Programme 6> | <input type="checkbox"/> _06 |

The following questions concern your home. If you live in multiple homes, please consider the <home> you spend most of your time in.

Q5

ST250

Which of the following are in your <home>?

(Please select one response in each row.)

		<i>Yes</i>	<i>No</i>
ST250Q01JA	A room of your own	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST250Q02JA	A computer (laptop, desktop, or tablet) that you can use for school work	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST250Q03JA	Educational Software or Apps	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST250Q04JA	Your own <cell phone> with Internet access (e.g. smartphone)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST250Q05JA	Internet access (e.g. Wi-fi) (excluding through smartphones)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST250Q06JA	<country-specific>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST250Q07JA	<country-specific>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂

Q6

ST251

How many of these items are there at your <home>?*(Please select one response in each row.)*

	<i>None</i>	<i>One</i>	<i>Two</i>	<i>Three or more</i>	
ST251Q01JA	Cars, vans, or trucks	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST251Q02JA	Mopeds or motorcycles	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST251Q03JA	Rooms with a bath or shower	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST251Q04JA	Rooms with a <flush toilet>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST251Q06JA	Musical instruments (e.g. guitar, piano, <country-specific example>)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST251Q07JA	Works of art (e.g. paintings, sculptures, <country-specific example>)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST251Q08JA	<country-specific>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST251Q09JA	<country-specific>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

Q7

ST253

How many <digital devices> with screens are there in your <home>?*(Count all the devices including televisions, computers, tablets, e-book readers, and smartphones.)**(Please select one response.)*

- | | | |
|------------|--|--|
| ST253Q01JA | There are no <digital devices> with screens. | <input type="checkbox"/> ₀₁ |
| ST253Q01JA | One | <input type="checkbox"/> ₀₂ |
| ST253Q01JA | Two | <input type="checkbox"/> ₀₃ |
| ST253Q01JA | Three | <input type="checkbox"/> ₀₄ |
| ST253Q01JA | Four | <input type="checkbox"/> ₀₅ |
| ST253Q01JA | Five | <input type="checkbox"/> ₀₆ |
| ST253Q01JA | 6 to 10 | <input type="checkbox"/> ₀₇ |
| ST253Q01JA | More than 10 | <input type="checkbox"/> ₀₈ |

Q8 How many of the following <digital devices> are in your <home>?
ST254

(Please select one response in each row.)

	<i>None</i>	<i>1 or 2</i>	<i>3 - 5</i>	<i>More than 5</i>	<i>I don't know.</i>	
ST254Q01JA	Televisions	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST254Q02JA	Desktop computers	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST254Q03JA	Laptop computers or notebooks	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST254Q04JA	Tablets (e.g. <iPad®>, <BlackBerry® PlayBook™>)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST254Q05JA	E-book readers (e.g. <Kindle™>, <Kobo>, <Bookeen>)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST254Q06JA	<Cell phones> with Internet access (i.e. smartphones)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

Q9

ST255

How many books are there in your <home>?

There are usually about 40 books per metre of shelving. Do not include magazines, newspapers, or your schoolbooks.

(Please select one response.)

- | | | |
|------------|---------------------|------------------------------|
| ST255Q01JA | There are no books. | <input type="checkbox"/> _01 |
| ST255Q01JA | 1-10 books | <input type="checkbox"/> _02 |
| ST255Q01JA | 11-25 books | <input type="checkbox"/> _03 |
| ST255Q01JA | 26-100 books | <input type="checkbox"/> _04 |
| ST255Q01JA | 101-200 books | <input type="checkbox"/> _05 |
| ST255Q01JA | 201-500 books | <input type="checkbox"/> _06 |
| ST255Q01JA | More than 500 books | <input type="checkbox"/> _07 |

Q10

ST230

How many siblings (including brothers, sisters, step-brothers, and step-sisters) do you have?*(Please select one response.)*

- | | | |
|------------|---------------|------------------------------|
| ST230Q01JA | None | <input type="checkbox"/> _01 |
| ST230Q01JA | One | <input type="checkbox"/> _02 |
| ST230Q01JA | Two | <input type="checkbox"/> _03 |
| ST230Q01JA | Three or more | <input type="checkbox"/> _04 |

Q11

ST005

What is the <highest level of schooling> completed by your mother?

If you are not sure which response to choose, please ask the <test administrator> for help.

(Please select one response.)

- | | | |
|------------|---------------------------------------|--|
| ST005Q01JA | <ISCED level 3.4> | <input type="checkbox"/> ₀₁ |
| ST005Q01JA | <ISCED level 3.3> | <input type="checkbox"/> ₀₂ |
| ST005Q01JA | <ISCED level 2> | <input type="checkbox"/> ₀₃ |
| ST005Q01JA | <ISCED level 1> | <input type="checkbox"/> ₀₄ |
| ST005Q01JA | She did not complete <ISCED level 1>. | <input type="checkbox"/> ₀₅ |

Q12

ST006

Does your mother have any of the following qualifications?

If you are not sure how to answer this question, please ask the <test administrator> for help.

