

In this questionnaire, you will be asked questions about yourself. There are no 'right' or 'wrong' answers. Your answers should be the ones that are 'right' for you.

You can ask for help if there is something you do not understand 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.

Thank you very much for taking part in PISA.

How is your health?

(Please select one response.)

Excellent	WB150Q01HA01 <input type="radio"/>
Good	WB150Q01HA02 <input type="radio"/>
Fair	WB150Q01HA03 <input type="radio"/>
Poor	WB150Q01HA04 <input type="radio"/>

How much do you weigh?

(Please write in the appropriate number, using kilograms. There are 2.2 pounds in a kilogram (kg). If you aren't sure, make your best guess.)

Kilograms (kgs)	<div>WB151Q01HA01</div> <div></div>
-----------------	-------------------------------------

How tall are you?

(Please enter the appropriate number, using centimetres. If you aren't sure, make your best guess.)

Centimetres	<div>WB152Q01HA01</div> <div></div>
-------------	-------------------------------------

Thinking about yourself, how much do you agree or disagree with each of the following statements?

(Please select one response in each row.)

	Strongly disagree	Disagree	Agree	Strongly agree	I don't have an opinion
I like how I look, just the way I am.	WB153Q01HA01 <input type="radio"/>	WB153Q01HA02 <input type="radio"/>	WB153Q01HA03 <input type="radio"/>	WB153Q01HA04 <input type="radio"/>	WB153Q01HA05 <input type="radio"/>
I consider myself to be attractive.	WB153Q02HA01 <input type="radio"/>	WB153Q02HA02 <input type="radio"/>	WB153Q02HA03 <input type="radio"/>	WB153Q02HA04 <input type="radio"/>	WB153Q02HA05 <input type="radio"/>
I am not concerned about my weight.	WB153Q03HA01 <input type="radio"/>	WB153Q03HA02 <input type="radio"/>	WB153Q03HA03 <input type="radio"/>	WB153Q03HA04 <input type="radio"/>	WB153Q03HA05 <input type="radio"/>
I like my body.	WB153Q04HA01 <input type="radio"/>	WB153Q04HA02 <input type="radio"/>	WB153Q04HA03 <input type="radio"/>	WB153Q04HA04 <input type="radio"/>	WB153Q04HA05 <input type="radio"/>
I like the way my clothes fit me.	WB153Q05HA01 <input type="radio"/>	WB153Q05HA02 <input type="radio"/>	WB153Q05HA03 <input type="radio"/>	WB153Q05HA04 <input type="radio"/>	WB153Q05HA05 <input type="radio"/>

In the past six months, how often have you had the following?

(Please select one response in each row.)

	Rarely or never	About every month	About every week	More than once a week	About every day
Headache	WB154Q01HA01 <input type="radio"/>	WB154Q01HA02 <input type="radio"/>	WB154Q01HA03 <input type="radio"/>	WB154Q01HA04 <input type="radio"/>	WB154Q01HA05 <input type="radio"/>
Stomach pain	WB154Q02HA01 <input type="radio"/>	WB154Q02HA02 <input type="radio"/>	WB154Q02HA03 <input type="radio"/>	WB154Q02HA04 <input type="radio"/>	WB154Q02HA05 <input type="radio"/>
Back pain	WB154Q03HA01 <input type="radio"/>	WB154Q03HA02 <input type="radio"/>	WB154Q03HA03 <input type="radio"/>	WB154Q03HA04 <input type="radio"/>	WB154Q03HA05 <input type="radio"/>
Feeling depressed	WB154Q04HA01 <input type="radio"/>	WB154Q04HA02 <input type="radio"/>	WB154Q04HA03 <input type="radio"/>	WB154Q04HA04 <input type="radio"/>	WB154Q04HA05 <input type="radio"/>
Irritability or bad temper	WB154Q05HA01 <input type="radio"/>	WB154Q05HA02 <input type="radio"/>	WB154Q05HA03 <input type="radio"/>	WB154Q05HA04 <input type="radio"/>	WB154Q05HA05 <input type="radio"/>
Feeling nervous	WB154Q06HA01 <input type="radio"/>	WB154Q06HA02 <input type="radio"/>	WB154Q06HA03 <input type="radio"/>	WB154Q06HA04 <input type="radio"/>	WB154Q06HA05 <input type="radio"/>
Difficulties in getting to sleep	WB154Q07HA01 <input type="radio"/>	WB154Q07HA02 <input type="radio"/>	WB154Q07HA03 <input type="radio"/>	WB154Q07HA04 <input type="radio"/>	WB154Q07HA05 <input type="radio"/>
Feeling dizzy	WB154Q08HA01 <input type="radio"/>	WB154Q08HA02 <input type="radio"/>	WB154Q08HA03 <input type="radio"/>	WB154Q08HA04 <input type="radio"/>	WB154Q08HA05 <input type="radio"/>
Feeling anxious	WB154Q09HA01 <input type="radio"/>	WB154Q09HA02 <input type="radio"/>	WB154Q09HA03 <input type="radio"/>	WB154Q09HA04 <input type="radio"/>	WB154Q09HA05 <input type="radio"/>

