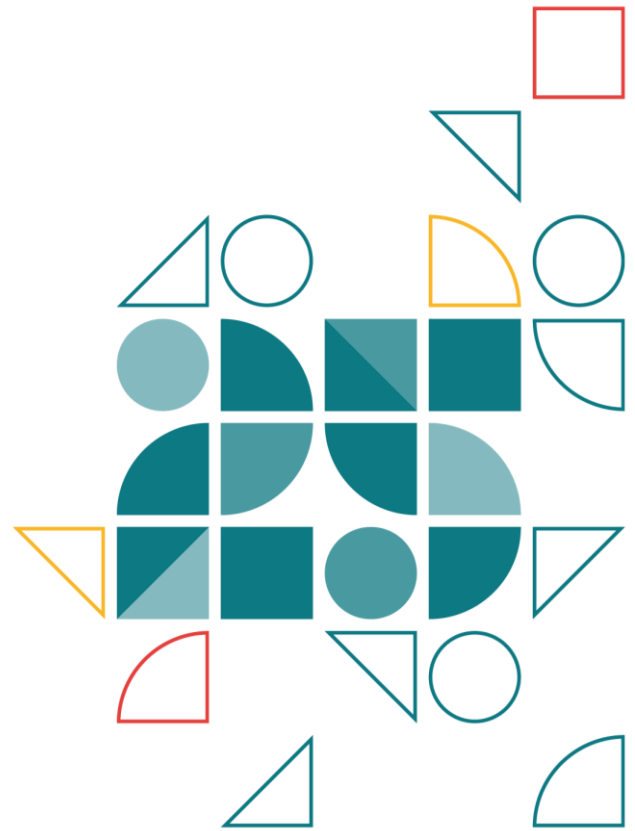




# STUDENT QUESTIONNAIRE

## PISA 2025 Main Survey



(May/2025)

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

- You, your family, and your home
- Science 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.

**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?**

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

ST001Q01TA

 ▼

<Option A>

<Option B>

<Option C>

<Option D>

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**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

Select ▼

Drop-down menu list:

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
...

ST003Q02TA

Month

Select ▼

Drop-down menu list:

January  
February  
March  
April  
May  
...

ST003Q03TA

Year

Select



Drop-down menu list:

2007

2008

2009

2010

2011

**ST430    What is your gender?**

*(Please select one response.)*

ST430Q01DA    Female

☐ 01

ST430Q01DA    Male

☐ 02

ST430Q01DA    <Country-specific>

☐ 03

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

*(Please select one response.)*

ST002Q01TA <Programme 1> ☐ 01

ST002Q01TA <Programme 2> ☐ 02

ST002Q01TA <Programme 3> ☐ 03

ST002Q01TA <Programme 4> ☐ 04

ST002Q01TA <Programme 5> ☐ 05

ST002Q01TA <Programme 6> ☐ 06

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*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.)*

|            |                                                                          | Yes                         | No                          |
|------------|--------------------------------------------------------------------------|-----------------------------|-----------------------------|
| 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 |
| ST250Q08DA | Electric lighting                                                        | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 |
| ST250Q09DA | < Plumbed water > for consumption                                        | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 |
| ST250Q10DA | Off-street parking (e.g. garage, private parking spot)                   | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 |
| ST250Q11DA | A garbage-collection service                                             | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 |
| ST250Q12DA | A stove or burner for cooking                                            | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 |
| ST250Q13DA | A table to have meals                                                    | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 |
| ST250Q14DA | A vacuum cleaner                                                         | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 |
| ST250Q15DA | A refrigerator or freezer                                                | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 |

|                                                                                                                            | Yes                         | No                          |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|
| ST250Q16DA A sewer connection                                                                                              | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 |
| ST250Q18DA Air conditioner and/or heating devices                                                                          | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 |
| ST250Q19DA A guest room                                                                                                    | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 |
| ST250Q20DA A quiet place/room to study                                                                                     | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 |
| ST250Q21DA A swimming pool or outdoor spa/bath/jacuzzi                                                                     | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 |
| ST250Q22DA A house security system (e.g. <alarm system, surveillance cameras>)                                             | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 |
| ST250Q23DA A smart TV                                                                                                      | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 |
| ST250Q24DA A dishwasher                                                                                                    | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 |
| ST250Q25DA Your own tablet                                                                                                 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 |
| ST250Q26DA A subscription to TV or streaming services (e.g. <Cable TV, Satellite TV, Netflix, Disney+, national examples>) | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 |
| ST250Q27DA Domestic workers (e.g. <maid, gardener, drivers, national examples>)                                            | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 |
| ST250Q28DA A subscription to a newspaper                                                                                   | <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.)*

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

**ST254 How many of the following <digital devices> are in your <home>?***(Please select one response in each row.)*

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

**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. ☐ 01

ST255Q01JA    1-10 books ☐ 02

ST255Q01JA    11-25 books ☐ 03

ST255Q01JA    26-100 books ☐ 04

ST255Q01JA    101-200 books ☐ 05

ST255Q01JA    201-500 books ☐ 06

ST255Q01JA    More than 500 books ☐ 07

**ST488 Do you possess the following items for your own personal use?**

*If not, indicate whether the reason is that your parents or guardians cannot afford it or some other reason.*

*(Please select one response in each row.)*

|            |                                                                              | Yes                         | No, cannot afford it        | No, other reason            |
|------------|------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|
| ST488Q01DA | Two pairs of properly fitting shoes, <including a pair of all-weather shoes> | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 |
| ST488Q02DA | Some new (not second-hand) clothes                                           | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 |
| ST488Q08DA | Outdoor leisure equipment (e.g. <bicycle, roller skates, racket>)            | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 |
| ST488Q09DA | Indoor games (e.g. <board games, videogame console>)                         | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 |

**ST401 Do you do the following <things> regularly?**

*If not, indicate whether the reason is that your parents or guardians cannot afford it or some other reason.*

*(Please select one response in each row.)*

|            |                                                                                           | Yes                         | No, cannot afford it        | No, other reason            |
|------------|-------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|
| ST401Q03DA | Hold celebrations on special occasions                                                    | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 |
| ST401Q04DA | Attend leisure activities that cost money, such as sport events, cinema, or concert, etc. | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 |
| ST401Q05DA | Invite friends to play and eat from time to time                                          | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 |
| ST401Q06DA | Participate in school trips and school events that cost money                             | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 |
| ST401Q07DA | Spend at least one-week away from home on holiday every year                              | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 |

**ST421**    **In the past 30 days, how often did you not eat at home because there was not enough money to buy food?**

*(Please select one response.)*

ST421Q01DA    Never or almost never    ☐ 01

ST421Q01DA    About once a week    ☐ 02

ST421Q01DA    2 to 3 times a week    ☐ 03

ST421Q01DA    4 to 5 times a week    ☐ 04

ST421Q01DA    Every day or almost every day    ☐ 05

*In this questionnaire, a “parent or guardian” is a person who is mainly responsible for taking care of a child on a regular basis.*

*This may include:*

- *Mothers or fathers*
- *Step-parents*
- *Foster parents*
- *Grandparents*
- *Adult siblings*
- *Other guardians*

**ST403**    **Based on this definition, how many parents and/or guardians do you have?**

*(Please select one response.)*

|            |              |                             |
|------------|--------------|-----------------------------|
| ST403Q01DA | None         | <input type="checkbox"/> 01 |
| ST403Q01DA | One          | <input type="checkbox"/> 02 |
| ST403Q01DA | Two          | <input type="checkbox"/> 03 |
| ST403Q01DA | Three        | <input type="checkbox"/> 04 |
| ST403Q01DA | Four or more | <input type="checkbox"/> 05 |

**This is a filter question:**

**Respondents are redirected to ST022, ST405 or ST410 depending on their responses.**

If ST403 equals “None” (01), respondents GO to ST022.

