

Rule: undefined
Message: undefined

STRANDOM

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

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

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

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

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

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

Some questions relate to mathematics. If you do not have math as a separate subject, consider, for example, the math exercises within PAV to solve these questions.

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

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

What year are you in?

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

Year of Secondary Education	<div>ST001Q01TA01</div> <div>Select...</div> <div>1st year of secondary education</div> <div>2nd year of secondary education</div> <div>3rd year of secondary education</div> <div>4th year of secondary education</div> <div>5th year of secondary education</div> <div>6th year of secondary education</div>
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On what date were you born?

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

Month	<div>ST003Q02TA01</div> <div>Select... January February March April May June July August September October November December</div>
Year	<div>ST003Q03TA01</div> <div>Select... 2005 2006</div>

Rule: IF (^ST003Q02TA01 = "" OR ^ST003Q03TA01 = "")

Message: Please enter your complete birth date.

ST003E01

Are you female or male?

(Please select one response.)

Female	ST004Q01TA01 <input type="radio"/>
Male	ST004Q01TA02 <input type="radio"/>

Which type of education and programme are you in?

(Please select one response.)

Part-time vocational secondary education focused on the labour market	ST002Q01TA19 <input type="radio"/>
DBSO - Training Form 3 (year 1, 2 or 3)	ST002Q01TA20 <input type="radio"/>
DBSO - Training Form 3 (year 4 or 5)	ST002Q01TA21 <input type="radio"/>

ST002

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

Which of the following are in your home?

(Please select one response in each row.)

	Yes	No
A room of your own	ST250Q01JA0 1 <input type="radio"/>	ST250Q01JA0 2 <input type="radio"/>
A computer (laptop, desktop, or tablet) that you can use for school work	ST250Q02JA0 1 <input type="radio"/>	ST250Q02JA0 2 <input type="radio"/>
Educational Software or Apps (ex. GeoGebra)	ST250Q03JA0 1 <input type="radio"/>	ST250Q03JA0 2 <input type="radio"/>
Your own cell phone with Internet access (e.g. smartphone)	ST250Q04JA0 1 <input type="radio"/>	ST250Q04JA0 2 <input type="radio"/>
Internet access (e.g. Wi-fi) (excluding through smartphones)	ST250Q05JA0 1 <input type="radio"/>	ST250Q05JA0 2 <input type="radio"/>
A room where you can study quietly	ST250Q06JA0 1 <input type="radio"/>	ST250Q06JA0 2 <input type="radio"/>

ST250

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

	None	One	Two	Three or more
Cars, vans, or trucks	ST251Q01JA01 <input type="radio"/>	ST251Q01JA02 <input type="radio"/>	ST251Q01JA03 <input type="radio"/>	ST251Q01JA04 <input type="radio"/>
Mopeds or motorcycles	ST251Q02JA01 <input type="radio"/>	ST251Q02JA02 <input type="radio"/>	ST251Q02JA03 <input type="radio"/>	ST251Q02JA04 <input type="radio"/>
Rooms with a bath or shower	ST251Q03JA01 <input type="radio"/>	ST251Q03JA02 <input type="radio"/>	ST251Q03JA03 <input type="radio"/>	ST251Q03JA04 <input type="radio"/>
Rooms with a toilet	ST251Q04JA01 <input type="radio"/>	ST251Q04JA02 <input type="radio"/>	ST251Q04JA03 <input type="radio"/>	ST251Q04JA04 <input type="radio"/>
Musical instruments (e.g. guitar, piano, violin, drums)	ST251Q06JA01 <input type="radio"/>	ST251Q06JA02 <input type="radio"/>	ST251Q06JA03 <input type="radio"/>	ST251Q06JA04 <input type="radio"/>
Works of art (e.g. paintings, sculptures)	ST251Q07JA01 <input type="radio"/>	ST251Q07JA02 <input type="radio"/>	ST251Q07JA03 <input type="radio"/>	ST251Q07JA04 <input type="radio"/>
Antiques	ST251Q08JA01 <input type="radio"/>	ST251Q08JA02 <input type="radio"/>	ST251Q08JA03 <input type="radio"/>	ST251Q08JA04 <input type="radio"/>