(Please select one response in each row.)

		<i>Yes</i>	<i>No</i>
ST006Q01JA	<ISCED level 8>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST006Q02JA	<ISCED level 7>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST006Q03JA	<ISCED level 6>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST006Q04JA	<ISCED level 5>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST006Q05JA	<ISCED level 4>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂

Q13

ST007

What is the <highest level of schooling> completed by your father?

If you are not sure which response to choose, please ask the <test administrator> for help.

(Please select one response.)

- | | | |
|------------|--------------------------------------|------------------------------|
| ST007Q01JA | <ISCED level 3.4> | <input type="checkbox"/> _01 |
| ST007Q01JA | <ISCED level 3.3> | <input type="checkbox"/> _02 |
| ST007Q01JA | <ISCED level 2> | <input type="checkbox"/> _03 |
| ST007Q01JA | <ISCED level 1> | <input type="checkbox"/> _04 |
| ST007Q01JA | He did not complete <ISCED level 1>. | <input type="checkbox"/> _05 |

Q14

ST008

Does your father have any of the following qualifications?

If you are not sure how to answer this question, please ask the <test administrator> for help.

(Please select one response in each row.)

		<i>Yes</i>	<i>No</i>
ST008Q01JA	<ISCED level 8>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST008Q02JA	<ISCED level 7>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST008Q03JA	<ISCED level 6>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST008Q04JA	<ISCED level 5>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST008Q05JA	<ISCED level 4>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂

Q15

ST014

The following two questions concern your mother's job:

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

ST014Q01TA

What is your mother's main job?
(e.g. school teacher, kitchen-hand, sales manager)

*Please write in the job title.*_____ 01

ST014Q02TA

What does your mother do in her main job?
(e.g. teaches high school students, helps the cook prepare meals in a restaurant, manages a sales team)

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

_____ 01

Q16

ST015

The following two questions concern your father's job:

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

ST015Q01TA

What is your father's main job?
(e.g. school teacher, kitchen-hand, sales manager)

Please write in the job title. _____ 01

ST015Q02TA

What does your father do in his main job?
(e.g. teaches high school students, helps the cook prepare meals in a restaurant, manages a sales team)

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

_____ 01

Q17

ST258

In the past 30 days, how often did you not eat because there was not enough money to buy food?*(Please select one response.)*ST258Q01JA Never or almost never _01ST258Q01JA About once a week _02ST258Q01JA 2 to 3 times a week _03ST258Q01JA 4 to 5 times a week _04ST258Q01JA Every day or almost every day _05

Q18

ST259

The scale below represents how society in <country of test> is set up. At the top of the scale (value 10) are the people who are the best off. They earn the most money, receive the best education, and have the most respected jobs.

At the bottom of the scale (value 1) are the people who are the worst off. They earn the least money, receive no education, and have no jobs or the least respected jobs.

Now think about where you would place your family on this scale.

(Please select one response in each row.)

	1	2	3	4	5	6	7	8	9	10
ST259Q01JA	<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"/>	<input type="checkbox"/>
	01	02	03	04	05	06	07	08	09	10

Where would you say your family stands at this time?

ST259Q02JA	<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"/>	<input type="checkbox"/>
	01	02	03	04	05	06	07	08	09	10

Where do you think you will stand when you are 30?

Q19

ST019

In what country were you and your parents born?*(Please select one response in each column.)*

	<i>You</i> ST019AQ01T	<i>Mother</i> ST019BQ01T	<i>Father</i> ST019CQ01T
<Country A>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁
<Country B>	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₂
<Country C>	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₃
<Country D>	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₄
<...etc.>	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₅
Other country	<input type="checkbox"/> ₀₆	<input type="checkbox"/> ₀₆	<input type="checkbox"/> ₀₆
I don't know.	<input type="checkbox"/> ₀₇	<input type="checkbox"/> ₀₇	<input type="checkbox"/> ₀₇

If you were born in <country of test> please go to Q21.

Q20

ST021

How old were you when you arrived in <country of test>?

(Please select one response. If you were less than 12 months old, please select "age 0-1" (age zero to one).)

ST021Q01TA

age 0-1	<input type="checkbox"/> _01
age 1	<input type="checkbox"/> _02
age 2	<input type="checkbox"/> _03
age 3	<input type="checkbox"/> _04
age 4	<input type="checkbox"/> _05
age 5	<input type="checkbox"/> _06
age 6	<input type="checkbox"/> _07
age 7	<input type="checkbox"/> _08
age 8	<input type="checkbox"/> _09
age 9	<input type="checkbox"/> _10
age 10	<input type="checkbox"/> _11
age 11	<input type="checkbox"/> _12
age 12	<input type="checkbox"/> _13
age 13	<input type="checkbox"/> _14
age 14	<input type="checkbox"/> _15
age 15	<input type="checkbox"/> _16
age 16	<input type="checkbox"/> _17

Q21

ST022

What language do you speak at home most of the time?*(Please select one response.)*

ST022Q01TA	<Language 1>	<input type="checkbox"/> _01
ST022Q01TA	<Language 2>	<input type="checkbox"/> _02
ST022Q01TA	<Language 3>	<input type="checkbox"/> _03
ST022Q01TA	< ...etc. >	<input type="checkbox"/> _04
ST022Q01TA	Other language	<input type="checkbox"/> _05

Q22**How long have you been enrolled at this school?**

ST226

(Please select one response.)