If ST403 equals “One” (02), respondents GO to the One Parent/Guardian Section – starting with question ST405.

If ST403 equals “Two” (03), “Three” (04) or “Four or more” (05), respondents GO to the Two Parent/Guardian Section – starting with question ST410.

If ST403 is left blank, respondents GO to ST022.

If ST403 has been removed by the country, respondents are redirected to Two Parent/Guardian Section – starting with question ST410.

## One Parent/Guardian Section

Questions in the “One Parent/Guardian Section” are only shown if ST403 is "One" (02).

After ST413, respondents are redirected to ST021 or ST022 depending on their responses.

### ST405 Which of the following qualifications does your parent or guardian have?

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

*(Please select all that apply)*

ST405Q01DA <ISCED level 2>

☐ 01

ST405Q02DA <ISCED level 3.3>

☐ 01

ST405Q03DA <ISCED level 3.4>

☐ 01

ST405Q04DA <ISCED level 4>

☐ 01

ST405Q05DA <ISCED level 5>

☐ 01

ST405Q06DA <ISCED level 6>

☐ 01

ST405Q07DA <ISCED level 7>

☐ 01

ST405Q08DA <ISCED level 8>

☐ 01

ST405Q09DA My parent or guardian does not have any of these qualifications.

☐ 01

**ST408** The following two questions concern your parent's or guardian's job:

*(If your parent or guardian is not working now, please tell us her or his last main job.)*

**What is your parent's or guardian's main job?**

*(e.g. school teacher, kitchen-hand, sales manager)*

ST408Q01DA

Please type in the job title.

---

**What does your parent or guardian do in her or 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 she or he does or did in that job.*

ST408Q02DA

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**ST413 In what country were you and your parent or guardian born?***(Please select one response in each column.)*

|               | You<br>ST413AQ01D           | Parent or guardian #1<br>ST413BQ01D |
|---------------|-----------------------------|-------------------------------------|
| <Country A>   | <input type="checkbox"/> 01 | <input type="checkbox"/> 01         |
| <Country B>   | <input type="checkbox"/> 02 | <input type="checkbox"/> 02         |
| <Country C>   | <input type="checkbox"/> 03 | <input type="checkbox"/> 03         |
| <Country D>   | <input type="checkbox"/> 04 | <input type="checkbox"/> 04         |
| <...etc.>     | <input type="checkbox"/> 05 | <input type="checkbox"/> 05         |
| Other country | <input type="checkbox"/> 06 | <input type="checkbox"/> 06         |
| I don't know. | <input type="checkbox"/> 07 | <input type="checkbox"/> 07         |

**This is a filter question:****Respondents are redirected to ST021 or ST022 depending on their responses.**

If the response to ST413AQ01D “You” is anything other than <Country A> or “I don't know”, respondents are directed to ST021.

Else, respondents are directed to ST022.

## Two Parents/Guardians Section

Questions in the “Two Parents/Guardians Section” are only shown if ST403 equals “Two” (03), “Three” (04) or “Four or more” (05).

After ST414, respondents are redirected to ST021 or ST022 depending on their responses.

### ST410 Which of the following qualifications do your parents or guardians have?

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

*(Please select all that apply)*

|                                                                               | Parent or<br>guardian #1    | Parent or<br>guardian #2    |
|-------------------------------------------------------------------------------|-----------------------------|-----------------------------|
|                                                                               | A                           | B                           |
| ST410Q01DA <ISCED level 2>                                                    | <input type="checkbox"/> 01 | <input type="checkbox"/> 01 |
| ST410Q02DA <ISCED level 3.3>                                                  | <input type="checkbox"/> 01 | <input type="checkbox"/> 01 |
| ST410Q03DA <ISCED level 3.4>                                                  | <input type="checkbox"/> 01 | <input type="checkbox"/> 01 |
| ST410Q04DA <ISCED level 4>                                                    | <input type="checkbox"/> 01 | <input type="checkbox"/> 01 |
| ST410Q05DA <ISCED level 5>                                                    | <input type="checkbox"/> 01 | <input type="checkbox"/> 01 |
| ST410Q06DA <ISCED level 6>                                                    | <input type="checkbox"/> 01 | <input type="checkbox"/> 01 |
| ST410Q07DA <ISCED level 7>                                                    | <input type="checkbox"/> 01 | <input type="checkbox"/> 01 |
| ST410Q08DA <ISCED level 8>                                                    | <input type="checkbox"/> 01 | <input type="checkbox"/> 01 |
| ST410Q09DA This parent or guardian does not have any of these qualifications. | <input type="checkbox"/> 01 | <input type="checkbox"/> 01 |

**ST491**

The following questions concern your parent's or guardian's #1 job.

*(If your parent or guardian is not working now, please tell us their last main job.)*

**What is your parent or guardian #1 main job?**

*(e.g. school teacher, kitchen-hand, sales manager)*

ST491Q01DA

Please type in the job title.

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**What does your parent or guardian #1 do in their 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 they do or did in that job.*

ST491Q02DA

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**ST492**

The following questions concern your parent's or guardian's #2 job.

*(If your parent or guardian is not working now, please tell us their last main job.)*

**What is your parent or guardian #2 main job?**

*(e.g. school teacher, kitchen-hand, sales manager)*

ST492Q01DA

Please type in the job title.

---

**What does your parent or guardian #2 does in their 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 they do or did in that job.*

ST492Q02DA

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**ST414 In what country were you and your parents or guardians born?***(Please select one response in each column.)*

|               | You<br>ST414AQ01D           | Parent or<br>guardian #1<br>ST414BQ01D | Parent or<br>guardian #2<br>ST414CQ01D |
|---------------|-----------------------------|----------------------------------------|----------------------------------------|
| <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:****Respondents are redirected to ST021 or ST022 depending on their responses.**

If the response to ST414AQ01D “You” is anything other than <Country A> or “I don't know”, respondents are directed to ST021.  
 Else, respondents are directed to ST022.

