

DRAFT

Identification Label

Student ID:

Student Name:

OMB # to go here

PIRLS 2011

Field Test Version

Student Questionnaire

Grade 4

National Center for Education Statistics
U.S. Department of Education
1990 K St., NW
Washington, DC 20006



TIMSS & PIRLS
International Study Center
Lynch School of Education, Boston College

NCES is authorized to collect information from this questionnaire under the Education Sciences Reform Act of 2002 (Public Law 107-279, Section 153). You do not have to provide the information requested. However, the information you provide will help the U.S. Department of Education's ongoing efforts to benchmark student achievement in the United States. There are no penalties should you choose not to participate in this study. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose (Public Law 107-279, Section 183 and Title V, subtitle A of the E-Government Act of 2002 (P.L. 107-347)). Your responses will be combined with those from other participants to produce summary statistics and reports.

This survey is estimated to take an average of 30 minutes, including time for reviewing instructions, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Stephen Provasnik, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Room 9034, Washington, DC 20006-5650. Do not return the completed form to this address.

Directions

In this booklet, you will find questions about you and what you think. For each question, you should choose the answer you think is best.

Let us take a few minutes to practice the kinds of questions you will answer in this booklet.

Example 1 is one kind of question you will find in this booklet.

Example 1

Do you go to school?

*Fill **one** circle only.*

Yes --

No --

Example 2 is another kind of question you will find in this booklet.

Example 2

How often do you do these things?

*Fill **one** circle for each line.*

	Every day or almost every day	Once or twice a week	Once or twice a month	Never or almost never
a) I listen to music -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I talk with my friends -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I play sports -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Example 3 is another kind of question you will find in this booklet.

Example 3

What do you think? Tell how much you agree with these statements.

Fill **one** circle for each line.

	Agree a lot	Agree a little	Disagree a little	Disagree a lot
a) Watching movies is fun -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I like eating ice cream -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I do not like waking up early -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I enjoy doing chores -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Read each question carefully, and pick the answer you think is best.
- Fill in the circle next to or under your answer.
- If you decide to change your answer, draw an **X** through your first answer, like this: . Then, fill in the circle next to or under your new answer.
- Ask for help if you do not understand something or are not sure how to answer.



1 _____

Are you a girl or a boy?

*Fill **one** circle only.*

Girl --

Boy --

2 _____

When were you born?

Fill the circles next to the month and year you were born.

a) Month

January --

February --

March --

April --

May --

June --

July --

August --

September --

October --

November --

December --

b) Year

1997 --

1998 --

1999 --

2000 --

2001 --

2002 --

2003 --

2004 --

Other --

3

How often do you speak English at home?

*Fill **one** circle only.*

I always or almost always
speak English at home --

I sometimes speak English
and sometimes speak
another language at home --

I never speak English
at home --

4

About how many books are there in your home?

(Do not count magazines, newspapers, or your school books.)

Fill one circle only.

None or very few (0-10 books) --

This shows 10 books



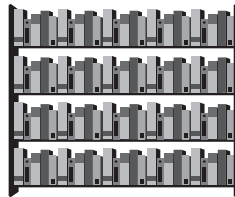
Enough to fill one shelf (11-25 books) --

This shows 25 books



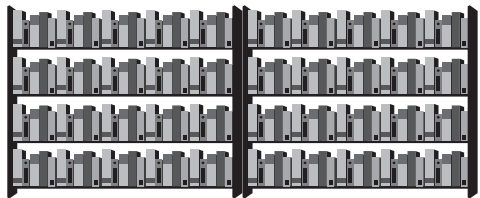
Enough to fill one bookcase
(26-100 books) --

This shows 100 books



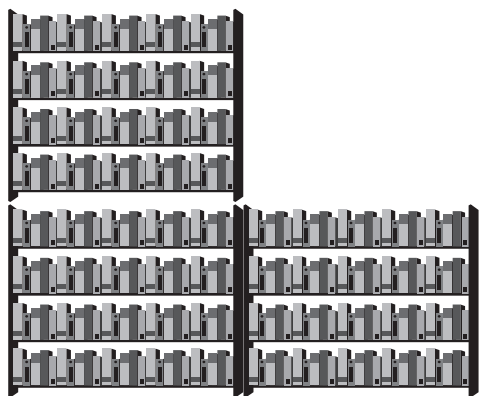
Enough to fill two bookcases
(101-200 books) --

This shows 200 books



Enough to fill three or more bookcases
(more than 200) --

This shows more than 200 books



5

Do you have any of these things at your home?