- | | | |
|------------|---|------------------------------|
| ST226Q01JA | Three or more school years, not including this school year | <input type="checkbox"/> _01 |
| ST226Q01JA | Two school years, not including this school year | <input type="checkbox"/> _02 |
| ST226Q01JA | One school year, not including this school year | <input type="checkbox"/> _03 |
| ST226Q01JA | I came to this school at the start of this school year. | <input type="checkbox"/> _04 |
| ST226Q01JA | I came to this school <u>after</u> the start of this school year. | <input type="checkbox"/> _05 |

Q23

ST125

How old were you when you started <ISCED 0>?*(Please select one response.)*

ST125Q01NA

1 year or younger _012 years _023 years _034 years _045 years _056 years or older _06I did not attend <ISCED 0> _07I do not remember _08

Q24

ST126

How old were you when you started <ISCED 1>?*(Please select one response.)*

ST126Q01TA

3 years or younger _014 years _025 years _036 years _047 years _058 years _069 years or older _07

Q25

ST127

Have you ever repeated a <grade>?*(Please select one response in each row.)*

		<i>No, never</i>	<i>Yes, once</i>	<i>Yes, twice or more</i>
ST127Q01TA	At <ISCED 1>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
ST127Q02TA	At <ISCED 2>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
ST127Q03TA	At <ISCED 3>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃

Q26

ST260

Have you ever missed school for more than three months in a row?*(Please select one response in each row.)*

		<i>No, never</i>	<i>Yes, once</i>	<i>Yes, twice or more</i>
ST260Q01JA	At <ISCED 1>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
ST260Q02JA	At <ISCED 2>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
ST260Q03JA	At <ISCED 3>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃

If you have not missed school for more than three months, please go to Q28.

Q27

ST261

Why did you miss school for more than three months in a row?*(Please select one response in each row.)*

		<i>Yes</i>	<i>No</i>
ST261Q01JA	I was bored.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST261Q02JA	I was suspended for something (e.g. violence, aggression, use of drugs, drug dealing).	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST261Q03JA	I was pregnant.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST261Q04JA	I could not reach school because of transportation problems.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST261Q05JA	I had to take care of a family member.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST261Q06JA	I had to help with work at home, the family business, or on the family land.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST261Q07JA	I had to get work to bring money home.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST261Q08JA	I was sick.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST261Q09JA	I did not feel safe at school.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST261Q10JA	I could not pay <school fees>.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST261Q11JA	School was closed because of a natural disaster (e.g. flood, earthquake).	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂

Q28

ST062

In the last two full weeks of school, how often did the following things occur?

(Please select one response in each row.)

		<i>Never</i>	<i>One or two times</i>	<i>Three or four times</i>	<i>Five or more times</i>
ST062Q01TA	I <skipped> a whole school day.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST062Q02TA	I <skipped> some classes.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST062Q03TA	I arrived late for school.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

Q29

ST267

To what extent do you agree or disagree with the following statements?*(Please select one response in each row.)*

		<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
ST267Q01JA	The teachers at my school are respectful towards me.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST267Q02JA	If I walked into my classes upset, my teachers would be concerned about me.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST267Q03JA	If I came back to visit my school three years from now, my teachers would be excited to see me.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST267Q04JA	I feel intimidated by the teachers at my school.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST267Q05JA	When my teachers ask how I am doing, they are really interested in my answer.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST267Q06JA	The teachers at my school are friendly towards me.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST267Q07JA	The teachers at my school are interested in students' well-being.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST267Q08JA	The teachers at my school are mean towards me.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

Q30

ST034

Thinking about your school: to what extent do you agree with the following statements?*(Please select one response in each row.)*

		<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>
ST034Q01TA	I feel like an outsider (or left out of things) at school.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST034Q02TA	I make friends easily at school.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST034Q03TA	I feel like I belong at school.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST034Q04TA	I feel awkward and out of place in my school.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST034Q05TA	Other students seem to like me.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST034Q06TA	I feel lonely at school.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

Q31

ST038

During the past 12 months, how often have you had the following experiences in school?*(Some experiences can also happen in social media.)**(Please select one response in each row.)*

		<i>Never or almost never</i>	<i>A few times a year</i>	<i>A few times a month</i>	<i>Once a week or more</i>
ST038Q03NA	Other students left me out of things on purpose.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST038Q04NA	Other students made fun of me.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST038Q05NA	I was threatened by other students.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST038Q06NA	Other students took away or destroyed things that belonged to me.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST038Q07NA	I got hit or pushed around by other students.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST038Q08NA	Other students spread nasty rumours about me.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST038Q09JA	I was in a physical fight on school property.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST038Q10JA	I stayed home from school because I felt unsafe.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST038Q11JA	I gave money to someone at school because they threatened me.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