**This is a filtered question**

**This question is shown if:**

- ST413AQ01D ("You") NOT equal to <Country A> AND  
ST413AQ01D ("You") NOT equal to "I don't know"

OR if:

- ST414AQ01D ("You") NOT equal to <Country A> AND  
ST414AQ01D ("You") NOT equal to "I don't know"
- 

**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).)*

years

ST021Q01TA

Select ▼

age 0-1

age 1

age 2

age 3

age 4

age 5

age 6

age 7

age 8

age 9

age 10

age 11

age 12

age 13

age 14

age 15

age 16

---

**ST022    What language do you speak at home most of the time?**

*(Please select one response.)*

ST022Q01TA    <Language 1>    ☐ 01

ST022Q01TA    <Language 2>    ☐ 02

ST022Q01TA    <Language 3>    ☐ 03

ST022Q01TA    < ...etc.>    ☐ 04

ST022Q01TA    Other language    ☐ 05

**ST333**    **How many languages in total do you speak with people at home?**

*(Please select one response.)*

ST333Q01JA    One ☐ <sub>01</sub>

ST333Q01JA    Two ☐ <sub>02</sub>

ST333Q01JA    Three ☐ <sub>03</sub>

ST333Q01JA    Four or more ☐ <sub>04</sub>

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**ST125    How old were you when you started <ISCED 0>?**

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

Years

ST125Q01NA

1 year or younger

2 years

3 years

4 years

5 years

6 years or older

I did not attend <ISCED 0>

I attended <ISCED 0> but do not remember when I started

I do not know if I attended <ISCED 0>

**ST127 Have you ever repeated a <grade>?***(Please select one response in each row.)*

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

**ST226    How long have you been enrolled at this school?**

*(Please select one response.)*

ST226Q01JA    Three or more school years, not including this school year    ☐ 01

ST226Q01JA    Two school years, not including this school year    ☐ 02

ST226Q01JA    One school year, not including this school year    ☐ 03

ST226Q01JA    I came to this school at the start of this school year.    ☐ 04

ST226Q01JA    I came to this school after the start of this school year.    ☐ 05

**ST062** In the last two full weeks of school, how often did the following things occur?*(Please select one response in each row.)*

|                                            | Never                       | One or<br>two<br>times      | Three<br>or four<br>times   | Five or<br>more<br>times    |
|--------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 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 |

**ST034 Thinking about your school: to what extent do you agree with the following statements?**

*(Please select one response in each row.)*

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

**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.)*

|            |                                                                                  | Never or<br>almost<br>never | A few<br>times a<br>year    | A few<br>times a<br>month   | Once a<br>week or<br>more   |
|------------|----------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 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 |
| 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 |
| ST038Q09NA | Information about me that was upsetting was published online without my consent. | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |

**ST265 To what extent do you agree or disagree with the following statements?***(Please select one response in each row.)*

|            |                                                                            | Strongly<br>agree           | Agree                       | Disagree                    | Strongly<br>Disagree        |
|------------|----------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 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 |

**ST065**

*When answering the following questions, please keep one of your current <school science> courses in mind all the time. You are free to choose which course this should be.*

**What is the name of this <school science> course?**

ST065Q01TA

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**ST097 How often do these things happen in your <school science> lessons?***(Please select one response in each row.)*

|            |                                                                                          | Every<br>lesson                        | Most<br>lessons                        | Some<br>lessons                        | Never or<br>almost<br>never            |
|------------|------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|
| ST097Q01TA | Students do not listen to what the teacher said.                                         | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| ST097Q02TA | There is noise and disorder.                                                             | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| ST097Q03TA | The teacher has to wait a long time for students to quiet down.                          | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| ST097Q04TA | Students cannot work well.                                                               | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| ST097Q05TA | Students do not start working for a long time after the lesson begins.                   | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| ST097Q06DA | Students get distracted by using <digital resources> (e.g. smartphones, websites, apps). | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |

**ST100**    **How often do these things happen in your <school science> lessons?***(Please select one response in each row.)*

|            |                                                                | Every<br>lesson             | Most<br>lessons             | Some<br>lessons             | Never or<br>hardly<br>ever  |
|------------|----------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| ST100Q01TA | 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 |
| ST100Q02TA | 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 |
| ST100Q03TA | The teacher helps students with their learning.                | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| ST100Q04TA | The teacher continues teaching until the students understand.  | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| ST100Q05TA | The teacher gives students an opportunity to express opinions. | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |

**ST104**    **How often do these things happen in your lessons for this <school science> course?***(Please select one response in each row.)*

|            |                                                          | Never or<br>almost<br>never | Some<br>lessons             | Many<br>lessons             | Every<br>lesson or<br>almost<br>every<br>lesson |
|------------|----------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-------------------------------------------------|
| ST104Q03NA | The teacher tells me in which areas I can still improve. | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04                     |
| ST104Q04NA | The teacher tells me how I can improve my performance.   | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04                     |

**ST469**    **This school year, how often did your teacher do the following things in your <school science> lessons?**

*(Please select one response in each row.)*

|            |                                                                                                    | Never or<br>almost<br>never | Less<br>than<br>half of<br>the<br>lessons | About<br>half of<br>the<br>lessons | More<br>than<br>half of<br>the<br>lessons | Every<br>lesson or<br>almost<br>every<br>lesson |
|------------|----------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------|------------------------------------|-------------------------------------------|-------------------------------------------------|
| ST469Q06DA | The teacher asked us to think about how new and old scientific topics were related.                | <input type="checkbox"/> 01 | <input type="checkbox"/> 02               | <input type="checkbox"/> 03        | <input type="checkbox"/> 04               | <input type="checkbox"/> 05                     |
| ST469Q08DA | The teacher told us to keep trying even when we face difficulties with a science task.             | <input type="checkbox"/> 01 | <input type="checkbox"/> 02               | <input type="checkbox"/> 03        | <input type="checkbox"/> 04               | <input type="checkbox"/> 05                     |
| ST469Q09DA | The teacher taught us to memorize scientific facts.                                                | <input type="checkbox"/> 01 | <input type="checkbox"/> 02               | <input type="checkbox"/> 03        | <input type="checkbox"/> 04               | <input type="checkbox"/> 05                     |
| ST469Q10DA | The teacher asked us to explain a scientific principle.                                            | <input type="checkbox"/> 01 | <input type="checkbox"/> 02               | <input type="checkbox"/> 03        | <input type="checkbox"/> 04               | <input type="checkbox"/> 05                     |
| ST469Q11DA | The teacher asked us to explain how we would design an experiment to address a scientific problem. | <input type="checkbox"/> 01 | <input type="checkbox"/> 02               | <input type="checkbox"/> 03        | <input type="checkbox"/> 04               | <input type="checkbox"/> 05                     |

