



OECD Programme for International Student Assessment

*Australia
English*

PISA 2003 STUDENT QUESTIONNAIRE

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



Project Consortium:

Australian Council for Educational Research (ACER)

Netherlands National Institute for Educational Measurement (CITO group)

Educational Testing Service (ETS, USA)

National Institute for Educational Policy Research (NIER, Japan)

Westat (USA)

In this booklet you will find questions about:

- You and your family (Sections A and B).
- Your education (Section C).
- Your school (Section D).
- Learning Mathematics (Section E).
- Your Mathematics classes (Section F)
- Your use of computers (Section G)
- Your time at school (Section H).

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

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

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

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

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

SECTION A: ABOUT YOU

Q1a What year level are you in?

Year _____

Q1b Which one of the following programs are you in at school?

(Please tick only one box.)

Year 10 or below in a general academic program ₀₁

Year 10 or below, in a general program with some VET (vocational) subjects ₀₂

Year 11 or 12, in a general academic program ₀₃

Year 11 or 12, in a VET (vocational) course..... ₀₄

Q2 On what date were you born?

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

_____ 198 _____
Day Month Year

Q3a Are you female or male?

Female *Male*
₁ ₂

Q3b Are you of Aboriginal or Torres Strait Islander origin?

(If both, please tick both 'Yes' boxes.)

a) No ₀₁

b) Yes, Aboriginal ₀₂

c) Yes, Torres Strait Islander ₀₃

SECTION B: YOU AND YOUR FAMILY

In this section you will be asked some questions about your family and your home.

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

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

Q4 Who usually lives at home with you?

(Please tick as many boxes as apply.)

- a) Mother ₁
- b) Other female guardian (e.g., stepmother or foster mother) ₁
- c) Father ₁
- d) Other male guardian (e.g., stepfather or foster father) ₁
- e) Others (e.g. brother, sister, cousin, grandparents) ₁

Q5 What is your mother currently doing?

(Please tick only one box.)

- a) Working full-time for pay ₁
- b) Working part-time for pay ₂
- c) Not working, but looking for a job ₃
- d) Other (e.g. home duties, retired) ₄

Q6 What is your father currently doing?

(Please tick only one box.)

- a) Working full-time for pay ₁
- b) Working part-time for pay ₂
- c) Not working, but looking for a job ₃
- d) Other (e.g. home duties, retired) ₄

Q7 What is your mother's main job? (e.g., school teacher, nurse, sales manager)

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

Please write in the job title. _____

Q8 What does your mother do in her main job? (e.g., teaches high school students, cares for patients, manages a sales team)

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

Q9 What is your father's main job? (e.g., school teacher, carpenter, sales manager)

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

Please write in the job title. _____

Q10 What does your father do in his main job? (e.g., teaches high school students, builds houses, manages a sales team)

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

Q11 Which of the following did your mother complete at school?

(Please tick as many boxes as apply.)

- a) She completed Year 12 ₁
- b) She completed Year 10 or 11 and then did a training course (e.g. business studies or an apprenticeship) ₁
- c) She completed some secondary school, but not more than Year 10 ₁
- d) She completed primary school only ₁
- e) None of the above ₁

Q12 Does your mother have any of the following qualifications?

(Please tick as many boxes as apply.)

Yes

- a) A university degree ₁
- b) A post-secondary training qualification, such as a diploma ₁
- c) A post-secondary training certificate ₁

Q13 Which of the following did your father complete at school?

(Please tick as many boxes as apply.)

- a) He completed Year 12 ₁
- b) He completed Year 10 or 11, and then did a training course (e.g. business studies or an apprenticeship) ₁
- c) He completed some secondary school, but not more than Year 10 ₁
- d) He completed primary school only ₁
- e) None of the above ₁

Q14 Does your father have any of the following qualifications?

(Please tick as many boxes as apply.)

Yes

- a) A university degree ₁
- b) A post-secondary training qualification, such as a diploma ₁
- c) A post-secondary training certificate ₁

Q15a In what country were you and your parents born?