ST251

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 than 5	I don't know.
Televisions	ST254Q01JA0 1 <input type="radio"/>	ST254Q01JA0 2 <input type="radio"/>	ST254Q01JA0 3 <input type="radio"/>	ST254Q01JA0 4 <input type="radio"/>	ST254Q01JA0 5 <input type="radio"/>
Desktop computers	ST254Q02JA0 1 <input type="radio"/>	ST254Q02JA0 2 <input type="radio"/>	ST254Q02JA0 3 <input type="radio"/>	ST254Q02JA0 4 <input type="radio"/>	ST254Q02JA0 5 <input type="radio"/>
Laptop computers or notebooks	ST254Q03JA0 1 <input type="radio"/>	ST254Q03JA0 2 <input type="radio"/>	ST254Q03JA0 3 <input type="radio"/>	ST254Q03JA0 4 <input type="radio"/>	ST254Q03JA0 5 <input type="radio"/>
Tablets (e.g. iPad®, Samsung Galaxy®)	ST254Q04JA0 1 <input type="radio"/>	ST254Q04JA0 2 <input type="radio"/>	ST254Q04JA0 3 <input type="radio"/>	ST254Q04JA0 4 <input type="radio"/>	ST254Q04JA0 5 <input type="radio"/>
E-book readers (e.g. Kobo, Tolino, Kindle™)	ST254Q05JA0 1 <input type="radio"/>	ST254Q05JA0 2 <input type="radio"/>	ST254Q05JA0 3 <input type="radio"/>	ST254Q05JA0 4 <input type="radio"/>	ST254Q05JA0 5 <input type="radio"/>
Cell phones with Internet access (i.e. smartphones)	ST254Q06JA0 1 <input type="radio"/>	ST254Q06JA0 2 <input type="radio"/>	ST254Q06JA0 3 <input type="radio"/>	ST254Q06JA0 4 <input type="radio"/>	ST254Q06JA0 5 <input type="radio"/>

ST254

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.)

There are no books.	ST255Q01JA0 1 <input type="radio"/>
1-10 books	ST255Q01JA0 2 <input type="radio"/>
11-25 books	ST255Q01JA0 3 <input type="radio"/>
26-100 books	ST255Q01JA0 4 <input type="radio"/>
101-200 books	ST255Q01JA0 5 <input type="radio"/>
201-500 books	ST255Q01JA0 6 <input type="radio"/>
More than 500 books	ST255Q01JA0 7 <input type="radio"/>

ST255

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

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

(Please select one response.)

Upper general, artistic or technical secondary education (3rd stage of general, artistic or technical)	ST005Q01JA01 <input type="radio"/>
Upper vocational secondary education (3rd stage of vocational education) of part-time vocational education	ST005Q01JA02 <input type="radio"/>
Lower secondary education (or first stage of secondary education)	ST005Q01TA03 <input type="radio"/>
Primary education	ST005Q01TA04 <input type="radio"/>
She did not complete Primary education	ST005Q01TA05 <input type="radio"/>

ST005

Does your mother have any of the following qualifications?

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

(Please select one response in each row.)

	Yes	No
Doctorate	ST006Q01JA01 <input type="radio"/>	ST006Q01JA02 <input type="radio"/>
Higher education (master)	ST006Q02JA01 <input type="radio"/>	ST006Q02JA02 <input type="radio"/>
Higher education (bachelor)	ST006Q03JA01 <input type="radio"/>	ST006Q03JA02 <input type="radio"/>
Higher vocational education (Higher Professional Education, graduate)	ST006Q04JA01 <input type="radio"/>	ST006Q04JA02 <input type="radio"/>
7th year or specialization year of secondary education or entrepreneurship education	ST006Q05JA01 <input type="radio"/>	ST006Q05JA02 <input type="radio"/>

ST006

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

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

(Please select one response.)