**ST468**    **This school year, how often did your teacher do the following things in your <school science> lessons?**

*(Please select one response in each row.)*

|            |                                                                                   | Never or<br>almost<br>never | Less<br>than<br>half of<br>the<br>lessons | About<br>half of<br>the<br>lessons | More<br>than<br>half of<br>the<br>lessons | Every<br>lesson or<br>almost<br>every<br>lesson |
|------------|-----------------------------------------------------------------------------------|-----------------------------|-------------------------------------------|------------------------------------|-------------------------------------------|-------------------------------------------------|
| ST468Q08DA | The teacher asked us to debate scientific topics with other members of the class. | <input type="checkbox"/> 01 | <input type="checkbox"/> 02               | <input type="checkbox"/> 03        | <input type="checkbox"/> 04               | <input type="checkbox"/> 05                     |
| ST468Q09DA | The teacher asked us to discuss with each other what we learned.                  | <input type="checkbox"/> 01 | <input type="checkbox"/> 02               | <input type="checkbox"/> 03        | <input type="checkbox"/> 04               | <input type="checkbox"/> 05                     |
| ST468Q10DA | The teacher asked us to explain a scientific principle to the class.              | <input type="checkbox"/> 01 | <input type="checkbox"/> 02               | <input type="checkbox"/> 03        | <input type="checkbox"/> 04               | <input type="checkbox"/> 05                     |
| ST468Q11DA | The teacher asked us to work on a class project in small groups.                  | <input type="checkbox"/> 01 | <input type="checkbox"/> 02               | <input type="checkbox"/> 03        | <input type="checkbox"/> 04               | <input type="checkbox"/> 05                     |

**ST531** When learning <school science> topics at school, how often do the following activities occur?*(Please select one response in each row.)*

|            |                                                                        | In all<br>lessons           | In most<br>lessons          | In some<br>lessons          | Never or<br>hardly<br>ever  |
|------------|------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| ST531Q02DA | The teacher showed us how science can be useful in our everyday lives. | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| ST531Q11DA | The teacher asked us to think of solutions to environmental issues.    | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |

**ST094 How much do you disagree or agree with the statements about yourself below?***(Please select one response in each row.)*

|            |                                                                 | Strongly<br>disagree        | Disagree                    | Agree                       | Strongly<br>agree           |
|------------|-----------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| ST094Q01NA | I generally have fun when I am learning <broad science> topics. | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| ST094Q03NA | I am happy working on <broad science> topics.                   | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| ST094Q04NA | I enjoy acquiring new knowledge in <broad science>.             | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| ST094Q05NA | I am interested in learning about <broad science>.              | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |

**ST129    How easy do you think it would be for you to perform the following tasks on your own?**

*(Please select one response in each row.)*

|            |                                                                                    | I could<br>do this<br>easily           | I could<br>do this<br>with a bit<br>of effort | I would<br>struggle<br>to do<br>this on<br>my own | I<br>couldn't<br>do this               |
|------------|------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------|---------------------------------------------------|----------------------------------------|
| ST129Q03TA | Describe the role of antibiotics in the treatment of disease.                      | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub>        | <input type="checkbox"/> <sub>03</sub>            | <input type="checkbox"/> <sub>04</sub> |
| ST129Q05TA | Predict how changes to an environment will affect the survival of certain species. | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub>        | <input type="checkbox"/> <sub>03</sub>            | <input type="checkbox"/> <sub>04</sub> |
| ST129Q08DA | Identify the better of two explanations for the causes of climate change           | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub>        | <input type="checkbox"/> <sub>03</sub>            | <input type="checkbox"/> <sub>04</sub> |
| ST129Q11DA | Identify the reliability of scientific information.                                | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub>        | <input type="checkbox"/> <sub>03</sub>            | <input type="checkbox"/> <sub>04</sub> |
| ST129Q12DA | Investigate the sustainability of a practice or product.                           | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub>        | <input type="checkbox"/> <sub>03</sub>            | <input type="checkbox"/> <sub>04</sub> |
| ST129Q14DA | Explain how carbon-dioxide emissions affect global climate change.                 | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub>        | <input type="checkbox"/> <sub>03</sub>            | <input type="checkbox"/> <sub>04</sub> |

**ST131 How much do you disagree or agree with the statements below?***(Please select one response in each row.)*

|            |                                                                                                             | Strongly<br>disagree                   | Disagree                               | Agree                                  | Strongly<br>agree                      |
|------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|
| ST131Q02TA | Good answers are based on evidence from many different experiments.                                         | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| ST131Q04TA | One important part of <broad science> is doing experiments to come up with ideas about how things work.     | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| ST131Q10TA | Information from one source should be checked from a range of other reliable sources before it is accepted. | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| ST131Q12TA | There are some questions that scientists cannot answer.                                                     | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| ST131Q13TA | New discoveries can change what scientists think is true.                                                   | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| ST131Q17TA | We should rely more on common sense and less on scientific studies.                                         | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |

**ST501    How much do you agree or disagree with the following statements?***(Please select one response in each row.)*

|            |                                                                         | Strongly<br>disagree        | Disagree                    | Agree                       | Strongly<br>agree           |
|------------|-------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| ST501Q03DA | My teacher takes us on field trips to investigate environmental issues. | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| ST501Q05DA | My class discusses solutions to environmental issues.                   | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| ST501Q06DA | My teacher provides opportunities to research environmental issues.     | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| ST501Q07DA | I am assessed on my environmental knowledge                             | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |

**ST495 How often have you been involved with the following activities in the last 12 months?***(Please select one response in each row.)*

|            |                                                                                     | Never                       | Once                        | A few<br>times              | Many<br>times               |
|------------|-------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| ST495Q03DA | Joining a peaceful march or rally related to an environmental issue                 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| ST495Q05DA | Posting concerns about an environmental issue on social media                       | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| ST495Q09DA | Making purchases based on how sustainable the products are                          | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| ST495Q13DA | Stopping eating certain foods to minimize some impacts on the environment           | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| ST495Q15DA | Discussing with friends and family how to have a positive impact on the environment | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |

**This is a filter question:****Respondents are redirected to ST496 or ST499 depending on their responses.**

If ALL responses in ST495 are “Never”, respondents GO to ST496.  
 Else, respondents GO to ST499.

**This is a filtered question****This question is shown if:**

All responses to ST495 are “Never”.

**ST496** Below are possible reasons why you would not have participated to activities that positively impact the environment last year. How much do you agree or disagree with these reasons?