(Please tick one answer per column.)

| | You | Mother | Father |
|------------------------|--|--|--|
| a) Australia | <input type="checkbox"/> ₀₁ | <input type="checkbox"/> ₀₁ | <input type="checkbox"/> ₀₁ |
| b) England | <input type="checkbox"/> ₀₂ | <input type="checkbox"/> ₀₂ | <input type="checkbox"/> ₀₂ |
| c) New Zealand | <input type="checkbox"/> ₀₃ | <input type="checkbox"/> ₀₃ | <input type="checkbox"/> ₀₃ |
| d) Italy..... | <input type="checkbox"/> ₀₄ | <input type="checkbox"/> ₀₄ | <input type="checkbox"/> ₀₄ |
| e) Viet Nam..... | <input type="checkbox"/> ₀₅ | <input type="checkbox"/> ₀₅ | <input type="checkbox"/> ₀₅ |
| f) Scotland..... | <input type="checkbox"/> ₀₆ | <input type="checkbox"/> ₀₆ | <input type="checkbox"/> ₀₆ |
| g) Greece..... | <input type="checkbox"/> ₀₇ | <input type="checkbox"/> ₀₇ | <input type="checkbox"/> ₀₇ |
| h) Germany..... | <input type="checkbox"/> ₀₈ | <input type="checkbox"/> ₀₈ | <input type="checkbox"/> ₀₈ |
| i) Philippines..... | <input type="checkbox"/> ₀₉ | <input type="checkbox"/> ₀₉ | <input type="checkbox"/> ₀₉ |
| j) Netherlands..... | <input type="checkbox"/> ₁₀ | <input type="checkbox"/> ₁₀ | <input type="checkbox"/> ₁₀ |
| k) Lebanon..... | <input type="checkbox"/> ₁₁ | <input type="checkbox"/> ₁₁ | <input type="checkbox"/> ₁₁ |
| l) China | <input type="checkbox"/> ₁₂ | <input type="checkbox"/> ₁₂ | <input type="checkbox"/> ₁₂ |
| m) India | <input type="checkbox"/> ₁₃ | <input type="checkbox"/> ₁₃ | <input type="checkbox"/> ₁₃ |
| n) Malaysia | <input type="checkbox"/> ₁₄ | <input type="checkbox"/> ₁₄ | <input type="checkbox"/> ₁₄ |
| o) Other country | | | |
| | (specify) | (specify) | (specify) |

Q15b If you were NOT born in Australia how old were you when you arrived in Australia?

(If you were less than 12 months old, please write zero (0).)

_____ *Years*

Q16 What language do you speak at home most of the time?

(Please tick only one box.)

English ₀₁

an Indigenous Australian language ₀₂

Italian ₀₃

Greek ₀₄

Cantonese ₀₅

Mandarin ₀₆

Arabic ₀₇

Vietnamese ₀₈

German ₀₉

Spanish ₁₀

Tagalog (Filipino) ₁₁

Other, please specify

Q17 Which of the following do you have in your home?

(Please tick as many boxes as apply.)

Yes

- a) A desk to study at ₁
- b) A room of your own ₁
- c) A quiet place to study ₁
- d) A computer you can use for school work ₁
- e) Educational software ₁
- f) A link to the Internet ₁
- g) Your own calculator ₁
- h) Classic literature (e.g., Shakespeare,
Dickens, Patrick White) ₁
- i) Books of poetry ₁
- j) Works of art (e.g., paintings) ₁
- k) Books to help with your school work ₁
- l) A dictionary ₁
- m) A dishwasher ₁

Q18 How many of these do you have at your home?

(Please tick only one box in each row.)

| | None | One | Two | Three or more |
|-----------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) Mobile phone | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b) Television | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| c) Computer | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| d) Motor car | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| e) Bathroom | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

Q19 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 tick only one box.)

| | |
|---------------------------|---------------------------------------|
| 0-10 books | <input type="checkbox"/> ₁ |
| 11-25 books | <input type="checkbox"/> ₂ |
| 26-100 books | <input type="checkbox"/> ₃ |
| 101-200 books | <input type="checkbox"/> ₄ |
| 201-500 books | <input type="checkbox"/> ₅ |
| More than 500 books | <input type="checkbox"/> ₆ |

SECTION C: YOUR EDUCATION

Q20 Did you attend kindergarten or pre-school?