Upper general, artistic or technical secondary education (3rd stage of general, artistic or technical)	ST007Q01JA01 <input type="radio"/>
Upper vocational secondary education (3rd stage of vocational education) of part-time vocational education	ST007Q01JA02 <input type="radio"/>
Lower secondary education (or first stage of secondary education)	ST007Q01TA03 <input type="radio"/>
Primary education	ST007Q01TA04 <input type="radio"/>
He did not complete Primary education	ST007Q01TA05 <input type="radio"/>

ST007

Does your father have any of the following qualifications?

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

(Please select one response in each row.)

	Yes	No
Doctorate	ST008Q01JA01 <input type="radio"/>	ST008Q01JA02 <input type="radio"/>
Higher education (master)	ST008Q02JA01 <input type="radio"/>	ST008Q02JA02 <input type="radio"/>
Higher education (bachelor)	ST008Q03JA01 <input type="radio"/>	ST008Q03JA02 <input type="radio"/>
Higher vocational education (Higher Professional Education, graduate)	ST008Q04JA01 <input type="radio"/>	ST008Q04JA02 <input type="radio"/>
7th year or specialization year of secondary education or entrepreneurship education	ST008Q05JA01 <input type="radio"/>	ST008Q05JA02 <input type="radio"/>

The following two questions concern your mother's job:

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

What is your mother's main job? (e.g. school teacher, kitchen-hand, sales manager) <i>Please type in the job title.</i>	ST014Q01TA01 <input type="text"/>
What does your mother do in her main job? (e.g. teaches high school students, helps the cook prepare meals in a restaurant, manages a sales team) <i>Please use a sentence to describe the kind of work she does or did in that job.</i>	ST014Q02TA01 <input type="text"/>

The following two questions concern your father’s job:

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

What is your father’s main job? (e.g. school teacher, kitchen-hand, sales manager) <i>Please type in the job title.</i>	ST015Q01TA01 <input type="text"/>
What does your father do in his main job? (e.g. teaches high school students, helps the cook prepare meals in a restaurant, manages a sales team) <i>Please use a sentence to describe the kind of work he does or did in that job.</i>	ST015Q02TA01 <input type="text"/>

In what country were you and your parents born?

(Please select one response in each column.)

	You	Mother	Father
Belgium	ST019AC01T01 <input type="radio"/>	ST019BC01T01 <input type="radio"/>	ST019CC01T01 <input type="radio"/>
the Netherlands	ST019AC01T02 <input type="radio"/>	ST019BC01T02 <input type="radio"/>	ST019CC01T02 <input type="radio"/>
France	ST019AC01T03 <input type="radio"/>	ST019BC01T03 <input type="radio"/>	ST019CC01T03 <input type="radio"/>
Germany	ST019AC01T04 <input type="radio"/>	ST019BC01T04 <input type="radio"/>	ST019CC01T04 <input type="radio"/>
Other Western European country (Spain, Greece, Italy, United Kingdom, ,,,)	ST019AC01T05 <input type="radio"/>	ST019BC01T05 <input type="radio"/>	ST019CC01T05 <input type="radio"/>
A Maghreb country (Morocco, Algeria, Tunisia)	ST019AC01T06 <input type="radio"/>	ST019BC01T06 <input type="radio"/>	ST019CC01T06 <input type="radio"/>
Turkey	ST019AC01T07 <input type="radio"/>	ST019BC01T07 <input type="radio"/>	ST019CC01T07 <input type="radio"/>
An Eastern European country (Poland, Romania, Serbia, Russia, etc.)	ST019AC01T08 <input type="radio"/>	ST019BC01T08 <input type="radio"/>	ST019CC01T08 <input type="radio"/>
An African country (no Maghreb) (Congo, Rwanda, etc.)	ST019AC01T09 <input type="radio"/>	ST019BC01T09 <input type="radio"/>	ST019CC01T09 <input type="radio"/>
Another country	ST019AC01T10 <input type="radio"/>	ST019BC01T10 <input type="radio"/>	ST019CC01T10 <input type="radio"/>
I don't know	ST019AC01J11 <input type="radio"/>	ST019BC01J11 <input type="radio"/>	ST019CC01J11 <input type="radio"/>

ST019

Rule: IF (^ST019AC01T != 01) THEN GOTO ^ST021 ELSE GOTO ^ST022
Message:

ST019R01

How old were you when you arrived in Belgium?