Q32

ST265

To what extent do you agree or disagree with the following statements?*(Please select one response in each row.)*

		<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
ST265Q01JA	I feel safe on my way to school.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST265Q02JA	I feel safe on my way home from school.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST265Q03JA	I feel safe in my classrooms at school.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST265Q04JA	I feel safe at other places at school (e.g. hallway, cafeteria, restroom).	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

Q33

ST266

During the past four weeks, did any of the following events occur?*(Please select one response in each row.)*

		<i>Yes</i>	<i>No</i>
ST266Q01JA	Our school was vandalised.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST266Q02JA	I witnessed a fight on school property in which someone got hurt.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST266Q03JA	I saw gangs in school.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST266Q04JA	I heard a student threaten to hurt another student.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
ST266Q05JA	I saw a student carrying a gun or knife at school.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂

Q34

ST294

During a typical school week, on how many days do you do each of the following before going to school?

(Please select one response in each row.)

		<i>0</i> <i>days</i>	<i>1</i> <i>day</i>	<i>2</i> <i>days</i>	<i>3</i> <i>days</i>	<i>4</i> <i>days</i>	<i>5 or</i> <i>more</i> <i>days</i>
ST294Q01JA	Eat breakfast	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
ST294Q02JA	Study for school or homework	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
ST294Q03JA	Work in the household or take care of family members	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
ST294Q04JA	Work for pay	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
ST294Q05JA	Exercise or practise a sport (e.g. running, cycling, aerobics, soccer, skating, <country-specific>)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆

Q35

ST295

During a typical school week, on how many days do you do each of the following after leaving school?

(Please select one response in each row.)

		<i>0</i> <i>days</i>	<i>1</i> <i>day</i>	<i>2</i> <i>days</i>	<i>3</i> <i>days</i>	<i>4</i> <i>days</i>	<i>5 or</i> <i>more</i> <i>days</i>
ST295Q01JA	Eat dinner	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
ST295Q02JA	Study for school or homework	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
ST295Q03JA	Work in the household or take care of family members	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
ST295Q04JA	Work for pay	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
ST295Q05JA	Exercise or practise a sport (e.g. running, cycling, aerobics, soccer, skating, <country-specific>)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆

Q36
ST326

This school year, about how many hours a day do you usually use <digital resources> in the following situations?

(Please think of different kinds of <digital resources> such as desktop computers, laptops and tablets as well as educational software and other digital learning tools.)

(Please write the number of hours on each line.)

ST326Q07JA For learning activities at school _____01

ST326Q08JA For learning activities before and after school _____01

ST326Q09JA For learning activities on weekends _____01

ST326Q10JA For leisure at school _____01

ST326Q11JA For leisure before and after school _____01

ST326Q12JA For leisure on weekends _____01

Q37

ST309

To what extent do you agree or disagree with the following statements?*(Please select one response in each row.)*

		<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither agree nor disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
ST309Q01JA	I am careful with what I say to others.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST309Q02JA	I get easily distracted.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST309Q03JA	I say the first thing that comes to my mind.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST309Q04JA	I like to make sure there are no mistakes.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST309Q05JA	I carefully check homework before turning it in.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST309Q06JA	I stop to think before acting.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST309Q07JA	I rush into activities without thinking.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST309Q08JA	I wait for my turn to speak in class.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST309Q09JA	I am more impulsive than most people I know.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST309Q10JA	I think carefully before doing something.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

Q38

ST301

To what extent do you agree or disagree with the following statements?*(Please select one response in each row.)*

		<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither agree nor disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
ST301Q01JA	I am curious about many different things.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST301Q02JA	I like to ask questions.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST301Q03JA	I get frustrated when I have to learn the details of a topic.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST301Q04JA	I like to know how things work.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST301Q05JA	I love learning new things in school.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST301Q06JA	I am more curious than most people I know.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST301Q07JA	I like to develop hypotheses and check them based on what I observe.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST301Q08JA	I find learning new things to be boring.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST301Q09JA	I spend time to find more information about things that interest me.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST301Q10JA	I like learning new things.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

Q39

ST315

To what extent do you agree or disagree with the following statements?*(Please select one response in each row.)*

		<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither agree nor disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
ST315Q01JA	I am suspicious of others' intentions.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST315Q02JA	I think most of my classmates keep their promises.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST315Q03JA	I believe that most people are honest.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST315Q04JA	I believe that my friends can keep my secrets.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST315Q05JA	I think most people are selfish.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST315Q06JA	I trust what people say.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST315Q07JA	I think others will try to harm me.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST315Q08JA	I am more trusting with others than most people I know.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST315Q09JA	I believe most people are kind.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST315Q10JA	I am willing to forgive those who have done wrong.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

Q40

ST305

To what extent do you agree or disagree with the following statements?*(Please select one response in each row.)*

