

WELL-BEING QUESTIONNAIRE FOR PISA 2018

(INTERNATIONAL OPTION)

MAIN SURVEY VERSION

October 2017

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

You may 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.

WB150

How is your health?

(Please select one response.)

WB150Q01HA Excellent ₀₁

WB150Q01HA Good ₀₂

WB150Q01HA Fair ₀₃

WB150Q01HA Poor ₀₄

WB151

How much do you weigh?

(Please enter the appropriate number.)

WB151Q01HA

<Kilograms>

01

WB152

How tall are you?

(Please enter the appropriate number.)

WB152Q01HA

<Centimetres>

_____ 01

WB153

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

(Please select one response in each row.)

		<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	<i>I don't have an opinion</i>
WB153Q01HA	I like my look just the way it is.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
WB153Q02HA	I consider myself to be attractive.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
WB153Q03HA	I am not concerned about my weight.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
WB153Q04HA	I like my body.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
WB153Q05HA	I like the way my clothes fit me.	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

WB154

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

(Please select one response in each row.)

		<i>Rarely or never</i>	<i>About every month</i>	<i>About every week</i>	<i>More than once a week</i>	<i>About every day</i>
WB154Q01HA	Headache	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
WB154Q02HA	Stomach pain	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
WB154Q03HA	Back pain	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
WB154Q04HA	Feeling depressed	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
WB154Q05HA	Irritability or bad temper	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
WB154Q06HA	Feeling nervous	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
WB154Q07HA	Difficulties in getting to sleep	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
WB154Q08HA	Feeling dizzy	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
WB154Q09HA	Feeling anxious	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

WB155

How satisfied are you with each of the following?*(Please select one response in each row.)*

		<i>Not at all satisfied</i>	<i>Not satisfied</i>	<i>Satisfied</i>	<i>Totally satisfied</i>
WB155Q01HA	Your health	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
WB155Q02HA	The way that you look	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
WB155Q03HA	What you learn at school	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
WB155Q04HA	The friends you have	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
WB155Q05HA	The neighbourhood you live in	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
WB155Q06HA	All the things you have	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
WB155Q07HA	How you use your time	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
WB155Q08HA	Your relationship with your parents/guardians	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
WB155Q09HA	Your relationship with your teachers	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
WB155Q10HA	Your life at school	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

The following questions concern your relationships with your close friends. Close friends are those with whom you can talk about anything and on whom you can rely when you need help or support.

WB156

At present, how many close friends do you have?

WB156Q01HA

(Please enter the number below.)

01

WB158

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.)

Select ... ▾

Option A

Option B

Option C

Option ... 01

WB158Q01HA

Answering options:

0 days /1 day /2 days/3 days/4 days/5 days/6 days

WB160

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.)

WB160Q01HA Rarely or never _01

WB160Q01HA Every day _02

WB160Q01HA Several times a day _03

WB161 **Are your friends well accepted by your parents or guardians?**

(Please select one response.)

WB161Q01HA No ₀₁

WB161Q01HA Yes, but only some of them ₀₂

WB161Q01HA Yes, all of them ₀₃

WB161Q01HA My parents don't know my friends ₀₄

WB162

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.)

		<i>Very difficult</i>	<i>Difficult</i>	<i>Easy</i>	<i>Very easy</i>	<i>I don't have or see this person</i>
WB162Q01HA	Your father	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
WB162Q02HA	Your mother's partner	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
WB162Q03HA	Your mother	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
WB162Q04HA	Your father's partner	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
WB162Q05HA	Your brother(s)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
WB162Q06HA	Your sister(s)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
WB162Q07HA	Your close friend(s)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
WB162Q08HA	Your teachers	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
WB162Q09HA	Other family members	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

WB163

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

(Please select one response in each row.)

		<i>Almost never</i>	<i>Sometimes</i>	<i>Almost always</i>
WB163Q01HA	Help me as much as I need	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
WB163Q02HA	Let me do the things I like doing	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
WB163Q03HA	Show that they care	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
WB163Q04HA	Try to understand my problems and worries	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
WB163Q05HA	Encourage me to make my own decisions	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
WB163Q06HA	Try to control everything I do	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
WB163Q07HA	Treat me like a baby	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
WB163Q08HA	Make me feel better when I am upset	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃

WB164

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

(Please select one response.)

WB164Q01HA Never _01

WB164Q01HA Sometimes _02

WB164Q01HA Often _03

WB164Q01HA Always _04

WB165 **When was the last time you attended a mathematics class at school?**

(Please select one response.)