(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).)

ST021Q01TA01

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

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

(Please select one response.)

Dutch	ST022C01TA02 <input type="radio"/>
French	ST022C01TA01 <input type="radio"/>
German	ST022C01TA03 <input type="radio"/>
Flemish dialect (BEL)	ST022C01TA09 <input type="radio"/>
German dialect (BEL)	ST022C01TA10 <input type="radio"/>
Another Western European language (Italian, Spanish, ...)	ST022C01TA04 <input type="radio"/>
An Arabic Language	ST022C01TA05 <input type="radio"/>
Turkish	ST022C01TA06 <input type="radio"/>
An African language (Swahili, Lingala,...)	ST022C01TA12 <input type="radio"/>
An Eastern European language	ST022C01TA07 <input type="radio"/>
Other language	ST022C01TA11 <input type="radio"/>

ST022

How old were you when you started kindergarten?

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

Years	ST125Q01NA01
	<div><div>Select...</div><div>2 years</div><div>3 years</div><div>4 years</div><div>5 years</div><div>6 years or older</div><div>I did not attend kindergarten</div><div>I do not remember</div></div>

How old were you when you started primary education?

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

Years	<div>ST126Q01TA01</div> <div>Select...</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9 or older</div>
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Have you ever repeated a a year?

(Please select one response in each row.)

	No, never	Yes, once	Yes, twice or more
At primary education	ST127Q01TA01 <input type="radio"/>	ST127Q01TA02 <input type="radio"/>	ST127Q01TA03 <input type="radio"/>
At first or second year of secondary education	ST127Q02TA01 <input type="radio"/>	ST127Q02TA02 <input type="radio"/>	ST127Q02TA03 <input type="radio"/>
At third or fourth year of secondary education	ST127Q03TA01 <input type="radio"/>	ST127Q03TA02 <input type="radio"/>	ST127Q03TA03 <input type="radio"/>

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 two times	Three or four times	Five or more times
I skipped a whole school day.	ST062Q01TA01 <input type="radio"/>	ST062Q01TA02 <input type="radio"/>	ST062Q01TA03 <input type="radio"/>	ST062Q01TA04 <input type="radio"/>
I skipped some classes.	ST062Q02TA01 <input type="radio"/>	ST062Q02TA02 <input type="radio"/>	ST062Q02TA03 <input type="radio"/>	ST062Q02TA04 <input type="radio"/>
I arrived late for school.	ST062Q03TA01 <input type="radio"/>	ST062Q03TA02 <input type="radio"/>	ST062Q03TA03 <input type="radio"/>	ST062Q03TA04 <input type="radio"/>

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

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

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

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

(Please select one response in each row.)

	No	Yes, up to 1 month	Yes, more than 1 month and up to 3 months	Yes, more than 3 months and up to 6 months	Yes, more than 6 months and up to 12 months	Yes, more than 12 months
Because of COVID-19	ST347Q01JA01 <input type="radio"/>	ST347Q01JA02 <input type="radio"/>	ST347Q01JA03 <input type="radio"/>	ST347Q01JA04 <input type="radio"/>	ST347Q01JA05 <input type="radio"/>	ST347Q01JA06 <input type="radio"/>
For another reason (e.g. a natural disaster, strikes or demonstrations, air pollution)	ST347Q02JA01 <input type="radio"/>	ST347Q02JA02 <input type="radio"/>	ST347Q02JA03 <input type="radio"/>	ST347Q02JA04 <input type="radio"/>	ST347Q02JA05 <input type="radio"/>	ST347Q02JA06 <input type="radio"/>

Rule: IF (^ST347Q01JA = 01) THEN GOTO ^ST331 ELSE GOTO ^ST348
Message:

ST347R01

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

(Please select one response in each row.)

