

**Identification Label**

<TIMSS National Research Center Name>  
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Student ID: \_\_\_\_\_

Student Name: \_\_\_\_\_

**IEA** Trends in International Mathematics and Science Study

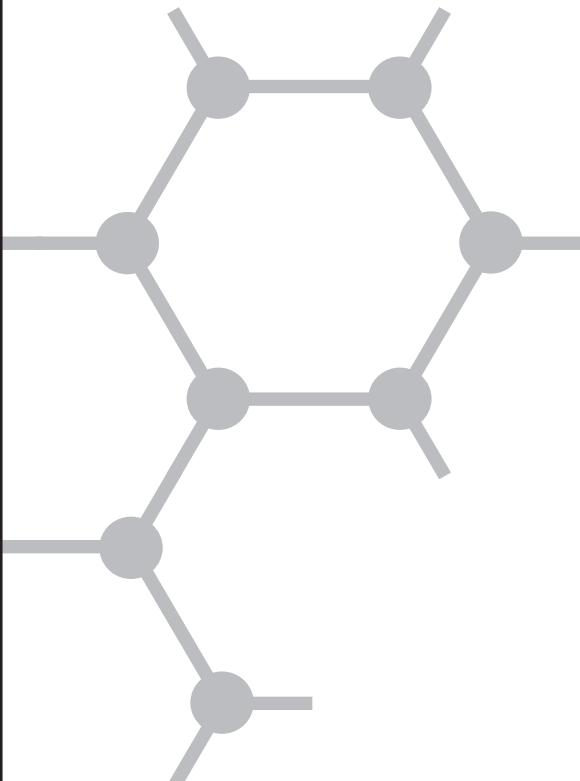
**T I M S S**

**2003**

**Main Survey**

**Student  
Questionnaire**

<Grade 4>



# General Directions

In this booklet, you will find questions about yourself. Some questions ask for facts while other questions ask for your opinions.

Read each question carefully and answer as accurately as possible. You may ask for help if you do not understand something or are not sure how to answer.

Some of the questions will be followed by a few possible choices indicated with a circle with a number in it. For these questions, shade in the circle with the answer of your choice as shown in Examples 1, 2, and 3.

## Example 1

Do you go to school?

Fill in **one** circle only

- Yes ..... ●
- No ..... ②

## Example 2

How often do you do these things?

Fill in **one** circle for each line

- |                                 | Every day | At least once a week | Once or twice a month | A few times a year | Never |
|---------------------------------|-----------|----------------------|-----------------------|--------------------|-------|
|                                 | ↓         | ↓                    | ↓                     | ↓                  | ↓     |
| a) I listen to music .....      | ①         | ②                    | ●                     | ④                  | ⑤     |
| b) I talk with my friends ..... | ●         | ②                    | ③                     | ④                  | ⑤     |
| c) I play sports .....          | ①         | ●                    | ③                     | ④                  | ⑤     |

### Example 3

Indicate how much you agree with each of these statements.

Fill in **one** circle for each line

	Agree a lot	Agree a little	Disagree a little	Disagree a lot
	↓	↓	↓	↓
a) Watching movies is fun .....	①	●	③	④
b) I like eating ice cream .....	●	②	③	④

Read each question carefully, and pick the answer you think is best. Fill in the circle next to or below your answer. If you decide to change your answer, erase your first answer and 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.

Thank you for your time, effort, and thought in completing this questionnaire.

# About You

1

## When were you born?

A. Fill in the circle next to the year you were born

- Year**
- ① 1990
  - ② 1991
  - ③ 1992
  - ④ 1993
  - ⑤ 1994
  - ⑥ 1995
  - ⑦ 1996
  - ⑧ Other

B. Fill in the circle next to the month you were born

- Month**
- ① January
  - ② February
  - ③ March
  - ④ April
  - ⑤ May
  - ⑥ June
  - ⑦ July
  - ⑧ August
  - ⑨ September
  - <sup>1</sup>⑩ October
  - <sup>1</sup>① November
  - <sup>1</sup>② December

**2**

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

*Fill in **one** circle only*

Girl ..... ①

Boy ..... ②

**3**

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

*Fill in **one** circle only*

Always ..... ①

Almost always ..... ②

Sometimes ..... ③

Never ..... ④

# About You (Continued)

4

About how many books are there in your home? (Do not count magazines, newspapers, or your school books.)

