

UK ***E/NI***



**STUDENT
QUESTIONNAIRE**

In this booklet you will find questions about:

- you and your family;
- your experience of your school;
- what you plan to do in the future.

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

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

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

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

Your answers will be kept confidential. Thank you

Q 1 What is your date of birth?

(Please write in the day, month and year)

_____ 198_____
Day Month Year

Q 2 What year group are you in? _____

Q 3 Are you female or male?

(Tick one box only)

Female 1

Male 2

Q 4 Where were you born?

(Tick one box only)

- England, Scotland, Wales or Northern Ireland 01
- The Republic of Ireland 02
- Another European Community country 03
- Another European country (non European Community) 04
- Bangladesh, India, or Pakistan 05
- Africa or the Caribbean 06
- Iran, Iraq, Israel, Jordan, Lebanon, Saudi Arabia or Syria 07
- China, Taiwan, Hong Kong, Cambodia, Vietnam, Korea or other Far Eastern country 08
- Australia, New Zealand, North America or Canada 09
- Central or South America 10
- Other *(please tell us)*..... 11

Q 5 What language do you speak at home most of the time?

(Tick only one box.)

- English 1
Another language *(please tell us)*..... 2

Q 6 We would like to know about your family background. Which of the following people do you live with most of the time?

(Tick one box on each line.)

- | | Yes | No |
|--|----------------------------|----------------------------|
| a) Mother | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b) Other female guardian (e.g. stepmother or foster mother)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c) Father..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d) Other male guardian (e.g. stepfather or foster father)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e) Brother(s) (including step brothers) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f) Sister(s) (including step sisters) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g) Grandparent(s)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| h) Others..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

Q 7 How many brothers and sisters do you have?

(Please tick only one box on each row.)

- | | None | One | Two | Three | Four or more |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|
| a) Older than you..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 5 |
| b) Younger than you..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 5 |
| c) The same age as you..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 5 |

Q 8 *The following questions are about your mother (or the person who is like a mother to you - for example, a female guardian, step or foster mother).*

If you share your time with more than one set of parents or guardians please answer the following questions (Q8 to Q19) for the mother/step or foster mother/female guardian you spend the most time with.

If you do not have a mother or other female guardian, please tick this box and go to question 20 1 go to question 20, page 11

**We would like to know about your mother's employment.
What is your mother presently doing?**

(Tick one box only)

She is ...

- | | |
|--|--|
| Working full-time | <input type="checkbox"/> 1 go to question 10 |
| Working part-time | <input type="checkbox"/> 2 go to question 10 |
| Not working, but looking for a job | <input type="checkbox"/> 3 go to question 9 |
| Doing something else (e.g. looking after the home or family; a student; retired) | <input type="checkbox"/> 4 go to question 9 |

Q 9 Has your mother ever had a paid job (either as an employee or self-employed)?

- Yes 1 go to question 10 on the next page
- No 2 go to question 16 on page 9

Q 10 *In the following questions, we would like to know some details about your mother's job.*

- *If your mother is working at the moment, please tell us about her current job.*
- *If she has more than one job, please tell us about her main job.*
- *If she is not working at the moment, please tell us about the main job she used to do.*

What is (or was) the title of your mother's main job?

(e.g. secondary school teacher, nurse, sales manager)

Please write in the name of the job. _____

Q 11 What does (or did) your mother do in her main job?

(e.g. teaches children aged 11-18, cares for patients, manages a team that sells insurance over the telephone)

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

Q 12 What is (or was) the business of your mother's employer?

(e.g. secondary education, hospital care, selling insurance)

Or, if she is (or was) self-employed/freelance:

What is (or was) the nature of her business?

Q 13 Does (or did) your mother work as an employee or is (or was) she self-employed?

(Tick one box only)

She is (was) ...

An employee 1 go to question 14

Self-employed – with employees 2 go to question 15

Self-employed/freelance – without employees 3 go to question 16

Q 14 *If your mother is or was an employee:*

Does (or did) your mother manage or supervise any other employees?

(Tick one box only)

Yes - as a manager 1

Yes – as a supervisor 2

No 3

Q 15 How many employees are (or were) there at the place where your mother works (or worked)?

(Tick one box only)

1 to 9 1

10 to 24 2

25 to 499 3

500 or more 4

Q 16 What is the highest level of education your mother completed from the list below?