*(Please select one response in each row.)*

|            |                                                                           | Strongly disagree           | Disagree                    | Agree                       | Strongly agree              |
|------------|---------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| ST496Q03DA | I did not know how.                                                       | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| ST496Q05DA | No one I knew was participating in activities to benefit the environment. | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| ST496Q07DA | I did not believe my actions will make a difference.                      | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| ST496Q08DA | Someone else will take care of the problem.                               | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |

**ST499 How strongly do you agree with the following statements?***(Please select one response in each row.)*

|            |                                                                                                                                                             | Strongly<br>disagree        | Disagree                    | Agree                       | Strongly<br>agree           |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| ST499Q02DA | I believe that my school and local community can contribute to positively impacting global environmental issues (e.g. climate change, habitat restoration). | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| ST499Q04DA | I believe that by working with my local community we can play an important role in positively impacting the environment.                                    | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| ST499Q05DA | I believe that by working with my local community we can reduce the use of fossil fuels.                                                                    | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| ST499Q06DA | I believe that by working with my school we can reduce their energy consumption.                                                                            | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |

**ST500**    **How much do you agree with the following statements about environmental issues?**

*(Please select one response in each row.)*

|            |                                                                                  | Strongly<br>disagree        | Disagree                    | Agree                       | Strongly<br>agree           |
|------------|----------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| ST500Q03DA | I know how to work with others to positively impact the environment.             | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| ST500Q05DA | I know that there are things that I can do to positively impact the environment. | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| ST500Q06DA | If people work together, we can resolve environmental issues.                    | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| ST500Q09DA | Looking after the global environment is important to me.                         | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |

**ST498 In the past 12 months how often have you done the following activities?***(Please select one response in each row.)*

|            |                                                                  | Never                       | Once                        | Twice                       | Three times                 | Four times                  | Five or more times          |
|------------|------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| ST498Q01DA | Watch science-related documentaries (e.g. about animals, health) | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 | <input type="checkbox"/> 06 |
| ST498Q09DA | Attend a science club                                            | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 | <input type="checkbox"/> 06 |
| ST498Q11DA | Enter a science competition                                      | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 | <input type="checkbox"/> 06 |
| ST498Q13DA | Conduct a science experiment at home                             | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 | <input type="checkbox"/> 06 |

**ST092 How informed are you about the following environmental issues?***(Please select one response in each row.)*

|            |                                                         | I have<br>never<br>heard of<br>this | I have<br>heard<br>about this<br>but I would<br>not be<br>able to<br>explain<br>what it is<br>really<br>about | I know<br>something<br>about this<br>and could<br>explain the<br>general<br>issue | I am<br>familiar<br>with this<br>and I<br>would be<br>able to<br>explain<br>this well |
|------------|---------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| ST092Q01TA | The increase of greenhouse gases in the atmosphere      | <input type="checkbox"/> 01         | <input type="checkbox"/> 02                                                                                   | <input type="checkbox"/> 03                                                       | <input type="checkbox"/> 04                                                           |
| ST092Q04TA | Nuclear waste                                           | <input type="checkbox"/> 01         | <input type="checkbox"/> 02                                                                                   | <input type="checkbox"/> 03                                                       | <input type="checkbox"/> 04                                                           |
| ST092Q05TA | The consequences of clearing forests for other land use | <input type="checkbox"/> 01         | <input type="checkbox"/> 02                                                                                   | <input type="checkbox"/> 03                                                       | <input type="checkbox"/> 04                                                           |
| ST092Q08NA | Extinction of plants and animals                        | <input type="checkbox"/> 01         | <input type="checkbox"/> 02                                                                                   | <input type="checkbox"/> 03                                                       | <input type="checkbox"/> 04                                                           |
| ST092Q09NA | Water shortages                                         | <input type="checkbox"/> 01         | <input type="checkbox"/> 02                                                                                   | <input type="checkbox"/> 03                                                       | <input type="checkbox"/> 04                                                           |
| ST092Q14DA | Effects of plastic pollution                            | <input type="checkbox"/> 01         | <input type="checkbox"/> 02                                                                                   | <input type="checkbox"/> 03                                                       | <input type="checkbox"/> 04                                                           |

**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 <test language lessons> | _____ |
|------------|---------------------------------------------------------------|-------|

|            |                                                   |       |
|------------|---------------------------------------------------|-------|
| ST059Q02TA | Number of <class periods> per week in mathematics | _____ |
|------------|---------------------------------------------------|-------|

|            |                                                 |       |
|------------|-------------------------------------------------|-------|
| ST059Q03TA | Number of <class periods> per week in <science> | _____ |
|------------|-------------------------------------------------|-------|

|            |                                                                                               |       |
|------------|-----------------------------------------------------------------------------------------------|-------|
| ST059Q05DA | Total Number of <class periods> per week in all subjects, including subjects not listed above | _____ |
|------------|-----------------------------------------------------------------------------------------------|-------|

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**ST071      This school year, approximately how many hours per week do you spend learning in addition to your required school schedule in the following subjects?**

*This is only learning in subjects that you are also learning at school, which you spend extra time on outside of normal school hours. The learning may take place at school, at your home or somewhere else and includes tutoring. This does not include homework.*

*(Please enter a number. Enter "0" (zero) if you do not attend additional instruction in this subject.)*

ST071Q01NA      <School science > \_\_\_\_\_

ST071Q05NA      Other Subjects \_\_\_\_\_

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**ST502 This school year, which types of additional <School science> instruction do you participate in?**

*(Please select one response in each row.)*

|                                                                                                                                                    | Yes                                    | No                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|
| ST502Q01DA Individual tutoring with a person in the same room                                                                                      | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> |
| ST502Q06DA Large group study or practice (8 or more students) where the tutor and the students are in the same room                                | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> |
| ST502Q04DA Group real-time lessons given by a tutor on a video communication program (e.g. <Zoom™>, <Skype™>, <Google® Meet™>, <Microsoft® Teams>) | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> |
| ST502Q03DA Internet, computer program or application or video-recorded lessons                                                                     | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> |

**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.)*

|            |                                                                                           | Up to<br>30<br>minutes<br>a day        | More<br>than 30<br>minutes<br>and up<br>to 1<br>hour a<br>day | More<br>than 1<br>hour<br>and<br>up to<br>2<br>hours<br>a day | More<br>than 2<br>hours<br>and<br>up to<br>3<br>hours<br>a day | More<br>than 3<br>hours<br>and<br>up to<br>4<br>hours<br>a day | More<br>than 4<br>hours<br>a day       |
|------------|-------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------|
| ST296Q03JA | <School science><br>homework                                                              | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub>                        | <input type="checkbox"/> <sub>03</sub>                        | <input type="checkbox"/> <sub>04</sub>                         | <input type="checkbox"/> <sub>05</sub>                         | <input type="checkbox"/> <sub>06</sub> |
| ST296Q04JA | Total time for all<br>homework in all subjects,<br>including subjects not<br>listed above | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub>                        | <input type="checkbox"/> <sub>03</sub>                        | <input type="checkbox"/> <sub>04</sub>                         | <input type="checkbox"/> <sub>05</sub>                         | <input type="checkbox"/> <sub>06</sub> |

**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.)*

|            |                                                                                                              | 0 days                      | 1 day                       | 2 days                      | 3 days                      | 4 days                      | 5 or<br>more<br>days        |
|------------|--------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 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<br>(e.g. running, cycling,<br>aerobics, soccer, skating,<br><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 |