Fill in **one** circle only

None or very few  
(0-10 books) ----- ① This shows 10 books



Enough to fill one shelf  
(11-25 books) ----- ② This shows 25 books



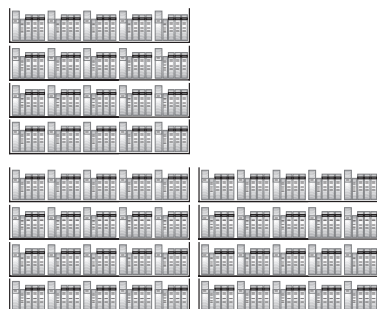
Enough to fill one bookcase  
(26-100 books) ----- ③ This shows 100 books



Enough to fill two bookcases  
(101-200 books) ----- ④ This shows 200 books



Enough to fill three or more bookcases  
(more than 200 books) ----- ⑤ This shows more than 200 books



# 5

## Do you have any of these items at your home?

Fill in **one** circle for each line

Yes      No  
↓        ↓

- a) Calculator ----- ① ----- ②
- b) Computer (do not include PlayStation®, GameCube®, XBox®, or other TV/video game computers) --- ① ----- ②
- c) Study desk/table for your use ----- ① ----- ②
- d) Dictionary ----- ① ----- ②
- e) <country-specific> ----- ① ----- ②
  
- f) <country-specific> ----- ① ----- ②
- g) <country-specific> ----- ① ----- ②
- h) <country-specific> ----- ① ----- ②
- i) <country-specific> ----- ① ----- ②
- j) <country-specific> ----- ① ----- ②
  
- k) <country-specific> ----- ① ----- ②
- l) <country-specific> ----- ① ----- ②
- m) <country-specific> ----- ① ----- ②
- n) <country-specific> ----- ① ----- ②
- o) <country-specific> ----- ① ----- ②
- p) <country-specific> ----- ① ----- ②

# Mathematics in School

6

How much do you agree with these statements about learning mathematics?

Fill in **one** circle for each line

- |   | Agree<br>a lot | Agree<br>a little | Disagree<br>a little | Disagree<br>a lot |
|---|----------------|-------------------|----------------------|-------------------|
|   | ↓              | ↓                 | ↓                    | ↓                 |
| a) I usually do well in mathematics -----                               | ①              | ②                 | ③                    | ④                 |
| b) I would like to do more mathematics<br>in school -----               | ①              | ②                 | ③                    | ④                 |
| c) Mathematics is harder for me than<br>for many of my classmates ----- | ①              | ②                 | ③                    | ④                 |
| d) I enjoy learning mathematics -----                                   | ①              | ②                 | ③                    | ④                 |
| e) I am just not good at mathematics -----                              | ①              | ②                 | ③                    | ④                 |
| f) I learn things quickly in mathematics -----                          | ①              | ②                 | ③                    | ④                 |



# 7

## How often do you do these things in your mathematics lessons?

Fill in **one** circle for each line

Every or almost every lesson	About half the lessons	Some lessons	Never
↓	↓	↓	↓

- a) I practice adding, subtracting, multiplying, and dividing without using a calculator ----- ① ----- ② ----- ③ ----- ④
- b) I work on fractions and decimals ----- ① ----- ② ----- ③ ----- ④
- c) I measure things in the classroom and around the school ----- ① ----- ② ----- ③ ----- ④
- d) I make tables, charts, or graphs ----- ① ----- ② ----- ③ ----- ④
- e) I learn about shapes such as circles, triangles, and rectangles ----- ① ----- ② ----- ③ ----- ④
- f) I work with other students in small groups ----- ① ----- ② ----- ③ ----- ④
- g) I explain my answers ----- ① ----- ② ----- ③ ----- ④
- h) I listen to the teacher talk ----- ① ----- ② ----- ③ ----- ④
- i) I work problems on my own ----- ① ----- ② ----- ③ ----- ④
- j) I use a calculator ----- ① ----- ② ----- ③ ----- ④

# Science in School

8

How much do you agree with these statements about learning science?