No ₁

Yes, for one year or less ₂

Yes, for more than one year ₃

Q21 How old were you when you started primary school?

_____ *Years*

Q22 Have you ever repeated a year level?

(Please tick only one box on each row.)

| | <i>No, never</i> | <i>Yes, once</i> | <i>Yes, twice or more</i> |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| a) At primary school..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| b) At lower secondary (up to and including Year 10) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| c) At Year 11 or 12..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

Q23 Which of the following do you expect to complete?

(Please tick as many as apply.)

- a) Year 10 ₁
- b) Year 10, or 11, followed by a training course (e.g. in business studies or an apprenticeship) ₁
- c) Year 12 ₁
- d) a post-secondary training certificate ₁
- e) a post-secondary training qualification such as a diploma ₁
- f) a university degree ₁

Q24 Thinking about what you have learned in school: To what extent do you agree with the following statements?

(Please tick only one box on each row.)

- | | <i>Strongly agree</i> | <i>Agree</i> | <i>Disagree</i> | <i>Strongly disagree</i> |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) School has done little to prepare me for adult life when I leave school. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b) School has been a waste of time. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| c) School has helped give me confidence to make decisions. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| d) School has taught me things which could be useful in a job. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

SECTION D: YOUR SCHOOL

Q25 Which of the following are reasons why you attend this school?

(Please tick as many as apply.)

- a) This is the local school for students who live in this area. ₁
- b) This school is known to be a better school than others in the area. ₁
- c) This school offers specific study programs. ₁
- d) This school has a particular religious philosophy. ₁
- e) Previously, family members attended this school. ₁
- f) Other reasons. ₁

Q26 Thinking about the teachers at your school: To what extent do you agree with the following statements?

(Please tick only one box in each row.)

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

Q27 My school is a place where:

(Please tick only one box in each row.)

| | <i>Strongly agree</i> | <i>Agree</i> | <i>Disagree</i> | <i>Strongly disagree</i> |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) I feel like an outsider (or left out of things). | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b) I make friends easily. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| c) I feel like I belong. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| d) I feel awkward and out of place. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| e) Other students seem to like me. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| f) I feel lonely. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

Q28 In the last two full weeks you were in school, how many times did you arrive late for school?

(Please tick only one box)

| | |
|---------------------------|---------------------------------------|
| None | <input type="checkbox"/> ₁ |
| One or two times | <input type="checkbox"/> ₂ |
| Three or four times | <input type="checkbox"/> ₃ |
| Five or more times | <input type="checkbox"/> ₄ |

The following question asks about the time you spend studying and doing different kinds of homework outside of your regular classes. This should include **all of your studying and homework**.

Q29a On average, how many hours do you spend each week on the following?

When answering include time at the weekend too.

- a) Homework or other study set by your teachers _____ hours per week
- b) Remedial classes at school _____ hours per week
- c) Enrichment classes at school _____ hours per week
- d) Work with a tutor _____ hours per week
- e) Attending out-of-school classes _____ hours per week
- f) Other study _____ hours per week

Q29b On average, how many hours do you spend each week on the following?

When answering include time at the weekend too.

- a) Working at a paid job (not at home) _____ hours per week
- b) Watching TV _____ hours per week
- c) Listening to music _____ hours per week
- d) Playing sports _____ hours per week

SECTION E: LEARNING MATHEMATICS

Q30 *Thinking about your views on Mathematics: To what extent do you agree with the following statements?*

(Please tick only one box in each row.)

| | <i>Strongly agree</i> | <i>Agree</i> | <i>Disagree</i> | <i>Strongly disagree</i> |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) I enjoy reading about Mathematics. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b) Making an effort in Mathematics is worth it because it will help me in the work that I want to do later on. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| c) I look forward to my Mathematics lessons. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| d) I do Mathematics because I enjoy it. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| e) Learning Mathematics is worthwhile for me because it will improve my career prospects. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| f) I am interested in the things I learn in Mathematics. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| g) Mathematics is an important subject for me because I need it for what I want to study later on. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| h) I will learn many things in Mathematics that will help me get a job. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

Q31 How confident do you feel about having to do the following Mathematics tasks?