How satisfied are you with each of the following?

(Please select one response in each row.)

	Not at all satisfied	Not satisfied	Satisfied	Totally satisfied
Your health	WB155Q01HA01 <input type="radio"/>	WB155Q01HA02 <input type="radio"/>	WB155Q01HA03 <input type="radio"/>	WB155Q01HA04 <input type="radio"/>
The way that you look	WB155Q02HA01 <input type="radio"/>	WB155Q02HA02 <input type="radio"/>	WB155Q02HA03 <input type="radio"/>	WB155Q02HA04 <input type="radio"/>
What you learn at school	WB155Q03HA01 <input type="radio"/>	WB155Q03HA02 <input type="radio"/>	WB155Q03HA03 <input type="radio"/>	WB155Q03HA04 <input type="radio"/>
The friends you have	WB155Q04HA01 <input type="radio"/>	WB155Q04HA02 <input type="radio"/>	WB155Q04HA03 <input type="radio"/>	WB155Q04HA04 <input type="radio"/>
The neighbourhood you live in	WB155Q05HA01 <input type="radio"/>	WB155Q05HA02 <input type="radio"/>	WB155Q05HA03 <input type="radio"/>	WB155Q05HA04 <input type="radio"/>
All the things you have	WB155Q06HA01 <input type="radio"/>	WB155Q06HA02 <input type="radio"/>	WB155Q06HA03 <input type="radio"/>	WB155Q06HA04 <input type="radio"/>
How you use your time	WB155Q07HA01 <input type="radio"/>	WB155Q07HA02 <input type="radio"/>	WB155Q07HA03 <input type="radio"/>	WB155Q07HA04 <input type="radio"/>
Your relationship with your parents/guardians	WB155Q08HA01 <input type="radio"/>	WB155Q08HA02 <input type="radio"/>	WB155Q08HA03 <input type="radio"/>	WB155Q08HA04 <input type="radio"/>
Your relationship with your teachers	WB155Q09HA01 <input type="radio"/>	WB155Q09HA02 <input type="radio"/>	WB155Q09HA03 <input type="radio"/>	WB155Q09HA04 <input type="radio"/>
Your life at school	WB155Q10HA01 <input type="radio"/>	WB155Q10HA02 <input type="radio"/>	WB155Q10HA03 <input type="radio"/>	WB155Q10HA04 <input type="radio"/>

The following questions concern your relationship with your close friends. Close friends are people who you feel you can talk to about anything and who you feel you can rely on when you need help or support.

At present, how many close friends do you have?

(Please enter the number below.)

WB156Q01HA01

How many days a week do you usually spend time with your friends right after school?

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

WB158C01HA01

Select...

0 days

1 day

2 days

3 days

4 days

5 days

How often do you talk to your friends on the phone, send them text messages or have contact through social media?

(Please select one response.)

Rarely or never	WB160Q01HA01 <input type="radio"/>
Every day	WB160Q01HA02 <input type="radio"/>
Several times a day	WB160Q01HA03 <input type="radio"/>

Do your parents or guardians approve of your friends?

(Please select one response.)

No	WB161Q01HA01 <input type="radio"/>
Yes, but only some of them	WB161Q01HA02 <input type="radio"/>
Yes, all of them	WB161Q01HA03 <input type="radio"/>
My parents don't know my friends	WB161Q01HA04 <input type="radio"/>

How easy is it for you to talk to the following people about things that really bother you?

(Please select one response in each row.)