		<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither agree nor disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
ST305Q01JA	I am comfortable with taking the lead role in a group.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST305Q02JA	I know how to convince others to do what I want.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST305Q03JA	I enjoy leading others.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST305Q04JA	I keep my opinion to myself in group discussions.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST305Q05JA	I speak up to others about things that matter to me.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST305Q06JA	I take initiative when working with my classmates.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST305Q07JA	I wait for others to take a lead.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST305Q08JA	I find it hard to influence people.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST305Q09JA	I want to be in charge.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST305Q10JA	I like to be a leader in my class.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

Q41

ST313

To what extent do you agree or disagree with the following statements?*(Please select one response in each row.)*

		<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither agree nor disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
ST313Q01JA	I keep my emotions under control.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST313Q02JA	I get mad easily.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST313Q03JA	I change my mood a lot.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST313Q04JA	I overreact to every little thing in life.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST313Q05JA	I stay calm even in tense situations.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST313Q06JA	I am easily upset.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST313Q07JA	I know how to control my feelings.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST313Q08JA	I have unpredictable emotions.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST313Q09JA	I am moody.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST313Q10JA	I get frustrated quickly.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

The following question asks how satisfied you feel about your life, on a scale from “0” to “10”. Zero means you feel ‘not at all satisfied’ and “10” means ‘completely satisfied’.

Q42

ST016

Overall, how satisfied are you with your life as a whole these days?

ST016Q01NA

(Please select one response.)

₀ ₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉ ₁₀

*Not at all
satisfied*

*Completely
satisfied*

Q43
ST059

**How many <class periods> per week are you typically
required to attend for the following subjects?**

*(Please enter a number in each row. Enter “0” (zero) if you have
none.)*

ST059Q01TA

Number of <class periods> per week in mathematics

_____01

ST059Q02JA

Total number of <class periods> per week for all subjects,
including mathematics

_____01

Q44

ST296

In a typical school week, approximately how much time do you spend on homework in the following subjects?

(Please select one response in each row.)

		<i>Up to 30 minutes a day</i>	<i>More than 30 minutes and up to 1 hour a day</i>	<i>More than 1 hour and up to 2 hours a day</i>	<i>More than 2 hours and up to 3 hours a day</i>	<i>More than 3 hours and up to 4 hours a day</i>	<i>More than 4 hours a day</i>
ST296Q01JA	Mathematics homework	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
ST296Q02JA	<Test language> homework	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
ST296Q03JA	<Science> homework	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
ST296Q04JA	Total time for all homework in all subjects, including subjects not listed above	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆

Q45

ST272

On a scale from 1-10, how would you rate the quality of your mathematics instruction this school year?

(Please select one response from 1 to 10.)

*Worst mathematics
instruction
possible*

*Best mathematics
instruction possible*

1 2 3 4 5 6 7 8 9 10

ST272Q01JA

Quality of
mathematics
instruction:

_01_02_03_04_05_06_07_08_09_10

Q46

ST273

How often do these things happen in your mathematics lessons?*(Please select one response in each row.)*

		<i>Every lesson</i>	<i>Most lessons</i>	<i>Some lessons</i>	<i>Never or almost never</i>
ST273Q01JA	Students do not listen to what the teacher said.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST273Q02JA	There is noise and disorder.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST273Q03JA	The teacher has to wait a long time for students to quiet down.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST273Q04JA	Students cannot work well.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST273Q05JA	Students do not start working for a long time after the lesson begins.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST273Q06JA	Students get distracted by using <digital resources> (e.g. smartphones, websites, apps).	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST273Q07JA	Students get distracted by other students who are using <digital resources> (e.g. smartphones, websites, apps).	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

Q47

ST270

How often do these things happen in your mathematics lessons?*(Please select one response in each row.)*

		<i>Every lesson</i>	<i>Most lessons</i>	<i>Some lessons</i>	<i>Never or almost never</i>
ST270Q01JA	The teacher shows an interest in every student's learning.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST270Q02JA	The teacher gives extra help when students need it.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST270Q03JA	The teacher helps students with their learning.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST270Q04JA	The teacher continues teaching until the students understand.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

Q48

ST285

This school year, how often did your teacher do the following things in your mathematics lessons?*(Please select one response in each row.)*

		<i>Never or almost never</i>	<i>Less than half of the lessons</i>	<i>About half of the lessons</i>	<i>More than half of the lessons</i>	<i>Every lesson or almost every lesson</i>
ST285Q01JA	The teacher asked us to solve mathematics problems without computing anything.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST285Q02JA	The teacher asked us to explain how we solved a mathematics problem.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST285Q03JA	The teacher asked us to explain what assumptions we were making when solving a mathematics problem.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST285Q04JA	The teacher asked us to explain our reasoning when solving a mathematics problem.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST285Q05JA	The teacher asked us to defend our answer to a mathematics problem.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST285Q06JA	The teacher asked us to think about how new and old mathematics topics were related.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST285Q07JA	The teacher encouraged us to think about how to solve mathematics problems in different ways than demonstrated in class.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST285Q08JA	The teacher told us to keep trying even when we face difficulties with a mathematics task.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST285Q09JA	The teacher taught us to memorize rules and apply them to solve mathematics problems.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

Q49

ST275

How often have you encountered the following types of mathematics tasks during your time at school?