(Please tick only one box in each row.)

| | <i>Very confident</i> | <i>Confident</i> | <i>Not very confident</i> | <i>Not at all confident</i> |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) Using a train timetable to work out how long it would take to get from one place to another. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b) Calculating how much cheaper a TV would be after a 30% discount. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| c) Calculating how many square metres of tiles you need to cover a floor. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| d) Understanding graphs presented in newspapers. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| e) Solving an equation like $3x+5=17$ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| f) Finding the actual distance between two places on a map with a 1:10,000 scale. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| g) Solving an equation like $2(x+3)=(x+3)(x-3)$ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| h) Calculating the petrol consumption rate of a car. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

Q32 *Thinking about studying Mathematics: To what extent do you agree with the following statements?*

(Please tick only one box in each row.)

| | <i>Strongly agree</i> | <i>Agree</i> | <i>Disagree</i> | <i>Strongly disagree</i> |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) I often worry that it will be difficult for me in Mathematics classes. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b) I am just not good at Mathematics. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| c) I get very tense when I have to do Mathematics homework. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| d) I get good marks in Mathematics. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| e) I get very nervous doing Mathematics problems. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| f) I learn Mathematics quickly. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| g) I have always believed that Mathematics is one of my best subjects. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| h) I feel helpless when doing a Mathematics problem. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| i) In my Mathematics class, I understand even the most difficult work. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| j) I worry that I will get poor marks in Mathematics. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

The following question asks about the time you spend studying and doing Mathematics homework outside of your regular Mathematics classes.

Q33 On average, how much time do you spend each week on the following?

When answering include time at the weekend too.

- a) Homework or other study set by your Mathematics teacher _____ hours per week
- b) Remedial classes in Mathematics at school _____ hours per week
- c) Enrichment classes in Mathematics at school _____ hours per week
- d) Work with a Mathematics tutor _____ hours per week
- e) Attending out-of-school Mathematics classes _____ hours per week
- f) Other Mathematics activities (e.g. Mathematics competitions, Mathematics Club) _____ hours per week

Q34 *There are different ways of studying Mathematics. To what extent do you agree with the following statements?*

(Please tick only one box in each row.)

| | <i>Strongly agree</i> | <i>Agree</i> | <i>Disagree</i> | <i>Strongly disagree</i> |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) When I study for a Mathematics test, I try to work out what are the most important parts to learn. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b) When I am solving Mathematics problems, I often think of new ways to get the answer. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| c) When I study Mathematics, I make myself check to see if I remember the work I have already done. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| d) When I study Mathematics, I try to figure out which concepts I still have not understood properly. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| e) I think how the Mathematics I have learnt can be used in everyday life. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| f) I go over some problems in Mathematics so often that I feel as if I could solve them in my sleep. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| g) When I study for Mathematics, I learn as much as I can off by heart. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| h) I try to understand new concepts in Mathematics by relating them to things I already know. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| i) In order to remember the method for solving a Mathematics problem, I go through examples again and again. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| j) When I cannot understand something in Mathematics, I always search for more information to clarify the problem. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| k) When I am solving a Mathematics problem, I often think about how the solution might be applied to other interesting questions. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

| | <i>Strongly agree</i> | <i>Agree</i> | <i>Disagree</i> | <i>Strongly disagree</i> |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| l) When I study Mathematics, I start by working out exactly what I need to learn. ... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| m) To learn Mathematics, I try to remember every step in a procedure. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| n) When learning Mathematics, I try to relate the work to things I have learnt in other subjects. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

SECTION F: YOUR MATHEMATICS CLASSES

The following questions are about your Mathematics classes. The class period is the length of time each lesson runs for on a normal day. Some classes may run for 'double periods', but the class period refers to the basic unit of time used to break up your day at school.

Q35a How many minutes, on average, are there in a class period?

Minutes in a class period: _____ minutes

Q35b In the last full week you were in school, how many class periods did you spend in Mathematics?

Number of **Mathematics** class periods: _____ class periods

Q35c In the last full week you were in school, how many class periods did you have in total?

Number of **ALL** class periods (*including your Mathematics classes*): _____ class periods

Q36 On average, about how many students attend your Mathematics class?