	Very difficult	Difficult	Easy	Very easy	I don't have or see this person
Your father	WB162Q01HA01 <input type="radio"/>	WB162Q01HA02 <input type="radio"/>	WB162Q01HA03 <input type="radio"/>	WB162Q01HA04 <input type="radio"/>	WB162Q01HA05 <input type="radio"/>
Your mother's partner	WB162Q02HA01 <input type="radio"/>	WB162Q02HA02 <input type="radio"/>	WB162Q02HA03 <input type="radio"/>	WB162Q02HA04 <input type="radio"/>	WB162Q02HA05 <input type="radio"/>
Your mother	WB162Q03HA01 <input type="radio"/>	WB162Q03HA02 <input type="radio"/>	WB162Q03HA03 <input type="radio"/>	WB162Q03HA04 <input type="radio"/>	WB162Q03HA05 <input type="radio"/>
Your father's partner	WB162Q04HA01 <input type="radio"/>	WB162Q04HA02 <input type="radio"/>	WB162Q04HA03 <input type="radio"/>	WB162Q04HA04 <input type="radio"/>	WB162Q04HA05 <input type="radio"/>
Your brother(s)	WB162Q05HA01 <input type="radio"/>	WB162Q05HA02 <input type="radio"/>	WB162Q05HA03 <input type="radio"/>	WB162Q05HA04 <input type="radio"/>	WB162Q05HA05 <input type="radio"/>
Your sister(s)	WB162Q06HA01 <input type="radio"/>	WB162Q06HA02 <input type="radio"/>	WB162Q06HA03 <input type="radio"/>	WB162Q06HA04 <input type="radio"/>	WB162Q06HA05 <input type="radio"/>
Your close friend(s)	WB162Q07HA01 <input type="radio"/>	WB162Q07HA02 <input type="radio"/>	WB162Q07HA03 <input type="radio"/>	WB162Q07HA04 <input type="radio"/>	WB162Q07HA05 <input type="radio"/>
Your teachers	WB162Q08HA01 <input type="radio"/>	WB162Q08HA02 <input type="radio"/>	WB162Q08HA03 <input type="radio"/>	WB162Q08HA04 <input type="radio"/>	WB162Q08HA05 <input type="radio"/>
Other family members	WB162Q09HA01 <input type="radio"/>	WB162Q09HA02 <input type="radio"/>	WB162Q09HA03 <input type="radio"/>	WB162Q09HA04 <input type="radio"/>	WB162Q09HA05 <input type="radio"/>

Thinking about your parents or guardians, how often do they do each of the following?

(Please select one response in each row.)

	Almost never	Sometimes	Almost always
Help me as much as I need	WB163Q01HA01 <input type="radio"/>	WB163Q01HA02 <input type="radio"/>	WB163Q01HA03 <input type="radio"/>
Let me do the things I like doing	WB163Q02HA01 <input type="radio"/>	WB163Q02HA02 <input type="radio"/>	WB163Q02HA03 <input type="radio"/>
Show that they care about me	WB163Q03HA01 <input type="radio"/>	WB163Q03HA02 <input type="radio"/>	WB163Q03HA03 <input type="radio"/>
Try to understand my problems and worries	WB163Q04HA01 <input type="radio"/>	WB163Q04HA02 <input type="radio"/>	WB163Q04HA03 <input type="radio"/>
Encourage me to make my own decisions	WB163Q05HA01 <input type="radio"/>	WB163Q05HA02 <input type="radio"/>	WB163Q05HA03 <input type="radio"/>
Try to control everything I do	WB163Q06HA01 <input type="radio"/>	WB163Q06HA02 <input type="radio"/>	WB163Q06HA03 <input type="radio"/>
Treat me like a baby	WB163Q07HA01 <input type="radio"/>	WB163Q07HA02 <input type="radio"/>	WB163Q07HA03 <input type="radio"/>
Make me feel better when I am upset	WB163Q08HA01 <input type="radio"/>	WB163Q08HA02 <input type="radio"/>	WB163Q08HA03 <input type="radio"/>

How often do you worry about how much money your family has?

(Please select one response.)

Never	WB164Q01HA01 <input type="radio"/>
Sometimes	WB164Q01HA02 <input type="radio"/>
Often	WB164Q01HA03 <input type="radio"/>
Always	WB164Q01HA04 <input type="radio"/>

When was the last time you attended a mathematics class at school?