	Never	A few times	About once or twice a week	Every day or almost every day
Sent you learning materials to study on your own	ST348Q01JA01 <input type="radio"/>	ST348Q01JA02 <input type="radio"/>	ST348Q01JA03 <input type="radio"/>	ST348Q01JA04 <input type="radio"/>
Sent you assignments	ST348Q02JA01 <input type="radio"/>	ST348Q02JA02 <input type="radio"/>	ST348Q02JA03 <input type="radio"/>	ST348Q02JA04 <input type="radio"/>
Uploaded material on a learning management system or school learning platform (e.g. Blackboard®, Edmodo®, Moodle®, Google® Classroom™)	ST348Q03JA01 <input type="radio"/>	ST348Q03JA02 <input type="radio"/>	ST348Q03JA03 <input type="radio"/>	ST348Q03JA04 <input type="radio"/>
Checked in with you to ensure that you were completing your assignments	ST348Q04JA01 <input type="radio"/>	ST348Q04JA02 <input type="radio"/>	ST348Q04JA03 <input type="radio"/>	ST348Q04JA04 <input type="radio"/>
Offered live virtual classes on a video communication program (e.g. Zoom™, Skype™, Google® Meet™, Microsoft® Teams)	ST348Q05JA01 <input type="radio"/>	ST348Q05JA02 <input type="radio"/>	ST348Q05JA03 <input type="radio"/>	ST348Q05JA04 <input type="radio"/>
Asked you to submit completed school assignments	ST348Q06JA01 <input type="radio"/>	ST348Q06JA02 <input type="radio"/>	ST348Q06JA03 <input type="radio"/>	ST348Q06JA04 <input type="radio"/>
Gave you helpful tips about how to study on your own	ST348Q07JA01 <input type="radio"/>	ST348Q07JA02 <input type="radio"/>	ST348Q07JA03 <input type="radio"/>	ST348Q07JA04 <input type="radio"/>
Checked in with you to ask how you were feeling	ST348Q08JA01 <input type="radio"/>	ST348Q08JA02 <input type="radio"/>	ST348Q08JA03 <input type="radio"/>	ST348Q08JA04 <input type="radio"/>

ST348

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

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

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

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

(Please select one response in each row.)

	1	2	3	4	5	6	7	8	9	10
How much effort did you put into doing well on the <u>PISA test</u> ?	ST331Q01JA01 <input type="radio"/>	ST331Q01JA02 <input type="radio"/>	ST331Q01JA03 <input type="radio"/>	ST331Q01JA04 <input type="radio"/>	ST331Q01JA05 <input type="radio"/>	ST331Q01JA06 <input type="radio"/>	ST331Q01JA07 <input type="radio"/>	ST331Q01JA08 <input type="radio"/>	ST331Q01JA09 <input type="radio"/>	ST331Q01JA10 <input type="radio"/>
How much effort would you have invested if your results from the PISA test were going to be counted in your school <u>marks</u> ?	ST331Q02JA01 <input type="radio"/>	ST331Q02JA02 <input type="radio"/>	ST331Q02JA03 <input type="radio"/>	ST331Q02JA04 <input type="radio"/>	ST331Q02JA05 <input type="radio"/>	ST331Q02JA06 <input type="radio"/>	ST331Q02JA07 <input type="radio"/>	ST331Q02JA08 <input type="radio"/>	ST331Q02JA09 <input type="radio"/>	ST331Q02JA10 <input type="radio"/>
Now think about the <u>PISA questionnaire</u> you just answered. How much effort did you put into giving accurate answers?	ST331Q03JA01 <input type="radio"/>	ST331Q03JA02 <input type="radio"/>	ST331Q03JA03 <input type="radio"/>	ST331Q03JA04 <input type="radio"/>	ST331Q03JA05 <input type="radio"/>	ST331Q03JA06 <input type="radio"/>	ST331Q03JA07 <input type="radio"/>	ST331Q03JA08 <input type="radio"/>	ST331Q03JA09 <input type="radio"/>	ST331Q03JA10 <input type="radio"/>

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