_____ students

Q37 *Thinking about your Mathematics classes: To what extent do you agree with the following statements?*

(Please tick only one box in each row.)

| | <i>Strongly agree</i> | <i>Agree</i> | <i>Disagree</i> | <i>Strongly disagree</i> |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) I would like to be the best in my class in Mathematics. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b) In Mathematics I enjoy working with other students in groups. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| c) I try very hard in Mathematics because I want to do better in the exams than the others. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| d) When we work on a project in Mathematics, I think that it is a good idea to combine the ideas of all the students in a group. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| e) I make a real effort in Mathematics because I want to be one of the best. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| f) I do my best work in Mathematics when I work with other students. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| g) In Mathematics I always try to do better than the other students in my class. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| h) In Mathematics, I enjoy helping others to work well in a group. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| i) In Mathematics I learn most when I work with other students in my class. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| j) I do my best work in Mathematics when I try to do better than others. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

Q38 How often do these things happen in your Mathematics lessons?

(Please tick only one box in each row.)

| | <i>Every lesson</i> | <i>Most lessons</i> | <i>Some lessons</i> | <i>Never or hardly ever</i> |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---|
| a) The teacher shows an interest in every student's learning. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b) Students don't listen to what the teacher says. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| c) The teacher gives extra help when students need it. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| d) Students work from books and other printed material. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| e) The teacher helps students with their learning. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| f) There is noise and disorder. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| g) The teacher continues teaching until the students understand. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| h) The teacher has to wait a long time for students to quieten down. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| i) Students cannot work well. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| j) The teacher gives students an opportunity to express opinions. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| k) Students don't start working for a long time after the lesson begins. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

SECTION G: COMPUTERS

The following questions ask about computers: This does not include calculators or games consoles like a Sony PlayStation™.

Q39 Is there a computer available for you to use at any of these places?

(Please tick one box on each row.)

- | | <i>Yes</i> | <i>No</i> |
|--------------------|---------------------------------------|---------------------------------------|
| a) At home | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b) At school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c) At other places | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

Q40 Have you ever used a computer?

- | <i>Yes</i> | <i>No</i> |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

If you use a computer in any setting, please continue.

If you do not, please go to Section H

Q41 How long have you been using computers?

(Please tick only one box.)

- | | |
|-----------------------|---------------------------------------|
| Less than one year. | <input type="checkbox"/> ₁ |
| One to three years. | <input type="checkbox"/> ₂ |
| Three to five years. | <input type="checkbox"/> ₃ |
| More than five years. | <input type="checkbox"/> ₄ |

Q42 How often do you use a computer at these places?

(Please tick one box on each row.)

| | <i>Almost every day</i> | <i>A few times each week</i> | <i>Between once a week and once a month</i> | <i>Less than once a month</i> | <i>Never</i> |
|--------------------|---------------------------------------|--|---|---|---------------------------------------|
| a) At home | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| b) At school | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c) At other places | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

Q43 How often do you use:

(Please tick one box on each row.)

| | <i>Almost every day</i> | <i>A few times each week</i> | <i>Between once a week and once a month</i> | <i>Less than once a month</i> | <i>Never</i> |
|--|---------------------------------------|--|---|---|---------------------------------------|
| a) the Internet to look up information about people, things, or ideas? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| b) games on a computer? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c) Word processing (e.g. Word ® or WordPerfect®)? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| d) the Internet to collaborate with a group or team? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| e) spreadsheets (e.g. Lotus 1 2 3 ® or Microsoft Excel®)? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| f) the Internet to download software (including games)? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| g) drawing, painting or graphics programs on a computer? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| h) educational software such as Mathematics programs? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| i) the computer to help you learn school material? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| j) the Internet to down-load music? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| k) the computer for programming? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| l) a computer for electronic communication (e.g. email or “chat rooms”)? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

Q44 How well can you do each of these tasks on a computer?