(Please select one response.)

Today or yesterday	WB165Q01HA01 <input type="radio"/>
More than two days ago	WB165Q01HA02 <input type="radio"/>
More than seven days ago	WB165Q01HA03 <input type="radio"/>
I never attended such a class	WB165Q01HA04 <input type="radio"/>

Rule: IF (^WB165Q01HA=04) THEN GOTO ^WB167 ELSE GOTO ^WB166
Message:

WB165R01

How did you feel the last time you attended a mathematics class at school?

(Please select one response in each row.)

	Not at all	A little	Quite a bit	Extremely
Bored	WB166Q01HA01 <input type="radio"/>	WB166Q01HA02 <input type="radio"/>	WB166Q01HA03 <input type="radio"/>	WB166Q01HA04 <input type="radio"/>
Challenged	WB166Q02HA01 <input type="radio"/>	WB166Q02HA02 <input type="radio"/>	WB166Q02HA03 <input type="radio"/>	WB166Q02HA04 <input type="radio"/>
Nervous or tense	WB166Q03HA01 <input type="radio"/>	WB166Q03HA02 <input type="radio"/>	WB166Q03HA03 <input type="radio"/>	WB166Q03HA04 <input type="radio"/>
Motivated or inspired	WB166Q04HA01 <input type="radio"/>	WB166Q04HA02 <input type="radio"/>	WB166Q04HA03 <input type="radio"/>	WB166Q04HA04 <input type="radio"/>

When was the last time you attended an English class at school?

(Please select one response.)

Today or yesterday	WB167Q01HA01 <input type="radio"/>
More than two days ago	WB167Q01HA02 <input type="radio"/>
More than seven days ago	WB167Q01HA03 <input type="radio"/>
I never attended such a class	WB167Q01HA04 <input type="radio"/>

Rule: IF (^WB167Q01HA=04) THEN GOTO ^WB171 ELSE GOTO ^WB168
Message:

WB167R01

How did you feel the last time you attended an English class at school?

(Please select one response in each row.)

	Not at all	A little	Quite a bit	Extremely
Bored	WB168Q01HA01 <input type="radio"/>	WB168Q01HA02 <input type="radio"/>	WB168Q01HA03 <input type="radio"/>	WB168Q01HA04 <input type="radio"/>
Challenged	WB168Q02HA01 <input type="radio"/>	WB168Q02HA02 <input type="radio"/>	WB168Q02HA03 <input type="radio"/>	WB168Q02HA04 <input type="radio"/>
Nervous or tense	WB168Q03HA01 <input type="radio"/>	WB168Q03HA02 <input type="radio"/>	WB168Q03HA03 <input type="radio"/>	WB168Q03HA04 <input type="radio"/>
Motivated or inspired	WB168Q04HA01 <input type="radio"/>	WB168Q04HA02 <input type="radio"/>	WB168Q04HA03 <input type="radio"/>	WB168Q04HA04 <input type="radio"/>

Now think of the last time you had a break between classes at school. How did you feel?

(Please select one response in each row.)

	Not at all	A little	Quite a bit	Extremely
Happy	WB171Q01HA01 <input type="radio"/>	WB171Q01HA02 <input type="radio"/>	WB171Q01HA03 <input type="radio"/>	WB171Q01HA04 <input type="radio"/>
Lonely	WB171Q02HA01 <input type="radio"/>	WB171Q02HA02 <input type="radio"/>	WB171Q02HA03 <input type="radio"/>	WB171Q02HA04 <input type="radio"/>
Nervous or tense	WB171Q03HA01 <input type="radio"/>	WB171Q03HA02 <input type="radio"/>	WB171Q03HA03 <input type="radio"/>	WB171Q03HA04 <input type="radio"/>
Full of energy	WB171Q04HA01 <input type="radio"/>	WB171Q04HA02 <input type="radio"/>	WB171Q04HA03 <input type="radio"/>	WB171Q04HA04 <input type="radio"/>

When was the last time you spent time with your friends outside your home?

(Please select one response.)

