



Identification Label

PROGRESS IN INTERNATIONAL READING LITERACY STUDY

# Student Questionnaire

**<Grade 4>**

**<PIRLS National Research Center Name>**

**<Address>**



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

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# 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 talk with my friends .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I play sports .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I ride a skateboard .....	<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

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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.

# About you

## G1

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Are you a girl or a boy?

*Fill **one** circle only.*

Girl --

Boy --

## G2

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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**

2003 --

2004 --

2005 --

2006 --

2007 --

2008 --

2009 --

Other --

### G3

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How often do you speak <language of test> at home?

*Fill **one** circle only.*

I always speak  
<language of test> at home --

I almost always speak  
<language of test> at home --

I sometimes speak <language  
of test> and sometimes speak  
another language at home --

I never speak <language  
of test> at home --

# G4

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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



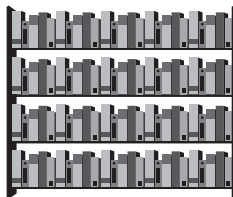
Enough to fill one shelf (11–25 books) --

This shows 25 books



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

This shows 100 books



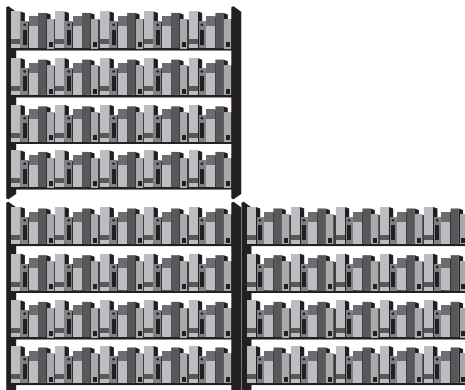
Enough to fill two bookcases  
(101–200 books) --

This shows 200 books



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

This shows more than 200 books



# G5

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Do you have any of these things at your home?

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

- |  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| a) A computer or tablet .....                      | <input type="radio"/> | <input type="radio"/> |
| b) Study desk/table for your use .....             | <input type="radio"/> | <input type="radio"/> |
| c) Your own room .....                             | <input type="radio"/> | <input type="radio"/> |
| d) Internet connection .....                       | <input type="radio"/> | <input type="radio"/> |
| e) <country-specific indicator of<br>wealth> ..... | <input type="radio"/> | <input type="radio"/> |
| f) <country-specific indicator of<br>wealth> ..... | <input type="radio"/> | <input type="radio"/> |
| g) <country-specific indicator of<br>wealth> ..... | <input type="radio"/> | <input type="radio"/> |
| h) <country-specific indicator of<br>wealth> ..... | <input type="radio"/> | <input type="radio"/> |

## G6

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About how often are you absent from school?

*Fill one circle only.*

- Once a week --
- Once every two weeks --
- Once a month --
- Never or almost never --

## G7

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How often do you feel this way when you arrive at school?

*Fill one circle for each line.*

- |                        | Every day             | Almost every day      | Sometimes             | Never                 |
|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a) I feel tired .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) I feel hungry ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



## G8

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How often do you eat breakfast on school days?

*Fill one circle only.*

Every day --

Most days --

Sometimes --

Never or almost never --

## G9

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How often do you use a computer or tablet in each of these places for schoolwork (including classroom tasks, homework, or studying outside of class)?

*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"/>

## G10

How much time do you spend using a computer or tablet to do these activities for your schoolwork on a normal school day?

Fill **one** circle for each line.

	No time	30 minutes or less	More than 30 minutes
a) Finding and reading information .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Preparing reports and presentations .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## G11

How much time do you spend each day using a computer or tablet for any of the following activities?

Fill **one** circle for each line.

	No time	30 minutes or less	30 minutes up to 1 hour	From 1 hour up to 2 hours	2 hours or more
a) Playing games .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Watching videos .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Chatting .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Surfing the Internet -	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Your School

## G12

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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"/>
d) Teachers at my school are fair to me .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I am proud to go to this school .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# G13

During this year, how often have other students from your school done any of the following things to you (including through texting or the Internet)?

Fill **one** circle for each line.

	At least once a week	Once or twice a month	A few times a year	Never
a) Made fun of me or called me names .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Left me out of their games or activities .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Spread lies about me .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Stole something from me .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Hit or hurt me (e.g., shoving, hitting, kicking) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Made me do things I didn't want to do .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Shared embarrassing information about me .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Threatened me .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Lessons about reading

## R1

Think about the reading you do for school. How much do you agree with these statements about your reading lessons?

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) My teacher gives me interesting things to read .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I know what my teacher expects me to do .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) My teacher is easy to understand --	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I am interested in what my teacher says .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) My teacher encourages me to say what I think about what I have read .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) My teacher lets me show what I have learned.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) My teacher does a variety of things to help us learn .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) My teacher tells me how to do better when I make a mistake .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Reading in school

## R2

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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 .....	<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) My teacher asks us in class to talk about what we have read .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Using the library

**R3** \_\_\_\_\_

**How often do you borrow books (including ebooks) 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 --

# Reading outside of school

## R4

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 --

## R5

How often do you do these things outside of school?

Fill **one** circle for each line.

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



# What you think about reading

## R6

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 like talking about what I read with other people .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) 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"/>
c) I think reading is boring .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I would like to have more time for reading .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I enjoy reading .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I learn a lot from reading .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) I like to read things that make me think .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) I like it when a book helps me imagine other worlds .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# R7

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

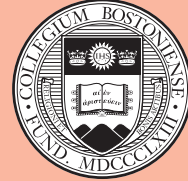
Fill **one** circle for each line.

	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) I have trouble reading stories with difficult words .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Reading is harder for me than for many of my classmates .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Reading is harder for me than any other subject .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I am just not good at reading .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Thank You!**

**Thank you for filling out the questionnaire!**



BOSTON  
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# PIRLS 2016

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# Student Questionnaire

<Grade 4>



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