(Tick one box only)

- She didn't go to school 1
- She left school before the age of 14 with no qualifications 2
- She left school after the age of 14 with no qualifications 3
- She completed GCSE or GNVQ Foundation/Intermediate level or equivalent, e.g. O levels, CSEs, NVQ level 1 or 2 4
- She completed A levels, or Advanced GNVQs or equivalent higher qualifications 5

Q17 Did your mother complete a higher qualification below degree level, e.g. NVQ levels 4 and 5, Diploma of Higher Education, nursing qualifications or Higher levels in HNC, HND, or BTEC?

(Please tick only one box)

- Yes 1
- No 2

Q18 Did your mother complete a degree (e.g. BA, BSc, BEd), a Masters degree (e.g. MA, MSc), a doctorate (PhD) or higher?

(Please tick only one box)

- Yes 1
- No 2

Q 19 Where was your mother born?

(Tick one box only)

- | | |
|---|-----------------------------|
| England, Scotland, Wales or Northern Ireland | <input type="checkbox"/> 01 |
| The Republic of Ireland | <input type="checkbox"/> 02 |
| Another European Community country | <input type="checkbox"/> 03 |
| Another European country (non European Community) | <input type="checkbox"/> 04 |
| Bangladesh, India, or Pakistan | <input type="checkbox"/> 05 |
| Africa or the Caribbean | <input type="checkbox"/> 06 |
| Iran, Iraq, Israel, Jordan, Lebanon, Saudi Arabia or Syria | <input type="checkbox"/> 07 |
| China, Taiwan, Hong Kong, Cambodia, Vietnam, Korea or other Far Eastern country | <input type="checkbox"/> 08 |
| Australia, New Zealand, North America or Canada | <input type="checkbox"/> 09 |
| Central or South America | <input type="checkbox"/> 10 |
| Other (<i>please tell us</i>)..... | <input type="checkbox"/> 11 |

Q 20 *The following questions are about your father (or the person who is like a father to you - for example, a male guardian, step or foster father).*

If you share your time with more than one set of parents or guardians please answer the following questions (Q20 to Q31) for the father/step or foster father/male guardian you spend the most time with.

If you do not have a father or other male guardian, please tick this box and go to question 32 ... 1 go to question 32 page 16

We would like to know about your father's employment. What is your father presently doing?

(Tick one box only)

He is ...

Working full-time 1 go to question 22

Working part-time 2 go to question 22

Not working but looking for a job 3 go to question 21

Doing something else (e.g. looking after the home or family; a student; retired) 4 go to question 21

Q 21 Has your father ever had a paid job (either as an employee or self-employed)?

Yes 1 go to question 22 on the next page

No 2 go to question 28 on page 14

Q 22 *In the following questions, we would like to know some details about your father's job.*

- *If your father is working at the moment, please tell us about his current job.*
- *If he has more than one job, please tell us about his main job.*
- *If he is not working at the moment, please tell us about the main job he used to do.*

What is (or was) the title of your father's main job?

(e.g. secondary school teacher, nurse, sales manager)

Please write in the name of the job. _____

Q 23 What does (or did) your father do in his main job?

(e.g. teaches children aged 11-18, cares for patients, manages a team that sell insurance over the telephone)

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



Q 24 What is (or was) the business of your father's employer?

(e.g. secondary education, hospital care, selling insurance)

Or, if he is (or was) self-employed/freelance:

What is (or was) the nature of his business?

Q 25 Does (or did) your father work as an employee or is (or was) he self-employed?

(Tick one box only)

He is (was) ...

An employee 1 go to question 26

Self-employed – with employees 2 go to question 27

Self-employed/freelance – without employees 3 go to question 28

Q 26 *If your father is or was an employee:*

Does (or did) your father manage or supervise any other employees?

(Tick one box only)

Yes - as a manager 1

Yes – as a supervisor 2

No 3

Q 27 How many employees are (or were) there at the place where your father works (or worked)?

(Tick one box only)

1 to 9 1

10 to 24 2

25 to 499 3

500 or more 4

Q 28 What is the highest level of education your father completed from the list below?

