



Identification Label

**PROGRESS IN INTERNATIONAL READING LITERACY STUDY**

# Student Questionnaire

## Grade 4

**National Center for Education Statistics**

U.S. Department of Education

550 12<sup>th</sup> St., SW, 4<sup>th</sup> floor

Washington, DC 20202



© IEA, 2015

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

The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this study under the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C., § 9543). The data are being collected for NCES by RTI International, a nonprofit research organization based in North Carolina. The collected data may be used only for statistical purposes and may not be disclosed or used, in identifiable form, for any other purpose except as required by law (ESRA 2002, 20 U.S.C., § 9573). The collected information will be combined across respondents to produce statistical reports.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this voluntary survey is 1850-0645. The time required to complete this survey is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the survey. If you have any comments or concerns regarding the accuracy of the time estimate(s), suggestions for improving the form, or the status of your individual submission of this form, write directly to: Progress in International Reading Literacy Study (PIRLS), National Center for Education Statistics, PCP, 550 12th St., SW, 4th floor, Washington, DC 20202.

OMB No. 1850-0645, Approval Expires 11/30/2017.

# 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

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

1

---

**A. Are you a girl or a boy?**

*Fill **one** circle only.*

Girl --

Boy --

**B. Are you Hispanic or Latino?**

*Fill **one** circle only.*

Yes, I am Hispanic or Latino --

No, I am not Hispanic or Latino --

**C. Which of the following best describes you?**

*Fill **one** or more circles.*

White --

Black or African American --

Asian --

American Indian or Alaska Native --

Native Hawaiian or other  
Pacific Islander --

## 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**

- 2003 --
- 2004 --
- 2005 --
- 2006 --
- 2007 --
- 2008 --
- 2009 --
- Other --

### 3

---

#### A. How often do you speak English at home?

*Fill one circle only.*

I always speak  
English at home --  If ***always***, please go to question 4 →

I almost always speak  
English at home --

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

I never speak English at home --

If ***almost always, sometimes, or never***, please go to question 3B ↴

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

*Fill one circle only.*

Spanish --

Other --  Please Specify \_\_\_\_\_

## 4

---

### **A. Was your mother (or stepmother or female legal 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 one circle only.*

Yes --

No --

I don't know --

### **B. Was your father (or stepfather or male legal guardian) born in the United States?**

*Fill one circle only.*

Yes --

No --

I don't know --

### **C. Were you born in the United States?**

*Fill one circle only.*

Yes --

No --

I don't know --

# 5

**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



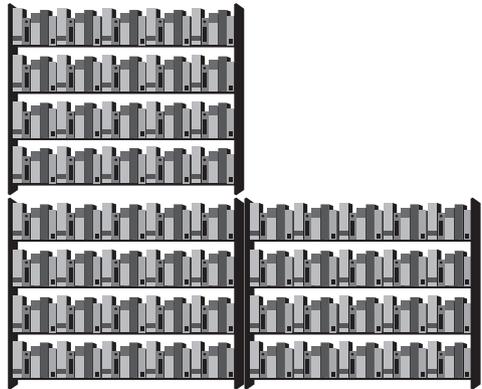
Enough to fill two bookcases  
(101–200 books) --

This shows 200 books



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

This shows more than 200 books



# 6

---

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) Your own cell phone .....                                  | <input type="radio"/> | <input type="radio"/> |
| f) A gaming system<br>(e.g., PlayStation®, Wii®, XBox®) ..... | <input type="radio"/> | <input type="radio"/> |
| g) VCR, DVD, or Blu-ray player .....                          | <input type="radio"/> | <input type="radio"/> |

7

**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 --

8

**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"/> |

9

How often do you eat breakfast on school days?

*Fill one circle only.*

Every day --

Most days --

Sometimes --

Never or almost never --

10

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"/>

# 11

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"/>

# 12

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	Less than 30 minutes	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

## 13

---

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"/>

# 14

**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., <i>shoving, hitting, kicking</i> ) .....	<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

## 15

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

## 16

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

17

---

**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

18

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 --

19

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 to find out about things I want to learn .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# What you think about reading

## 20

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"/>

# 21

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"/>

# Activities outside of school

22

---

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

Fill **one** circle for each line.

- |   | Yes                   | No                    |
|---|-----------------------|-----------------------|
| a) Do you play on a sports team outside of school? .....  | <input type="radio"/> | <input type="radio"/> |
| b) Do you often play a musical instrument outside of school? .....  | <input type="radio"/> | <input type="radio"/> |
| c) Are you studying something in a class outside of school? .....   | <input type="radio"/> | <input type="radio"/> |
| d) Do you belong to a club outside of school (like Girl Scouts, Cub Scouts, 4-H, or Boys and Girls Club)? ..... | <input type="radio"/> | <input type="radio"/> |





**Thank You!**

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



BOSTON  
COLLEGE

# PIRLS 2016

PROGRESS IN INTERNATIONAL READING LITERACY STUDY

# Student Questionnaire

## Grade 4



© IEA, 2015  
International Association  
for the Evaluation of  
Educational Achievement

[pirls.bc.edu](http://pirls.bc.edu)