Today	WB172Q01HA01 <input type="radio"/>
Yesterday	WB172Q01HA02 <input type="radio"/>
More than two days ago	WB172Q01HA03 <input type="radio"/>
More than seven days ago	WB172Q01HA04 <input type="radio"/>
I never spend time with my friends outside my home.	WB172Q01HA05 <input type="radio"/>

Rule: IF (^WB172Q01HA=05) THEN GOTO ^WB176 ELSE GOTO ^WB173
Message:

WB172R01

How did you feel the last time you spent time with your friends outside your home?

(Please select one response in each row.)

	Not at all	A little	Quite a bit	Extremely
Bored	WB173Q01HA01 <input type="radio"/>	WB173Q01HA02 <input type="radio"/>	WB173Q01HA03 <input type="radio"/>	WB173Q01HA04 <input type="radio"/>
Happy	WB173Q02HA01 <input type="radio"/>	WB173Q02HA02 <input type="radio"/>	WB173Q02HA03 <input type="radio"/>	WB173Q02HA04 <input type="radio"/>
Nervous or tense	WB173Q03HA01 <input type="radio"/>	WB173Q03HA02 <input type="radio"/>	WB173Q03HA03 <input type="radio"/>	WB173Q03HA04 <input type="radio"/>
Full of energy	WB173Q04HA01 <input type="radio"/>	WB173Q04HA02 <input type="radio"/>	WB173Q04HA03 <input type="radio"/>	WB173Q04HA04 <input type="radio"/>

When was the last time you did your homework/studied for school?

(Please select one response.)

Today	WB176Q01HA01 <input type="radio"/>
Yesterday	WB176Q01HA02 <input type="radio"/>
More than two days ago	WB176Q01HA03 <input type="radio"/>
More than seven days ago	WB176Q01HA04 <input type="radio"/>
I never do homework or study for school	WB176Q01HA05 <input type="radio"/>

Rule: IF (^WB176Q01HA=05) THEN GOTO ^WB032 ELSE GOTO ^WB177
Message:

WB176R01

How did you feel the last time you did your homework/studied for school?

(Please select one response in each row.)

	Not at all	A little	Quite a bit	Extremely
Bored	WB177Q01HA01 <input type="radio"/>	WB177Q01HA02 <input type="radio"/>	WB177Q01HA03 <input type="radio"/>	WB177Q01HA04 <input type="radio"/>
Challenged	WB177Q02HA01 <input type="radio"/>	WB177Q02HA02 <input type="radio"/>	WB177Q02HA03 <input type="radio"/>	WB177Q02HA04 <input type="radio"/>
Nervous or tense	WB177Q03HA01 <input type="radio"/>	WB177Q03HA02 <input type="radio"/>	WB177Q03HA03 <input type="radio"/>	WB177Q03HA04 <input type="radio"/>
Motivated or inspired	WB177Q04HA01 <input type="radio"/>	WB177Q04HA02 <input type="radio"/>	WB177Q04HA03 <input type="radio"/>	WB177Q04HA04 <input type="radio"/>

Outside of school, during the past 7 days, on how many days did you engage in the following physical activities?

(Please select one response from the drop-down menus to answer the question.)

<p><u>Moderate physical activities</u> for a <u>total of at least 60 minutes per day</u> (e.g. walking, climbing stairs, hiking, riding a bike to school, horse-riding)</p>	<p>WB032Q01NA01</p> <p>Select...</p> <p>0 days</p> <p>1 day</p> <p>2 days</p> <p>3 days</p> <p>4 days</p> <p>5 days</p> <p>6 days</p> <p>7 days</p>
<p><u>Vigorous physical activities</u> for <u>at least 20 minutes per day</u> that made you sweat and breathe hard (e.g. running, cycling fast, aerobics, soccer, martial arts, basketball, Gaelic games, swimming)</p>	<p>WB032Q02NA01</p> <p>Select...</p> <p>0 days</p> <p>1 day</p> <p>2 days</p> <p>3 days</p> <p>4 days</p> <p>5 days</p> <p>6 days</p> <p>7 days</p>

This school year, on average, on how many days do you attend physical education classes each week?

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

WB031C01NA01

Select...

0 days

1 day

2 days

3 days

4 days

5 days

The following questions refer to your day yesterday.

(Please select one response in each row.)