WB165Q01HA Today or yesterday _01

WB165Q01HA More than two days ago _02

WB165Q01HA More than seven days ago _03

WB165Q01HA I never attended such a class _04

[This is a filter question routing to WB167 for students who answer “I never attended such a class”]

WB166

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

(Please select one response in each row.)

		<i>Not at all</i>	<i>A little</i>	<i>Quite a bit</i>	<i>Extremely</i>
WB166Q01HA	Bored	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
WB166Q02HA	Challenged	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
WB166Q03HA	Nervous or tense	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
WB166Q04HA	Motivated or inspired	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

WB167 **When was the last time you attended a <test language lesson> at school?**

(Please select one response.)

WB167Q01HA Today or yesterday _01

WB167Q01HA More than two days ago _02

WB167Q01HA More than seven days ago _03

WB167Q01HA I never attended such a class _04

[This is a filter question routing to WB169 for students who answer “I never attended such a class”]

WB168

How did you feel the last time you attended a <test language lesson> at school?

(Please select one response in each row.)

		<i>Not at all</i>	<i>A little</i>	<i>Quite a bit</i>	<i>Extremely</i>
WB168Q01HA	Bored	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
WB168Q02HA	Challenged	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
WB168Q03HA	Nervous or tense	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
WB168Q04HA	Motivated or inspired	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

WB171

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.)

		<i>Not at all</i>	<i>A little</i>	<i>Quite a bit</i>	<i>Extremely</i>
WB171Q01HA	Happy	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
WB171Q02HA	Lonely	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
WB171Q03HA	Nervous or tense	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
WB171Q04HA	Full of energy	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

WB172

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

(Please select one response.)

- | | | | |
|------------|-----------------------------------------------------|--------------------------|----|
| WB172Q01HA | Today | <input type="checkbox"/> | 01 |
| WB172Q01HA | Yesterday | <input type="checkbox"/> | 02 |
| WB172Q01HA | More than two days ago | <input type="checkbox"/> | 03 |
| WB172Q01HA | More than seven days ago | <input type="checkbox"/> | 04 |
| WB172Q01HA | I never spend time outside my home with my friends. | <input type="checkbox"/> | 05 |

[This is a filter question routing to WB174 for students who answer “I never spend time outside my home with my friends”]

WB173

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

(Please select one response in each row.)

		<i>Not at all</i>	<i>A little</i>	<i>Quite a bit</i>	<i>Extremely</i>
WB173Q01HA	Bored	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
WB173Q02HA	Happy	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
WB173Q03HA	Nervous or tense	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
WB173Q04HA	Full of energy	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

WB176 **When was the last time you did your homework/studied for school?**

(Please select one response.)

WB176Q01HA Today _01

WB176Q01HA Yesterday _02

WB176Q01HA More than two days ago _03

WB176Q01HA More than seven days ago _04

WB176Q01HA I never do homework or study for school _05

[This is a filter question routing to WB032 for students who answer “I never do homework or study for school”]

WB177

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

(Please select one response in each row.)

		<i>Not at all</i>	<i>A little</i>	<i>Quite a bit</i>	<i>Extremely</i>
WB177Q01HA	Bored	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
WB177Q02HA	Challenged	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
WB177Q03HA	Nervous or tense	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
WB177Q04HA	Motivated or inspired	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

WB032

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.)

WB032Q01NA01

Moderate physical activities for a total of at least 60 minutes per day (e.g., walking, climbing stairs, riding a bike to school, <country-specific>)

Select ...

Option A

Option B

Option C

Option ...

WB032Q02NA01

Vigorous physical activities for at least 20 minutes per day that made you sweat and breathe hard (e.g. running, cycling, aerobics, soccer, skating, <country-specific>)

Select ...

Option A

Option B

Option C

Option ...

Answering options:

0 days /1 day /2 days/3 days/4 days/5 days/6 days/7 days

WB031

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

WB031Q01NA

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

Select ...

Option A

Option B

Option C

Option ...

.01

Answering options:

0 days /1 day /2 days/3 days/4 days/5 days/6 days/7days

WB178

The following questions refer to your day yesterday.

(Please select one response in each row.)

		<i>Yes</i>	<i>No</i>
WB178Q01HA	Overall, did you feel that you accomplished something yesterday?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
WB178Q02HA	Were you treated with respect all day yesterday?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
WB178Q03HA	Did you smile or laugh a lot yesterday?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
WB178Q04HA	Did you learn or do something interesting yesterday?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
WB178Q05HA	Did you have enough energy to get things done yesterday?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
WB178Q06HA	Overall, are you satisfied with how you spent your time yesterday?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
WB178Q07HA	Was yesterday a typical day?	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂

***Thank you very much for your co-operation in
completing this questionnaire!***