**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.)*

|            |                                                                                                              | 0 days                      | 1 day                       | 2 days                      | 3 days                      | 4 days                      | 5 or more days              |
|------------|--------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 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<br>(e.g. running, cycling,<br>aerobics, soccer, skating,<br><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 |

**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 select one response from the drop-down menus to answer the questions.)*

|            |                                                 |          |
|------------|-------------------------------------------------|----------|
| ST326Q01JA | For learning activities at school               | Select ▼ |
| ST326Q02JA | For learning activities before and after school | Select ▼ |
| ST326Q03JA | For learning activities on weekends             | Select ▼ |
| ST326Q04JA | For leisure at school                           | Select ▼ |
| ST326Q05JA | For leisure before and after school             | Select ▼ |
| ST326Q06JA | For leisure on weekends                         | Select ▼ |

Drop-down menu list:

None  
Up to 1 hour  
More than 1 hour and up to 2 hours  
More than 2 hours and up to 3 hours  
More than 3 hours and up to 4 hours  
More than 4 hours and up to 5 hours  
More than 5 hours and up to 6 hours  
More than 6 hours and up to 7 hours  
More than 7 hours

**LDW17 How often do you use <digital resources> during the lessons in the following subjects?***(Please select one response in each row.)*

|            |                                                                                                                                   | Never<br>or<br>almost<br>never         | In less<br>than<br>half of<br>the<br>lessons | In<br>about<br>half of<br>the<br>lessons | In more<br>than<br>half of<br>the<br>lessons | In<br>every<br>or<br>almost<br>every<br>lesson | I do not<br>have<br>this<br>subject    |
|------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------|------------------------------------------|----------------------------------------------|------------------------------------------------|----------------------------------------|
| LDW17Q01DA | <Science>                                                                                                                         | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub>       | <input type="checkbox"/> <sub>03</sub>   | <input type="checkbox"/> <sub>04</sub>       | <input type="checkbox"/> <sub>05</sub>         | <input type="checkbox"/> <sub>06</sub> |
| LDW17Q02DA | Mathematics                                                                                                                       | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub>       | <input type="checkbox"/> <sub>03</sub>   | <input type="checkbox"/> <sub>04</sub>       | <input type="checkbox"/> <sub>05</sub>         | <input type="checkbox"/> <sub>06</sub> |
| LDW17Q03DA | <Test language>                                                                                                                   | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub>       | <input type="checkbox"/> <sub>03</sub>   | <input type="checkbox"/> <sub>04</sub>       | <input type="checkbox"/> <sub>05</sub>         | <input type="checkbox"/> <sub>06</sub> |
| LDW17Q05DA | Human<br>sciences/Humanities<br>/Social studies (e.g.,<br>history, geography,<br>civics, law,<br>economics)                       | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub>       | <input type="checkbox"/> <sub>03</sub>   | <input type="checkbox"/> <sub>04</sub>       | <input type="checkbox"/> <sub>05</sub>         | <input type="checkbox"/> <sub>06</sub> |
| LDW17Q06DA | Creative arts (e.g.,<br>visual arts, music,<br>dance, drama)                                                                      | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub>       | <input type="checkbox"/> <sub>03</sub>   | <input type="checkbox"/> <sub>04</sub>       | <input type="checkbox"/> <sub>05</sub>         | <input type="checkbox"/> <sub>06</sub> |
| LDW17Q07DA | <Foreign<br>language(s)>                                                                                                          | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub>       | <input type="checkbox"/> <sub>03</sub>   | <input type="checkbox"/> <sub>04</sub>       | <input type="checkbox"/> <sub>05</sub>         | <input type="checkbox"/> <sub>06</sub> |
| LDW17Q08DA | <Practical or<br>vocational subjects><br>(e.g., <mechanics and<br>repair>, <healthcare<br>occupations>,<br><construction trades>) | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub>       | <input type="checkbox"/> <sub>03</sub>   | <input type="checkbox"/> <sub>04</sub>       | <input type="checkbox"/> <sub>05</sub>         | <input type="checkbox"/> <sub>06</sub> |

**LDW09 This school year, how often did you do the following tasks using <digital resources> in your school lessons?**

(Please select one response in each row.)

|            |                                                                                                       | Never or<br>almost<br>never            | Sometimes                              | Often                                  | Very often                             |
|------------|-------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|
| LDW09Q01DA | Search for and find relevant information online                                                       | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| LDW09Q02DA | Assess the quality of information you found online                                                    | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| LDW09Q03DA | Write or edit text for a school assignment (e.g. using <Google® Docs™>, <Microsoft® Word>)            | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| LDW09Q04DA | Create a multi-media presentation (with sound, pictures, or video)                                    | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| LDW09Q05DA | Create and edit videos (e.g., <iMovie, Final Cut Pro, InShot>)                                        | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| LDW09Q06DA | Create and edit music (e.g. <Audacity, GarageBand>)                                                   | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| LDW09Q07DA | Create a computer program, macro or app e.g. in <Scratch>, <Logo>, <VBA>, <Java>                      | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| LDW09Q08DA | Collect and record data (e.g., using data loggers, <Microsoft® Access™>, <Google® Form>, <Excel>)     | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| LDW09Q09DA | Build or edit a webpage (e.g. using <WordPress>)                                                      | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| LDW09Q10DA | Play digital learning games (e.g. <Atlantis Remixed>, <Duolingo®>)                                    | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| LDW09Q11DA | Create shared documents online for collaborative work with others (e.g. using <Google Docs, Dropbox>) | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |

|            |                                                                                                                          | Never or<br>almost<br>never            | Sometimes                              | Often                                  | Very often                             |
|------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|
| LDW09Q12DA | Do <science> exercises online                                                                                            | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| LDW09Q13DA | Program robots                                                                                                           | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| LDW09Q14DA | Use virtual or augmented reality                                                                                         | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| LDW09Q16DA | Assess the quality of information<br>generated by Artificial Intelligence<br>chatbots (e.g. <ChatGPT>,<br><Google Bard>) | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |

**LDW11 Think about the use of <digital resources> for your schoolwork. How much do you agree or disagree with the following statements?***(Please select one response in each row.)*

|            |                                                                          | Strongly<br>disagree        | Disagree                    | Agree                       | Strongly<br>agree           |
|------------|--------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| LDW11Q01DA | <Digital resources> help me learn complex things                         | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| LDW11Q02DA | <Digital resources> make the content that I am learning more interesting | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |

**LDW23 How often do you use Artificial Intelligence chatbots (e.g. <ChatGPT>) for your school work to do the following activities?**