(Tick one box only)

- He didn't go to school 1
- He left school before the age of 14 with no qualifications 2
- He left school after the age of 14 with no qualifications 3
- He completed GCSE or GNVQ Foundation/Intermediate level or equivalent e.g. O levels, CSEs, NVQ level 1 or 2 4
- He completed A levels, or Advanced GNVQs or equivalent higher qualifications 5

Q29 Did your father complete a higher qualification below degree level, e.g. NVQ levels 4 and 5, Diploma of Higher Education, nursing qualifications or Higher levels in HNC, HND, or BTEC?

(Please tick only one box)

- Yes 1
- No 2

Q30 Did your father complete a degree (e.g. BA, BSc, BEd), a Masters degree (e.g. MA, MSc), a doctorate (PhD) or higher?

(Please tick only one box)

- Yes 1
- No 2

Q 31 Where was your father born?

(Tick one box only)

- | | |
|---|-----------------------------|
| England, Scotland, Wales or Northern Ireland | <input type="checkbox"/> 01 |
| The Republic of Ireland | <input type="checkbox"/> 02 |
| Another European Community country | <input type="checkbox"/> 03 |
| Another European country (non European Community) | <input type="checkbox"/> 04 |
| Bangladesh, India, or Pakistan | <input type="checkbox"/> 05 |
| Africa or the Caribbean | <input type="checkbox"/> 06 |
| Iran, Iraq, Israel, Jordan, Lebanon, Saudi Arabia or Syria | <input type="checkbox"/> 07 |
| China, Taiwan, Hong Kong, Cambodia, Vietnam, Korea or other Far Eastern country | <input type="checkbox"/> 08 |
| Australia, New Zealand, North America or Canada | <input type="checkbox"/> 09 |
| Central or South America | <input type="checkbox"/> 10 |
| Other (<i>please tell us</i>)..... | <input type="checkbox"/> 11 |

Q 32 During the past year, how often have you participated in these activities?

(Please tick only one box on each row.)

	Not in the past year	Once or twice	About 3 or 4 times	More than 4 times
a) Gone to the cinema.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b) Visited a museum or art gallery.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c) Attended a pop concert.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d) Attended an opera, ballet or classical concert.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e) Watched live theatre.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f) Attended sporting events.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Q 33 In general, how often do your parents:

(Please tick only one box on each row.)

	Never or hardly ever	A few times a year	About once a month	Several times a month	Several times a week
a) discuss political or social issues with you? ..	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) discuss books, films or television programmes with you?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) listen to classical music with you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d) discuss how you are doing at school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e) eat the main meal with you around a table?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f) spend time just talking to you?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q 34 How often do the following people work with you on your schoolwork?

(Please tick only one box on each row.)

	Never or hardly ever	A few times a year	About once a month	Several times a month	Several times a week
a) Your mother	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) Your father	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) Your brothers and sisters.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d) Grandparents	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e) Other relations.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f) Friends of your parents.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q 35 In your home, do you have:

(Please tick only one box on each row.)

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

Q 36 How many of these do you have at your home?

(Please tick only one box on each row.)

	None	One	Two	Three or more
a) Mobile phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Television.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Calculator.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Computer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Musical instrument (e.g. piano, violin, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Car.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Bathroom.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q 37 During the last three years, have you attended any of these special courses or received additional support at your school to improve your results?

(Please tick only one box on each row.)

	No, never	Yes, once or occasionally	Yes, regularly
a) Extension or additional courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Recognised additional support, summer schools or support lessons in literacy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Recognised additional support, summer schools or support lessons in maths or science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Training to improve your study skills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q 38 During the last three years, have you taken any of these special courses or tuition outside of your school to improve your results?

(Please tick only one box on each row.)

	No, never	Yes, once or occasionally	Yes, regularly
a) Courses in English.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Courses in other subjects.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Training to improve your study skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Private tuition.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q 39 What course of study are you on at school?

(Please tick only one box.)

- GCSE, or GNVQ Foundation or Intermediate level, or equivalent ₁
- Below GCSE level G ₂
- A levels or Advanced GNVQ level or equivalent ₃

Q 40 How often do these things happen in your English lessons?

(Please tick only one box on each row.)

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

Q 41 Which one of the following science subjects do you take?

(Please tick one box only)

Single award science ₁

Double award science ₂

The three separate sciences ₃

Q 42 In the last full week you were in school, how many class periods did you spend in:

Please write in the number of class periods. Count a double period as two periods.

	Total number of class periods	Does this number apply for <u>most</u> of the school year?	
a) English (language and literature)?	_____	Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₂
b) Maths ?	_____	Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₂
c) Science?	_____	Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₂

Q 43 On average, about how many students are in your:

Please write in the average number of students in each class.