(Please tick one box on each row.)

| | <i>I can do this very well by myself.</i> | <i>I can do this with help from someone.</i> | <i>I know what this means but I cannot do it.</i> | <i>I don't know what this means.</i> |
|---|---|--|---|--|
| a) Start a computer game. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b) Use software to find and get rid of computer viruses. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| c) Open a file. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| d) Create/edit a document. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| e) Scroll a document up and down a screen. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| f) Use a database to produce a list of addresses. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| g) Copy a file from a floppy disk. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| h) Save a computer document or file. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| i) Print a computer document or file. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| j) Delete a computer document or file. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| k) Move files from one place to another on a computer. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| l) Get on to the Internet. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| m) Copy or download files from the Internet. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| n) Attach a file to an email message. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| o) Create a computer program (e.g. in Logo, Pascal, Basic). | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| p) Use a spreadsheet to plot a graph. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

| | <i>I can do this very well by myself.</i> | <i>I can do this with help from someone.</i> | <i>I know what this means but I cannot do it.</i> | <i>I don't know what this means.</i> |
|---|---|--|---|--|
| q) Create a presentation (e.g. using PowerPoint). | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| r) Play computer games. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| s) Download music from the Internet. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| t) Create a multi-media presentation (with sound, pictures, video). | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| u) Draw pictures using a mouse. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| v) Write and send emails. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| w) Construct a web page. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

Q45 *Thinking about your experience with computers: To what extent do you agree with the following statements?*

(Please tick one box on each row.)

| | <i>Strongly agree</i> | <i>Agree</i> | <i>Disagree</i> | <i>Strongly disagree</i> |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) It is very important to me to work with a computer. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b) I think playing or working with a computer is really fun. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| c) I use a computer because I am very interested. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| d) I lose track of time when I am working with the computer. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

Q46 Who taught you most about how to use COMPUTERS?

(Please tick only one box.)

- | | | |
|------------------|--------------------------|---|
| My school. | <input type="checkbox"/> | 1 |
| My friends. | <input type="checkbox"/> | 2 |
| My family. | <input type="checkbox"/> | 3 |
| I taught myself. | <input type="checkbox"/> | 4 |
| Others. | <input type="checkbox"/> | 5 |

Q47 Who taught you most about how to use the INTERNET?

(Please tick only one box.)

- | | | |
|---------------------------------------|--------------------------|---|
| I don't know how to use the Internet. | <input type="checkbox"/> | 1 |
| My school. | <input type="checkbox"/> | 2 |
| My friends. | <input type="checkbox"/> | 3 |
| My family. | <input type="checkbox"/> | 4 |
| I taught myself. | <input type="checkbox"/> | 5 |
| Others. | <input type="checkbox"/> | 6 |

SECTION H: YOUR TIME AT SCHOOL

Q48 Did you ever miss two or more consecutive months of primary school?

(Please tick only one box.)

No, never ₁

Yes, once ₂

Yes, twice or more ₃

Q49 Did you ever miss two or more consecutive months of lower secondary school (up to Year 10)?

(Please tick only one box.)

No, never ₁

Yes, once ₂

Yes, twice or more ₃

Q50 Did you change schools when you were attending primary school?

(Please tick only one box.)

No, I attended all of primary school at the same school. ₁

Yes, I changed schools once. ₂

Yes, I changed schools twice or more. ₃

Q51 Did you change schools when you were attending lower secondary (up to Year 10)?

(Please tick only one box.)

No, I attended all of lower secondary at the same school. .. ₁

Yes, I changed schools once. ₂

Yes, I changed schools twice or more. ₃

Q52 Have you changed your study program since you started in secondary school?

(For example, you may have changed from a general academic course to a vocational course)

Yes No

₁ ₂

Q53 What type of Mathematics class are you in?

(Please tick only one box.)

high level ₁

medium level ₂

low level ₃

Q54 In your last school report, how did your mark in Mathematics compare with the pass mark?

(Please tick only one box.)

At or above the pass mark ₁

Below the pass mark ₂

Q55 What kind of job do you expect to have when you are about 30 years old?

Write the job title. _____

Every student taking part in this study will be sent a Certificate of Participation and will be approached to be involved in a follow up study.

Please provide the following details:

NAME

ADDRESS

Number and Street

Suburb/Town

State

Post Code

Phone No

Please note: All address details will be erased from the database at the conclusion of the study.

**THANK YOU FOR COMPLETING THIS
QUESTIONNAIRE**