Fill in **one** circle for each line

- |   | Agree<br>a lot | Agree<br>a little | Disagree<br>a little | Disagree<br>a lot |
|---|----------------|-------------------|----------------------|-------------------|
|   | ↓              | ↓                 | ↓                    | ↓                 |
| a) I usually do well in science .....                               | ①              | ②                 | ③                    | ④                 |
| b) I would like to do more science<br>in school .....               | ①              | ②                 | ③                    | ④                 |
| c) Science is harder for me than for<br>many of my classmates ..... | ①              | ②                 | ③                    | ④                 |
| d) I enjoy learning science .....                                   | ①              | ②                 | ③                    | ④                 |
| e) I am just not good at science .....                              | ①              | ②                 | ③                    | ④                 |
| f) I learn things quickly in science .....                          | ①              | ②                 | ③                    | ④                 |

# 9

## In school, how often do you do these things?

Fill in **one** circle for each line

At least once a week	Once or twice a month	A few times a year	Never
↓	↓	↓	↓

- a) I watch the teacher do a science experiment ..... ① ----- ② ----- ③ ----- ④
- b) I design or plan a science experiment or investigation ..... ① ----- ② ----- ③ ----- ④
- c) I do a science experiment or investigation ..... ① ----- ② ----- ③ ----- ④
- d) I work with other students in a small group on a science experiment or investigation ..... ① ----- ② ----- ③ ----- ④
- e) I write or give an explanation for something I am studying in science ..... ① ----- ② ----- ③ ----- ④
- f) I look at something like the weather or a plant growing and write down what I see ..... ① ----- ② ----- ③ ----- ④
- g) I listen to the teacher talk ..... ① ----- ② ----- ③ ----- ④
- h) I work problems on my own ..... ① ----- ② ----- ③ ----- ④


# Computers

## 10

A. Do you ever use a computer? (Do not include PlayStation®, GameCube®, Xbox®, or other TV/video game computers).

Yes      No  
↓        ↓

Fill in **one** circle only ----- ① ----- ②

If **No**, please go to question **11** 

B. Where do you use a computer?

Fill in **one** circle for each line

Yes      No  
↓        ↓

- a) At home ----- ① ----- ②
- b) At school ----- ① ----- ②
- c) At a library ----- ① ----- ②
- d) At a friend's home ----- ① ----- ②
- e) At an Internet café ----- ① ----- ②
- f) Elsewhere ----- ① ----- ②

C. How often do you do these things with a computer?

Fill in **one** circle for each line

Every day      At least once a week      Once or twice a month      A few times a year      Never  
↓                ↓                ↓                ↓                ↓

- a) I look up ideas and information for mathematics ----- ① ----- ② ----- ③ ----- ④ ----- ⑤
- b) I look up ideas and information for science ----- ① ----- ② ----- ③ ----- ④ ----- ⑤
- c) I write reports for school ----- ① ----- ② ----- ③ ----- ④ ----- ⑤

# Your School

11

How much do you agree with these statements about your school?

Fill in **one** circle for each line

- |   | Agree<br>a lot | Agree<br>a little | Disagree<br>a little | Disagree<br>a lot |
|---|----------------|-------------------|----------------------|-------------------|
|   | ↓              | ↓                 | ↓                    | ↓                 |
| a) I like being in school .....   | ①              | ②                 | ③                    | ④                 |
| b) I think that students in my school<br>try to do their best.....            | ①              | ②                 | ③                    | ④                 |
| c) I think that teachers in my school<br>care about the students .....        | ①              | ②                 | ③                    | ④                 |
| d) I think that teachers in my school<br>want students to do their best ..... | ①              | ②                 | ③                    | ④                 |

12

In school, did any of these things happen during the last month?