	Yes	No
Overall, do you feel that you accomplished something yesterday?	WB178Q01HA01 <input type="radio"/>	WB178Q01HA02 <input type="radio"/>
Do you feel you were treated with respect all day yesterday?	WB178Q02HA01 <input type="radio"/>	WB178Q02HA02 <input type="radio"/>
Did you smile or laugh a lot yesterday?	WB178Q03HA01 <input type="radio"/>	WB178Q03HA02 <input type="radio"/>
Did you learn or do something interesting yesterday?	WB178Q04HA01 <input type="radio"/>	WB178Q04HA02 <input type="radio"/>
Did you have enough energy to get things done yesterday?	WB178Q05HA01 <input type="radio"/>	WB178Q05HA02 <input type="radio"/>
Overall, are you satisfied with how you spent your time yesterday?	WB178Q06HA01 <input type="radio"/>	WB178Q06HA02 <input type="radio"/>
Was yesterday a typical day?	WB178Q07HA01 <input type="radio"/>	WB178Q07HA02 <input type="radio"/>

WB178

Some people your age may have to look after other people. Do you help to look after/care for anyone on a regular basis?

(This question refers to both inside and outside of your home. 'On a regular basis' refers to a task you do more than once a week, and do it every week. Tasks could involve helping look after siblings or other relatives, preparing meals, helping a parent on the stairs, cleaning etc.)
(Please select all that apply.)

Yes, one or both of my parents or guardians	WB800C01JA01 <input type="checkbox"/>
Yes, one or more of my siblings	WB800C02JA01 <input type="checkbox"/>
Yes, one or more of my grandparents	WB800C03JA01 <input type="checkbox"/>
Yes, another relative	WB800C04JA01 <input type="checkbox"/>
Yes, another person that is not a relative	WB800C05JA01 <input type="checkbox"/>
No, I do not have any regular caring responsibilities	WB800C06JA01 <input type="checkbox"/>

Rule: IF ((^WB800C01JA01 = 0 AND ^WB800C02JA01 = 0 AND ^WB800C03JA01 = 0 AND ^WB800C04JA01 = 0 AND ^WB800C05JA01 = 0 AND ^WB800C06JA01 = 1) OR (^WB800C01JA01 = 0 AND ^WB800C02JA01 = 0 AND ^WB800C03JA01 = 0 AND ^WB800C04JA01 = 0 AND ^WB800C05JA01 = 0 AND ^WB800C06JA01 = 0)) THEN GOTO ^WBEnd01 ELSE GOTO ^WB801

Message:

WB800R01

How often do your caring responsibilities impact on your ability to do the following?

(Please select all that apply.)

	Never	Sometimes	Often	Always
Get to school on-time	WB801C01JA0 1 <input type="radio"/>	WB801C01JA0 2 <input type="radio"/>	WB801C01JA0 3 <input type="radio"/>	WB801C01JA0 4 <input type="radio"/>
Attend school everyday	WB801C02JA0 1 <input type="radio"/>	WB801C02JA0 2 <input type="radio"/>	WB801C02JA0 3 <input type="radio"/>	WB801C02JA0 4 <input type="radio"/>
Complete your homework	WB801C03JA0 1 <input type="radio"/>	WB801C03JA0 2 <input type="radio"/>	WB801C03JA0 3 <input type="radio"/>	WB801C03JA0 4 <input type="radio"/>
Spend time with your friends in the evenings or at the weekend	WB801C04JA0 1 <input type="radio"/>	WB801C04JA0 2 <input type="radio"/>	WB801C04JA0 3 <input type="radio"/>	WB801C04JA0 4 <input type="radio"/>
Participate in organised sport	WB801C05JA0 1 <input type="radio"/>	WB801C05JA0 2 <input type="radio"/>	WB801C05JA0 3 <input type="radio"/>	WB801C05JA0 4 <input type="radio"/>
Do other activities you enjoy (e.g. hobbies)	WB801C06JA0 1 <input type="radio"/>	WB801C06JA0 2 <input type="radio"/>	WB801C06JA0 3 <input type="radio"/>	WB801C06JA0 4 <input type="radio"/>
Spend time with your family (e.g. watching TV, chatting about things)	WB801C07JA0 1 <input type="radio"/>	WB801C07JA0 2 <input type="radio"/>	WB801C07JA0 3 <input type="radio"/>	WB801C07JA0 4 <input type="radio"/>

WB801

Thank you very much for your co-operation in completing this questionnaire! Your participation is greatly appreciated.

WBEnd01