	Average number of students
a) English class(es)?	_____
b) Maths class(es)?	_____
c) Science class(es)?	_____

Q 44 How many times in the previous two school weeks did you:

(Please tick only one box on each row.)

	None	1 or 2 times	3 or 4 times	5 or more times
a) miss school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ₄
b) skip classes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ₄
c) arrive late for school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ₄

Q 45 How much do you disagree or agree with each of the following statements about teachers at your school?

(Please tick only one box on each row.)

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

Q 46 My school is a place where:

(Please tick only one box on each row.)

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

Q 47 Please indicate how often each of these applies to you.

(Please tick only one box on each row.)

	Never	Some- times	Most of the time	Always
a) I complete my homework on time.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b) I do my homework while watching television..	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c) My teachers mark my homework.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d) I finish my homework during the school day.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e) My teachers make useful comments on my homework.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f) I am given interesting homework.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g) When I give my homework in, its mark counts toward my overall grade	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Q 48 On average, how much time do you spend each week on homework and study (outside of school time) in these subject areas?

(Please tick only one box on each row.) When answering include time at the weekend too.

	No time	Less than 1 hour a week	Between 1 and 3 hours a week	3 hours or more a week
a) English.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b) Maths	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c) Science	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Q 49 Each day, about how much time do you usually spend reading for enjoyment?

(Please tick only one box.)

If your reading habits vary a lot from day to day, try to give a daily average for your reading over the past week.

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

Q 50 How much do you disagree or agree with these statements about reading?

(Please tick only one box on each row.)

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

Q 51 How often do you read these materials because you want to?

(Please tick only one box on each row.)

	Never or hardly ever	A few times a year	About once a month	Several times a month	Several times a week
a) Magazines.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) Comic books.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) Fiction (novels, narratives, stories).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d) Non-fiction books.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e) Emails and Web pages	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f) Newspapers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q 52 How many books are there in your home?

*There are usually about 40 books per metre of shelving. Do not include magazines.
(Please tick only one box.)*

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

Q 53 How often do you borrow books to read for pleasure from a public or school library?

(Please tick only one box.)

- a) Never or hardly ever ₁
- b) A few times per year ₂
- c) About once a month ₃
- d) Several times a month ₄

Q 54 At your school, about how often do you use:

(Please tick only one box on each row.)

- | | Never
or hardly
ever | A few
times
a year | About
once a
month | Several
times a
month | Several
times a
week |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) the school library? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| b) computers? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c) calculators?..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| d) internet?..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| e) science laboratory equipment?..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

Q 55 What kind of job do you expect to have when you are about 30 years old?

Write the job title: _____



Q 56 Please tell us your Key Stage 3 test results in English, maths and science.

(Please ring one answer on each line, or leave a blank if your result is not available.)

Note: EP stands for Exceptional Performance

Northern Ireland: If you took your tests in Northern Ireland, do not use the EP category, and do not ring level 8 for test results in English.

Ring a Key Stage 3 level on each line

English	3	4	5	6	7	8	EP
Maths	3	4	5	6	7	8	EP
Science	3	4	5	6	7	8	EP

Q 57 What were your Key Stage 3 teacher assessment levels in English, maths and science?

(Please ring one answer on each line, or leave a blank if your result is not available.)

*Note: W stands for Working Towards Level 1;
EP stands for Exceptional Performance;*

Northern Ireland: If you were assessed in Northern Ireland, do not use the EP category.

Ring a Key Stage 3 level on each line

English	W	1	2	3	4	5	6	7	8	EP
Maths	W	1	2	3	4	5	6	7	8	EP
Science	W	1	2	3	4	5	6	7	8	EP

Q58 This question is for Year 11 students in England and Year 12 students in Northern Ireland only.

If you have been given your predicted GCSE grades, what are they in the following subjects?

(Please tick only one box on each row)

	A	B	C	D	E	F	G	No grade/ do not take subject
a) English language	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
b) English literature	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
c) Maths	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
d) Single award science	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
e) Double award science	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
f) The 3 separate sciences								
1) Biology	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
2) Chemistry	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
3) Physics	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

Q 59 We would like to know about the area that you live in. What is your postcode?

(Write your post code into the boxes below)

Postcode:

Thank you for completing this questionnaire