



COMPUTER-BASED STUDENT QUESTIONNAIRE FOR PISA 2022

UNE HEURE (UH) BOOKLET

Main Survey Version

Doc.:
CY8_202111_QST_MS_STQ_UH_CBA_NoNotes.docx

November 2021

Produced by ETS, Core A



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.

Please note that the forward button used to proceed to the next question is located at the bottom right hand corner of your screen. In some instances you may need to scroll down to the bottom of your screen to access this forward button.

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.

ST001

What <grade> are you in?

ST001Q01TA

(Please select from the drop-down menu to answer the question.)

Select ...

Option A

Option B

Option C

Option ...

01

ST003

On what date were you born?

(Please select the day, month, and year from the drop-down menus to answer the question.)

ST003Q01TA

Day

Option A

Option B

Option C

Option ...

_____01

1
2
3
4
5
6
7
8
10
...

ST003Q02TA

Month

Option A

Option B

Option C

Option ...

_____01

January
February
March
April
May
June
July
August
September
October
November
December

ST003Q03TA

Year

Option A

Option B

Option C

Option ...

_____01

2004
2005
2006
2007

Consistency check/soft reminder if day, month, or year is missing: "Please enter your complete birth date".

ST004

Are you female or male?

(Please select one response.)

Female

Male

ST004Q01TA

_01

_02

ST002 **Which one of the following <programmes> are you in?**

(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.

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

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

ST254

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

(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

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 |

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 |

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

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 |

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

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 type 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

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 type 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

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

This is a filter question:

If the answer is something else than "<country of test>" for ST019AQ01T ("You") respondents proceed to ST021.

Else proceed to ST022.

This is a filtered question:

Only if ST019 is something else than “<country of test>” for ST019AQ01T ("You").

Else proceed to ST022.

ST021

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

(Please select from the drop-down menu to answer the question. If you were less than 12 months old, please select “age 0-1” (age zero to one).)

Select ...

Option A

Option B

Option C

Option ...

ST021Q01TA

01

- age 0-1 _1
- age 1 _2
- age 2 _3
- age 3 _4
- age 4 _5
- age 5 _6
- age 6 _7
- age 7 _8
- age 8 _9
- age 9 _10
- age 10 _11
- age 11 _12
- age 12 _13
- age 13 _14
- age 14 _15
- age 15 _16
- age 16 _17

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 |

ST125

How old were you when you started <ISCED 0>?

(Please choose from the drop-down menu to answer the question.)

ST125Q01NA Years

Select ...
Option A
Option B
Option C
Option ...
_____01

Drop-down menu, offering answers “1 year or younger”, “2 years”, “3 years”, “4 years”, “5 years”, “6 years or older”, “I did not attend <ISCED 0>”, “I do not remember”.

ST126

How old were you when you started <ISCED 1>?

(Please choose from the drop-down menu to answer the question.)

ST126Q01TA Years

Select ... ▾
Option A
Option B
Option C
Option ...
_____01

Drop-down menu, offering answers “3 or younger”, “4”, “5”, “6”, “7”, “8”, “9 or older”.

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

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

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

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

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

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.)

		<i>No</i>	<i>Yes, up to 1 month</i>	<i>Yes, more than 1 month and up to 3 months</i>	<i>Yes, more than 3 months and up to 6 months</i>	<i>Yes, more than 6 months and up to 12 months</i>	<i>Yes, more than 12 months</i>
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

This is a filter question:
If the answer is “No” for Item 1 proceed to ST331.
Else proceed to ST348.

This is a filtered question:
 Only if ST347 Item 1 is not “No”.
 Else proceed to ST331.

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

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"/>	<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
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"/>	<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
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"/>	<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

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