(Please select one response in each row.)

		<i>Frequently</i>	<i>Sometimes</i>	<i>Rarely</i>	<i>Never</i>
ST275Q01WA	Working out from a <train timetable> how long it would take to get from one place to another	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST275Q02WA	Calculating how much more expensive a computer would be after adding tax	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST275Q03WA	Calculating how many square metres of tiles you need to cover a floor	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST275Q04WA	Understanding scientific tables presented in an article	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST275Q05WA	Solving an equation like $6x^2 + 5 = 29$	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST275Q06WA	Finding the actual distance between two places on a map with a 1:10,000 scale	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST275Q07WA	Solving an equation like $2(x+3) = (x + 3) (x - 3)$	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST275Q08WA	Calculating the power consumption of an electronic appliance per week	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST275Q09WA	Solving an equation like $3x+5=17$	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

Q50

ST276

How often have you encountered the following types of mathematics tasks during your time at school?*(Please select one response in each row.)*

		<i>Frequently</i>	<i>Sometimes</i>	<i>Rarely</i>	<i>Never</i>
ST276Q01JA	Extracting mathematical information from diagrams, graphs, or simulations	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST276Q02JA	Interpreting mathematical solutions in the context of a real-life challenge	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST276Q03JA	Using the concept of statistical variation to make a decision	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST276Q04JA	Identifying mathematical aspects of a real-world problem	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST276Q05JA	Identifying constraints and assumptions behind mathematical modelling	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST276Q06JA	Representing a situation mathematically using variables, symbols, or diagrams	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST276Q07JA	Evaluating the significance of observed patterns in data	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST276Q08JA	Coding/programming computers	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST276Q09JA	Working with computer mathematics systems (e.g. spreadsheets, programming software, graphing calculators)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST276Q10JA	Calculating the properties of an irregularly shaped object	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

Q51

ST290

How confident do you feel about having to do the following mathematics tasks?*(Please select one response in each row.)*

		<i>Not at all confident</i>	<i>Not very confident</i>	<i>Confident</i>	<i>Very confident</i>
ST290Q01WA	Working out from a <train timetable> how long it would take to get from one place to another	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST290Q02WA	Calculating how much more expensive a computer would be after adding tax	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST290Q03WA	Calculating how many square metres of tiles you need to cover a floor	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST290Q04WA	Understanding scientific tables presented in an article	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST290Q05WA	Solving an equation like $6x^2 + 5 = 29$	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST290Q06WA	Finding the actual distance between two places on a map with a 1:10,000 scale	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST290Q07WA	Solving an equation like $2(x+3) = (x + 3)(x - 3)$	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST290Q08WA	Calculating the power consumption of an electronic appliance per week	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST290Q09WA	Solving an equation like $3x+5= 17$	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

Q52

ST293

This school year, how often did you do each of the following?*(Please select one response in each row.)*

		<i>Never or almost never</i>	<i>Less than half of the time</i>	<i>About half of the time</i>	<i>More than half of the time</i>	<i>All or almost all of the time</i>
ST293Q01JA	I actively participated in group discussions during mathematics class.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST293Q02JA	I paid attention when my mathematics teacher was speaking.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST293Q03JA	I put effort into my assignments for mathematics class.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST293Q04JA	I gave up when I did not understand the mathematics material that was being taught.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST293Q05JA	I made time to learn the material for mathematics class.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST293Q06JA	I asked questions when I did not understand the mathematics material that was being taught.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST293Q07JA	I lost interest during mathematics lessons.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST293Q08JA	I tried to connect new material to what I have learned in previous mathematics lessons.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST293Q09JA	I started my work on mathematics assignments right away.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

Q53

ST292

To what extent do you agree or disagree with the following statements?*(Please select one response in each row.)*

		<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>
ST292Q01JA	I often worry that it will be difficult for me in mathematics classes.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST292Q02JA	I get very tense when I have to do mathematics homework.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST292Q03JA	I get very nervous doing mathematics problems.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST292Q04JA	I feel helpless when doing a mathematics problem.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST292Q05JA	I worry that I will get poor <marks> in mathematics.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST292Q06JA	I feel anxious about failing in mathematics.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

Q54

ST297

This school year, which types of <additional mathematics instruction> do you participate in?

(Please select all that apply.)