Fill in **one** circle for each line

- |   | Yes | No |
|---|-----|----|
|   | ↓   | ↓  |
| a) Something of mine was stolen .....   | ①   | ②  |
| b) I was hit or hurt by other student(s)<br>(for example, shoving, hitting,<br>kicking) ..... | ①   | ②  |
| c) I was made to do things I didn't<br>want to do by other students .....                     | ①   | ②  |
| d) I was made fun of or called names .....  | ①   | ②  |
| e) I was left out of activities by other<br>students .....                                    | ①   | ②  |

# Things You Do Outside of School

13

On a normal school day, how much time do you spend before or after school doing each of these things?

Fill in **one** circle for each line

	No time	Less than 1 hour	1-2 hours	More than 2 but less than 4 hours	4 or more hours
	↓	↓	↓	↓	↓
a) I watch television and videos .....	①	②	③	④	⑤
b) I play computer games .....	①	②	③	④	⑤
c) I play or talk with friends .....	①	②	③	④	⑤
d) I do jobs at home .....	①	②	③	④	⑤
e) I play sports .....	①	②	③	④	⑤
f) I read a book for enjoyment .....	①	②	③	④	⑤
g) I use the Internet .....	①	②	③	④	⑤
h) I do homework .....	①	②	③	④	⑤

**14**

**A. During this school year, how often have you had extra lessons or tutoring in mathematics that is not part of your regular class?**

*Fill in **one** circle only*

Every or almost every day ----- ①

Once or twice a week ----- ②

Sometimes ----- ③

Never or almost never ----- ④

**B. During this school year, how often have you had extra lessons or tutoring in science that is not part of your regular class?**

*Fill in **one** circle only*

Every or almost every day ----- ①

Once or twice a week ----- ②

Sometimes ----- ③

Never or almost never ----- ④


# ...Outside of School (Cont.)

## 15

A. How often does your teacher give you homework in mathematics?

Fill in **one** circle only

- Every day ..... ①
- 3 or 4 times a week ..... ②
- 1 or 2 times a week ..... ③
- Less than once a week ..... ④
- Never ..... ⑤

If **Never**, please go to question **16** 

B. When your teacher gives you mathematics homework, about how many minutes are you usually given?

Fill in **one** circle only

- Fewer than 15 minutes ..... ①
- 15–30 minutes ..... ②
- 31–60 minutes ..... ③
- 61–90 minutes ..... ④
- More than 90 minutes ..... ⑤




**16**

**A. How often does your teacher give you homework in science?**

*Fill in **one** circle only*

- Every day ..... ①
- 3 or 4 times a week ..... ②
- 1 or 2 times a week ..... ③
- Less than once a week ..... ④
- Never ..... ⑤

*If **Never**, please go to question **17** *

**B. When your teacher gives you science homework, about how many minutes are you usually given?**

*Fill in **one** circle only*

- Fewer than 15 minutes ..... ①
- 15–30 minutes ..... ②
- 31–60 minutes ..... ③
- 61–90 minutes ..... ④
- More than 90 minutes ..... ⑤

# More About You

17

Including yourself, how many people live in your home?

Fill in **one** circle only

2 ..... ②

3 ..... ③

4 ..... ④

5 ..... ⑤

6 ..... ⑥

7 ..... ⑦

8 or more ..... ⑧

18

A. Was your mother (or stepmother or female guardian) born in <country>?

Yes

No



Fill in **one** circle only ..... ① ..... ②

B. Was your father (or stepfather or male guardian) born in <country>?

Yes

No



Fill in **one** circle only ..... ① ..... ②

19

A. Were you born in <country>?

Yes

No



Fill in **one** circle only ----- ① ----- ②

If **Yes**, you have completed the questionnaire 

B. If you were not born in <country>, how old were you when you came to <country>?

Fill in **one** circle only

Older than 5 years old ----- ①

1 to 5 years old ----- ②

Younger than 1 year old ----- ③

# Thank You

for completing  
this questionnaire



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