*Fill **one** circle for each line.*

- | | Yes | No |
|---|-----------------------|-----------------------|
| a) Computer ----- | <input type="radio"/> | <input type="radio"/> |
| b) Study desk/table for your use ----- | <input type="radio"/> | <input type="radio"/> |
| c) Books of your very own (do not count your school books) ----- | <input type="radio"/> | <input type="radio"/> |
| d) Your own room ----- | <input type="radio"/> | <input type="radio"/> |
| e) Internet connection ----- | <input type="radio"/> | <input type="radio"/> |
| f) Encyclopedia (as book or CD) ----- | <input type="radio"/> | <input type="radio"/> |
| g) PlayStation, Game Cube, XBox, or other TV/ Video Game ----- | <input type="radio"/> | <input type="radio"/> |
| h) VCR or DVD Player ----- | <input type="radio"/> | <input type="radio"/> |
| i) Three or more cars, small trucks or sport utility vehicles ----- | <input type="radio"/> | <input type="radio"/> |

6

A. Do you ever use a computer?

Fill **one** circle only.

Yes --

No -- 

(If No, go to question 7)

B. How often do you use a computer in each of these places?

Fill **one** circle for each line.

	Every day or almost every day	Once or twice a week	Once or twice a month	Never or almost never
a) At home -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) At school -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Some other place -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. How often do you use a computer to do these things?

Fill **one** circle for each line.

	Every day or almost every day	Once or twice a week	Once or twice a month	Never or almost never
a) Look up information for school -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Look up information on a topic you like (e.g., your favorite athlete, animals you like, or places you have traveled to) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Exchange information about schoolwork online (e.g., homework, discussion boards, asking for help) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7

How often do the following things happen at home?

Fill **one** circle for each line.

Every day
or almost
every day

Once or
twice a
week

Once or
twice a
month

Never or
almost
never

- a) I talk about my schoolwork with my parents ----- ————— ————— —————
- b) My parents help me with my schoolwork ----- ————— ————— —————
- c) My parents make sure that I set aside time for my homework ----- ————— ————— —————
- d) My parents ask me what I learned in school ----- ————— ————— —————
- e) My parents check if I do my homework ----- ————— ————— —————
- f) My parents help me practice to improve my reading ----- ————— ————— —————
- g) My parents help me practice to improve my math skills ----- ————— ————— —————
- h) I talk with my parents about what I am reading ----- ————— ————— —————
- i) My parents like to know where I am after school ----- ————— ————— —————

8

What do you think about your school? Tell how much you agree with these statements.

Fill **one** circle for each line.

	Agree a lot	Agree a little	Disagree a little	Disagree a lot
a) I like being in school -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I feel safe when I am at school-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I feel like I belong at this school-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9

How often have any of the following things happened to you at school?

Fill **one** circle for each line.

	At least once a week	Once or twice a month	A few times a year	Never
a) I was made fun of or called names--	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I was left out of games or activities by other students -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Someone spread lies about me-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Something was stolen from me -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I was hit or hurt by other student(s) (e.g., shoving, hitting, kicking)-----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I was made to do things I didn't want to do by other students -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

R

Reading outside of school

1 _____

How much time do you spend reading outside of school on a normal school day?

Fill **one** circle only.

- Less than 30 minutes --
- 30 minutes up to 1 hour --
- From 1 hour up to 2 hours --
- 2 hours or more --

2 _____

How often do you do these things outside of school?

Fill **one** circle for each line.

- | | Every day
or almost
every day | Once or
twice a
week | Once or
twice a
month | Never or
almost
never |
|---|-------------------------------------|----------------------------|-----------------------------|-----------------------------|
| a) I read for fun ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) I read things that I
choose myself ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) I read to find out about things I
want to learn ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3

How often do you read these things outside of school
(in print or online)?

Fill **one** circle for each line.

	Every day or almost every day	Once or twice a week	Once or twice a month	Never or almost never
a) I read stories or novels -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I read books that explain things (e.g., you might read about your favorite athlete, about animals you like, or a place you visited) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I read magazines -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I read comic books -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4

How often do you borrow books from your school or local library?

*Fill **one** circle only.*

At least once a week --

Once or twice a month --

A few times a year --

Never or almost never --

5

Think about the reading you do in school for your lessons. Tell how much you agree with each of these statements.

Fill **one** circle for each line.

	Agree a lot	Agree a little	Disagree a little	Disagree a lot
a) I like what I read about in school -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) The things my teacher asks me to read are difficult -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) My teacher gives me interesting things to read -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I have difficulty paying attention --	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I know what my teacher expects me to do -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I think of things not related to my lessons -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) My teacher is easy to understand -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) I am interested in what my teacher says -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6

In school, how often do these things happen?