- | | | |
|------------|---|--|
| ST297Q01JA | One-on-one tutoring with a person | <input type="checkbox"/> ₀₁ |
| ST297Q03JA | Internet or computer tutoring with a programme or application | <input type="checkbox"/> ₀₁ |
| ST297Q05JA | Video-recorded instruction by a person | <input type="checkbox"/> ₀₁ |
| ST297Q06JA | Small group study or practice (2 to 7 students) | <input type="checkbox"/> ₀₁ |
| ST297Q07JA | Large group study or practice (8 or more students) | <input type="checkbox"/> ₀₁ |
| ST297Q09JA | I do not participate in <additional mathematics instruction>. | <input type="checkbox"/> ₀₁ |

Q55

ST300

How often do your parents or someone in your family do the following things with you?*(Please select one response in each row.)*

		<i>Never or almost never</i>	<i>About once or twice a year</i>	<i>About once or twice a month</i>	<i>About once or twice a week</i>	<i>Every day or almost every day</i>
ST300Q01JA	Discuss how well you are doing at school.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST300Q02JA	Eat <the main meal> with you.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST300Q03JA	Spend time just talking with you.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST300Q04JA	Talk to you about the importance of <completing ISCED 3>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST300Q05JA	Talk to you about any problems you might have at school.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST300Q06JA	Ask you about how well you are getting along with other students at school.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST300Q07JA	Encourage you to get good <marks>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST300Q08JA	Take an interest in what you are learning at school.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST300Q09JA	Talk to you about your future education.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
ST300Q10JA	Ask you what you did in school that day.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

Q56

ST327

Which of the following qualifications do you expect to complete?*(Please select one response in each row.)*

		<i>Yes</i>	<i>No</i>	<i>I don't know.</i>
ST327Q01JA	<ISCED level 2>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
ST327Q02JA	<ISCED level 3.3>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
ST327Q03JA	<ISCED level 3.4>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
ST327Q04JA	<ISCED level 4>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
ST327Q05JA	<ISCED level 5>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
ST327Q06JA	<ISCED level 6>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
ST327Q07JA	<ISCED level 7>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
ST327Q08JA	<ISCED level 8>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃

Q57

ST329

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

(Please write the job title or describe the kind of work you expect to do in that job.)

ST329Q01JA

01

Q58
ST347

In the last three years, was your school building ever closed for more than a week because of the following reasons?

Do not count the time that your school was scheduled to be closed for school holiday or vacations.

If you changed schools during the past three years, please count the time across all schools you attended.

If your school had to close and reopen multiple times, please count all closing times.

(Please select one response in each row.)

		No	Yes, up to 1 month	Yes, more than 1 month and up to 3 months	Yes, more than 3 months and up to 6 months	Yes, more than 6 months and up to 12 months	Yes, more than 12 months
ST347Q01JA	Because of COVID-19	<input type="checkbox"/> _01	<input type="checkbox"/> _02	<input type="checkbox"/> _03	<input type="checkbox"/> _04	<input type="checkbox"/> _05	<input type="checkbox"/> _06
ST347Q02JA	For another reason (e.g. a natural disaster, strikes or demonstrations, air pollution)	<input type="checkbox"/> _01	<input type="checkbox"/> _02	<input type="checkbox"/> _03	<input type="checkbox"/> _04	<input type="checkbox"/> _05	<input type="checkbox"/> _06

If your school building did not close for more than a week because of COVID-19 please go to question Q68.

Q59

ST348

During the time when your school building was closed because of COVID-19, how often did someone from your school do the following things?

(Please select one response in each row.)

		<i>Never</i>	<i>A few times</i>	<i>About once or twice a week</i>	<i>Every day or almost every day</i>
ST348Q01JA	Sent you learning materials to study on your own	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST348Q02JA	Sent you assignments	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST348Q03JA	Uploaded material on a learning management system or school learning platform (e.g. <Blackboard [®] >, <Edmodo [®] >, <Moodle [®] >, <Google [®] Classroom [™] >)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST348Q04JA	Checked in with you to ensure that you were completing your assignments	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST348Q05JA	Offered live virtual classes on a video communication program (e.g. <Zoom [™] >, <Skype [™] >, <Google [®] Meet [™] >, <Microsoft [®] Teams>)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST348Q06JA	Asked you to submit completed school assignments	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST348Q07JA	Gave you helpful tips about how to study on your own	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST348Q08JA	Checked in with you to ask how you were feeling	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

Q60

ST349

During the time when your school building was closed because of COVID-19, which of the following <digital devices> did you use most often for your school work?

(Please select one response.)

ST349Q01JA	My own laptop, desktop computer, or tablet	<input type="checkbox"/> _01
ST349Q01JA	My own smartphone	<input type="checkbox"/> _02
ST349Q01JA	A <digital device> that was also used by other family members	<input type="checkbox"/> _03
ST349Q01JA	A <digital device> that my school gave or lent me	<input type="checkbox"/> _04
ST349Q01JA	I did not have any <digital device> for my school work.	<input type="checkbox"/> _05

Q61
ST350
During the time when your school building was closed because of COVID-19, how much did you learn each week compared to a typical week when you go to school in person?

(Please select one response.)

ST350Q01JA I learnt less when my school building was closed. _01

ST350Q01JA I learnt about as much when my school building was closed. _02

ST350Q01JA I learnt more when my school building was closed. _03

Q62

ST351

During the time when your school building was closed because of COVID-19, how often did you use the following learning resources?

(Please select one response in each row.)