*(Please select one response in each row.)*

|            |                                                | Never or<br>almost<br>never | About<br>once or<br>twice a<br>year | About<br>once or<br>twice a<br>month | About<br>once or<br>twice a<br>week | Every<br>day or<br>almost<br>every<br>day |
|------------|------------------------------------------------|-----------------------------|-------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------------|
| LDW23Q01DA | To summarize a text I had to read              | <input type="checkbox"/> 01 | <input type="checkbox"/> 02         | <input type="checkbox"/> 03          | <input type="checkbox"/> 04         | <input type="checkbox"/> 05               |
| LDW23Q02DA | To conduct preliminary research on a new topic | <input type="checkbox"/> 01 | <input type="checkbox"/> 02         | <input type="checkbox"/> 03          | <input type="checkbox"/> 04         | <input type="checkbox"/> 05               |
| LDW23Q03DA | To draft texts for writing assignments         | <input type="checkbox"/> 01 | <input type="checkbox"/> 02         | <input type="checkbox"/> 03          | <input type="checkbox"/> 04         | <input type="checkbox"/> 05               |
| LDW23Q04DA | To help me learn                               | <input type="checkbox"/> 01 | <input type="checkbox"/> 02         | <input type="checkbox"/> 03          | <input type="checkbox"/> 04         | <input type="checkbox"/> 05               |

**ST322 Think about your use of <digital devices>. How often do you feel or act the following ways?**

*If you don't have or use a <digital device>, please select "not applicable".*

*(Please select one response in each row.)*

|            |                                                                                                    | Never<br>or<br>almost<br>never | Less<br>than<br>half of<br>the<br>time | About<br>half of<br>the<br>time | More<br>than<br>half of<br>the<br>time | All or<br>almost<br>all of<br>the<br>time | Not<br>applicable           |
|------------|----------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------|---------------------------------|----------------------------------------|-------------------------------------------|-----------------------------|
| ST322Q01JA | I turn off notifications from social networks and apps on my <digital devices> during class.       | <input type="checkbox"/> 01    | <input type="checkbox"/> 02            | <input type="checkbox"/> 03     | <input type="checkbox"/> 04            | <input type="checkbox"/> 05               | <input type="checkbox"/> 06 |
| ST322Q02JA | I turn off notifications from social networks and apps on my <digital devices> when I go to sleep. | <input type="checkbox"/> 01    | <input type="checkbox"/> 02            | <input type="checkbox"/> 03     | <input type="checkbox"/> 04            | <input type="checkbox"/> 05               | <input type="checkbox"/> 06 |
| ST322Q06JA | I feel pressured to be online and answer messages when I am in class.                              | <input type="checkbox"/> 01    | <input type="checkbox"/> 02            | <input type="checkbox"/> 03     | <input type="checkbox"/> 04            | <input type="checkbox"/> 05               | <input type="checkbox"/> 06 |
| ST322Q07JA | I feel nervous/anxious when I don't have my <digital device> near me.                              | <input type="checkbox"/> 01    | <input type="checkbox"/> 02            | <input type="checkbox"/> 03     | <input type="checkbox"/> 04            | <input type="checkbox"/> 05               | <input type="checkbox"/> 06 |

**ST300**    **How often do your parents or someone in your family do the following things with you?**

*(Please select one response in each row.)*

|            |                                                          | Never or<br>almost<br>never | About<br>once or<br>twice a<br>year | About<br>once or<br>twice a<br>month | About<br>once or<br>twice a<br>week | Every<br>day or<br>almost<br>every<br>day |
|------------|----------------------------------------------------------|-----------------------------|-------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------------|
| 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               |
| 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               |
| 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               |

**ST327 Which of the following qualifications do you expect to complete?***(Please select one response in each row.)*

|                              | Yes                         | No                          | I don't know.               |
|------------------------------|-----------------------------|-----------------------------|-----------------------------|
| 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 |

**This is a filter question:****Respondents are redirected to ST516 or ST324 depending on their responses.\***

Respondents selecting “No” to ALL ISCED levels located at or above ISCED level 5 (ST327Q05JA, ST327Q06JA, ST327Q07JA and ST327Q08JA) GO to ST516.  
Else, respondents go to ST324.

\* Rule applied at data cleaning step.

**This is a filtered question\***

Only applied if respondents select “No” to ALL responses ISCED levels located at or above ISCED level 5 in ST327.

\* Rule applied at data cleaning step.

**ST516 What are the reasons you do not expect to continue with <further education>?**

*(Please tick one response in each row.)*

|                                                                            | Yes                         | No                          |
|----------------------------------------------------------------------------|-----------------------------|-----------------------------|
| ST516Q01DA <Further education> is not required for my chosen career        | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 |
| ST516Q03DA I cannot afford tuition fees                                    | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 |
| ST516Q09DA I am not doing very well at school                              | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 |
| ST516Q10DA I am unsure if <further education> will be needed for my career | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 |
| ST516Q11DA I plan to start work immediately after finishing school         | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 |

**ST324 To what extent do you agree or disagree with the following statements?***(Please select one response in each row.)*

|            |                                                                          | Strongly<br>disagree        | Disagree                    | Agree                       | Strongly<br>agree           |
|------------|--------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| ST324Q10JA | School has done little to prepare me for adult life when I leave school. | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| ST324Q11JA | School has been a waste of time.                                         | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| ST324Q13JA | School has taught me things which could be useful in a job.              | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |

**ST527**    **In your opinion, which level of education do most of your schoolmates expect to complete?**

*(Please select one response.)*

ST527Q01DA    <ISCED level 2>    ☐ 01

ST527Q01DA    <ISCED level 3.3>    ☐ 02

ST527Q01DA    <ISCED level 3.4>    ☐ 03

ST527Q01DA    <ISCED level 4>    ☐ 04

ST527Q01DA    <ISCED level 5>    ☐ 05

ST527Q01DA    <ISCED level 6>    ☐ 06

ST527Q01DA    <ISCED level 7>    ☐ 07

ST527Q01DA    <ISCED level 8>    ☐ 08

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**ST528** Which of the following qualifications do you think your  
<parents/guardians> expect or want you to complete?

*(Please select one response.)*

ST528Q01DA <ISCED level 2> ☐ 01

ST528Q01DA <ISCED level 3.3> ☐ 02

ST528Q01DA <ISCED level 3.4> ☐ 03

ST528Q01DA <ISCED level 4> ☐ 04

ST528Q01DA <ISCED level 5> ☐ 05

ST528Q01DA <ISCED level 6> ☐ 06

ST528Q01DA <ISCED level 7> ☐ 07

ST528Q01DA <ISCED level 8> ☐ 08

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**ST329**      **What kind of job do you expect to have when you are about 30 years old?**

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

ST329Q01JA

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**ST533**    **To what extent are you interested in contributing towards protecting the environment in your future job?**

*(Please select one response.)*

ST533Q01DA    Not at all    ☐ 01

ST533Q01DA    Very little    ☐ 02

ST533Q01DA    To some extent    ☐ 03

ST533Q01DA    To a large extent    ☐ 04

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**ST515**    **How often do the following things happen to students in your <school science> courses?**