Fill **one** circle for each line.

Every day
or almost
every day

Once or
twice a
week

Once or
twice a
month

Never or
almost
never

a) I read silently on my own ----- ————— ————— —————

b) I read books that I choose myself -- ————— ————— —————

7

What do you think about reading? Tell how much you agree with each of these statements.

Fill **one** circle for each line.

	Agree a lot	Agree a little	Disagree a little	Disagree a lot
a) I read only if I have to -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I like talking about what I read with other people -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I would be happy if someone gave me a book as a present -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I think reading is boring -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I would like to have more time for reading -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I enjoy reading -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8

How well do you read? Tell how much you agree with each of these statements.

*Fill **one** circle for each line.*

	Agree a lot	Agree a little	Disagree a little	Disagree a lot
a) I usually do well in reading -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Reading is easy for me -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Reading is harder for me than for many of my classmates -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I learn more from reading than most students in my class -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) If a book is interesting, I don't care how hard it is to read -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I have trouble reading stories with difficult words -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) My teacher tells me I am a good reader -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Reading is harder for me than other subjects -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9

Do you read for any of the following reasons? Tell how much you agree with each of these statements.

Fill **one** circle for each line.

	Agree a lot	Agree a little	Disagree a little	Disagree a lot
a) I like to get compliments for my reading -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I like to read things that make me think -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) It is important to be a good reader -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) My parents like it when I read -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I learn a lot from reading -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I need to read well for my future ---	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) I read to do better in school -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) I like reading stories that are entertaining (e.g., funny, scary, or with exciting adventures) -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Being a good reader helps me do better in school -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) I read to please my teacher -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) I like it when a book helps me imagine other worlds -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Being a good reader helps me in my daily life -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[The following questions are national options that will be added to the questionnaire. They will be formatted and appropriately placed among the existing items.]

1. Student race and ethnicity

Are you Hispanic or Latino? Fill in one or more ovals.

- No, I am not Hispanic or Latino-----
- Yes, I am Mexican, Mexican American, or Chicano ----
- Yes, I am Puerto Rican or Puerto Rican American-----
- Yes, I am Cuban or Cuban American -----
- Yes, I am from some other Hispanic or Latino background-----

Which of the following best describes you? Fill in one or more ovals.

- White -----
- Black or African American-----
- Asian-----
- American Indian or Alaska Native -----
- Native Hawaiian or other Pacific Islander-----

2. Language spoken at home

What language do you speak at home (other than English)?

Fill in **one** oval only

- Spanish -----
- Other -----
- Please specify _____

3. National Origin

Was your mother (or stepmother or female guardian) born in the United States?

("United States" includes the 50 states, its territories, the District of Columbia, and U.S. military bases abroad.)

Fill in **one** oval only----- Yes No

Was your father (or stepfather or male guardian) born in the United States?

Fill in **one** oval only----- Yes No

Were you born in the United States?

Fill in **one** oval only----- Yes No

If you were not born in the United States, how old were you when you came to the United States?

Fill in **one** oval only

- Older than 5 years old -----
- 1 to 5 years old-----
- Younger than 1 year old-----

4. Family composition

The next question asks about people you live with. If you live in more than one place, answer the question about the place that is your home most of the time.

- Does your mother live at home with you? Y/N
- Does your stepmother or foster mother live at home with you? Y/N
- Does your father live at home with you? Y/N
- Does your stepfather or foster father live at home with you? Y/N
- How many brothers or sisters live with you? _____
- Does your grandmother or grandfather live at home with you? Y/N
- How many OTHER family members live at home with you? _____
- How many people live at home with you who are not part of your family? _____

5. Absenteeism

How many days were you absent from school in the last month? Fill in one oval.

- None-----
- 1 or 2 days-----
- 3 or 4 days-----
- 5 to 10 days-----
- More than 10 days-----

6. Activities outside of school

The following questions ask about activities you do outside of school.

- Do you play on a sports team outside of school? Y/N
- Do you often play a musical instrument outside of school? Y/N
- Are you studying something in a class outside of school? Y/N
- Do you belong to a club outside of school (like Girl Scouts, Cub Scouts, or 4-H)? Y/N



Thank You!

Thank you for filling out the questionnaire!

TIMSS & PIRLS International Study Center

Lynch School of Education, Boston College

timssandpirls.bc.edu



**BOSTON
COLLEGE**

DRAFT

PIRLS 2011

Field Test Version

**Student
Questionnaire**

Grade 4



©2010
International Association
for the Evaluation of
Educational Achievement