		<i>Never</i>	<i>A few times</i>	<i>About once or twice a week</i>	<i>Every day or almost every day</i>
ST351Q01JA	Paper textbooks, workbooks, or worksheets	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST351Q02JA	Digital textbooks, workbooks, or worksheets	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST351Q03JA	Real-time lessons by a teacher from my school on a video communication program (e.g. <Zoom™>, <Skype™>, <Google® Meet™>, <Microsoft® Teams>)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST351Q04JA	Real-time lessons by a private tutor on a video communication program (e.g. <Zoom™>, <Skype™>, <Google® Meet™>, <Microsoft® Teams>)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST351Q05JA	Learning material my teachers sent via <SMS> or <WhatsApp™>	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST351Q06JA	Recorded lessons or other digital material provided by teachers from my school	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST351Q07JA	Recorded lessons or other digital material from other sources (e.g. <Khan Academy®>, <Coursera®>)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST351Q08JA	Lessons broadcast over television or radio	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

Q63

ST352

During the time when your school building was closed because of COVID-19, how often did you have the following problems when completing your school work?

(Please select one response in each row.)

		<i>Never</i>	<i>A few times</i>	<i>About once or twice a week</i>	<i>Every day or almost every day</i>
ST352Q01JA	Problems with access to a <digital device> when I needed it	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST352Q02JA	Problems with Internet access	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST352Q03JA	Problems with access to school supplies (e.g. paper, pencil)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST352Q04JA	Problems with finding a quiet place to study	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST352Q05JA	Problems with finding time to study because I had household responsibilities	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST352Q06JA	Problems with motivating myself to do school work	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST352Q07JA	Problems with understanding my school assignments	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST352Q08JA	Problems with finding someone who could help me with my school work	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

Q64

ST353

During the time when your school building was closed because of COVID-19, how often did someone in your family do the following things with you?

(Please select one response in each row.)

		<i>Never</i>	<i>A few times</i>	<i>About once or twice a week</i>	<i>Every day or almost every day</i>
ST353Q01JA	Help you with your school work	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST353Q02JA	Ask you what you were learning	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST353Q03JA	Help you create a learning schedule	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST353Q04JA	Help you access learning materials online	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST353Q05JA	Check whether you were completing your school assignments	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST353Q06JA	Explain new content to you	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST353Q07JA	Help you find additional learning resources	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST353Q08JA	Teach you additional topics not part of your school assignments	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

Q65

ST354

To what extent do you agree or disagree with the following statements about the time when your school building was closed because of COVID-19?

(Please select one response in each row.)

		<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
ST354Q01JA	I felt lonely.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST354Q02JA	I enjoyed learning by myself.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST354Q03JA	My teachers were available when I needed help (e.g. through virtual office hours, email, chat).	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST354Q04JA	I felt anxious about school work.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST354Q05JA	I was motivated to learn.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST354Q06JA	I fell behind in my school work.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST354Q07JA	I improved my skills in using <digital devices> for learning purposes.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST354Q08JA	My teachers were well prepared to provide instruction remotely.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST354Q09JA	I was well prepared to learn on my own.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST354Q10JA	I missed sports and other physical activities organised by my school.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

Q66

ST355

How confident do you feel about doing the following things if your school building closes again in the future?*(Please select one response in each row.)*

		<i>Not at all confident</i>	<i>Not very confident</i>	<i>Confident</i>	<i>Very confident</i>
ST355Q01JA	Using a learning management system or school learning platform (e.g. <Blackboard®>, <Edmodo®>, <Moodle®>, <Google® Classroom™>)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST355Q02JA	Using a video communication program (e.g. <Zoom™>, <Skype™>, <Google® Meet™>, <Microsoft® Teams>)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST355Q03JA	Finding learning resources online on my own	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST355Q04JA	Planning when to do school work on my own	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST355Q05JA	Motivating myself to do school work	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST355Q06JA	Focusing on school work without reminders	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST355Q07JA	Completing school work independently	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
ST355Q08JA	Assessing my progress with learning	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

Q67

ST356

Overall, how prepared do you feel for learning on your own if your school building closed again for an extended period in the future?

(Please select one response.)

ST356Q01JA	Not prepared at all	<input type="checkbox"/> _01
ST356Q01JA	Not very prepared	<input type="checkbox"/> _02
ST356Q01JA	Well prepared	<input type="checkbox"/> _03
ST356Q01JA	Very well prepared	<input type="checkbox"/> _04

Q68

ST331

Imagine a 10-point scale that represents how much effort you invest in something.

The highest value (10) marks a situation where you tried your very best and put as much effort as possible to do well.

The lowest value (1) marks a situation where you did not try hard at all and put the lowest possible effort to do well.

Now think about the effort you put into completing the PISA test and questionnaire.

(Please select one response in each row.)

		<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>
ST331Q01JA	How much effort did you put into doing well on the <u>PISA test</u> ?	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 10
ST331Q02JA	How much effort would you have invested if your results from the PISA test were going to be counted in your <school <u>marks</u> >?	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 10
ST331Q03JA	Now think about the <u>PISA questionnaire</u> you just answered. How much effort did you put into giving accurate answers?	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 10

***Thank you very much for your co-operation in
completing this questionnaire!***