**Students ....**

*(Please select one response in each row.)*

|            |                                                                                                 | Every<br>lesson                        | Most<br>lessons                        | Some<br>lessons                        | Never or<br>almost<br>never            |
|------------|-------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|
| ST515Q02DA | develop models or simulations to help explain natural phenomena e.g. earthquakes.               | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| ST515Q04DA | carry out an experiment to investigate a scientific question.                                   | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| ST515Q05DA | analyse and interpret data.                                                                     | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| ST515Q08DA | develop explanations of phenomena (e.g. climate change) based on scientific evidence or models. | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| ST515Q09DA | develop scientific arguments using evidence to support a claim.                                 | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |
| ST515Q11DA | critically evaluate the credibility and trustworthiness of online information.                  | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> |



*“Status in society” refers to a person's standing or importance in relation to other people within a society.*

**ST493 To what extent do you agree or disagree with the following statements?**

*(Please select one response in each row.)*

|            |                                                                             | Strongly<br>disagree        | Disagree                    | Agree                       | Strongly<br>agree           |
|------------|-----------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| ST493Q01DA | Your status in society is something that you can't really change very much. | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |

**ST420 To what extent do you agree or disagree with the following statements?***(Please select one response in each row.)*

|            |                                                                                          | Strongly<br>disagree        | Disagree                    | Agree                       | Strongly<br>agree           |
|------------|------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| ST420Q01DA | You have a certain amount of intelligence, and you really can't do much to change it.    | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| ST420Q02DA | You have a certain amount of science ability, and you really can't do much to change it. | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |

**ST307 To what extent do you agree or disagree with the following statements?**

*(Please select one response in each row.)*

|            |                                                             | Strongly<br>disagree        | Disagree                    | Neither<br>agree<br>nor<br>disagree | Agree                       | Strongly<br>agree           |
|------------|-------------------------------------------------------------|-----------------------------|-----------------------------|-------------------------------------|-----------------------------|-----------------------------|
| ST307Q01JA | I keep working on a task until it is finished.              | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03         | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 |
| ST307Q02JA | I apply additional effort when work becomes challenging.    | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03         | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 |
| ST307Q03JA | I finish tasks that I started even when they become boring. | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03         | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 |
| ST307Q07JA | I quit doing homework if it is too long.                    | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03         | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 |
| ST307Q09JA | I finish what I start.                                      | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03         | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 |
| ST307Q10JA | I give up easily.                                           | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03         | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 |

**ST301 To what extent do you agree or disagree with the following statements?**

*(Please select one response in each row.)*

|            |                                            | Strongly<br>disagree                   | Disagree                               | Neither<br>agree<br>nor<br>disagree    | Agree                                  | Strongly<br>agree                      |
|------------|--------------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|
| ST301Q01JA | I am curious about many different things.  | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> | <input type="checkbox"/> <sub>05</sub> |
| ST301Q04JA | I like to know how things work.            | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> | <input type="checkbox"/> <sub>05</sub> |
| ST301Q06JA | I am more curious than most people I know. | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> | <input type="checkbox"/> <sub>05</sub> |
| ST301Q08JA | I find learning new things to be boring.   | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> | <input type="checkbox"/> <sub>05</sub> |
| ST301Q10JA | I like learning new things.                | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> | <input type="checkbox"/> <sub>05</sub> |

**LDW04 To what extent do you agree or disagree with the following statements?***(Please select one response in each row.)*

|            |                                                                      | Strongly<br>disagree        | Disagree                    | Agree                       | Strongly<br>agree           |
|------------|----------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| LDW04Q01DA | I enjoy finding solutions to problems.                               | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| LDW04Q03DA | I like situations where I have to think hard about something.        | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| LDW04Q04DA | I like complicated problems more than simple problems.               | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| LDW04Q05DA | I keep working on a problem even if I might not be able to solve it. | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |

**LDW21 How well does each of the following statements below describe you?***(Please select one response in each row.)*

|            |                                                                                                      | Very<br>much<br>like<br>me             | Mostly<br>like<br>me                   | Some<br>what<br>like<br>me             | Not<br>much<br>like<br>me              | Not at<br>all like<br>me               |
|------------|------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|
| LDW21Q01DA | I can handle unusual situations.                                                                     | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> | <input type="checkbox"/> <sub>05</sub> |
| LDW21Q03DA | I can adapt to different situations even when under stress or pressure.                              | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> | <input type="checkbox"/> <sub>05</sub> |
| LDW21Q04DA | I can adapt easily to a new culture.                                                                 | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> | <input type="checkbox"/> <sub>05</sub> |
| LDW21Q05DA | When encountering difficult situations with other people, I can find a way to resolve the situation. | <input type="checkbox"/> <sub>01</sub> | <input type="checkbox"/> <sub>02</sub> | <input type="checkbox"/> <sub>03</sub> | <input type="checkbox"/> <sub>04</sub> | <input type="checkbox"/> <sub>05</sub> |

*We would like to learn more about how you learn new school material. You can find a list of different ways of learning here.*

**LDW01 For each way of learning, please indicate how often you use it.**

*(Please select one response in each row.)*

|            |                                                                                                                      | Never<br>or<br>almost<br>never | Sometimes                   | Often                       | Very<br>often               |
|------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------|-----------------------------|-----------------------------|
| LDW01Q02DA | I plan my approach to studying.                                                                                      | <input type="checkbox"/> 01    | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| LDW01Q03DA | In order to identify gaps in my knowledge, I make a summary of the most important points without using my documents. | <input type="checkbox"/> 01    | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| LDW01Q04DA | I ask myself questions about the material to check if I have understood everything.                                  | <input type="checkbox"/> 01    | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| LDW01Q06DA | If I notice that my approach to studying is not successful, I change it.                                             | <input type="checkbox"/> 01    | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |

**LDW02 We would like to learn more about how you learn. To what extent do you agree or disagree with the following statements about you?***(Please select one response in each row.)*

|            |                                                                       | Strongly<br>agree           | Agree                       | Disagree                    | Strongly<br>disagree        |
|------------|-----------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| LDW02Q01DA | When I do not fully understand something, I ask my classmates.        | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| LDW02Q02DA | I ask my teachers for help when I need it.                            | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| LDW02Q04DA | When I have trouble learning, I ask for help.                         | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| LDW02Q06DA | I only ask for help after trying hard to find the solution on my own. | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |

**LDW03 To what extent do you agree or disagree with the following statements?***(Please select one response in each row.)*

|            |                                                                                            | Strongly<br>disagree        | Disagree                    | Agree                       | Strongly<br>agree           |
|------------|--------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| LDW03Q02DA | I evaluate what I've learned each time I finish studying material.                         | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |
| LDW03Q03DA | I ask for feedback on my work from someone who is more capable than me (e.g., my teacher). | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 |

*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.*

**ST331 Now think about the effort you put into completing the PISA test and questionnaire.**

*(Please select one response in each row.)*

|            |                                                                                                                             | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
|------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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 marks>? | <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