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**How often do you feel that the school work you are assigned is meaningful and important?**

- |                          |               |
|--------------------------|---------------|
| <input type="checkbox"/> | Almost always |
| <input type="checkbox"/> | Often         |
| <input type="checkbox"/> | Sometimes     |
| <input type="checkbox"/> | Seldom        |
| <input type="checkbox"/> | Never         |
| <input type="checkbox"/> | No Answer     |

**How interesting are most of your courses?**

- |                          |                                  |
|--------------------------|----------------------------------|
| <input type="checkbox"/> | Very interesting and stimulating |
| <input type="checkbox"/> | Quite interesting                |
| <input type="checkbox"/> | Fairly interesting               |
| <input type="checkbox"/> | Slightly dull                    |
| <input type="checkbox"/> | Very dull                        |
| <input type="checkbox"/> | No Answer                        |

**How important do you think things you are learning in school are going to be for your later life?**

- |                          |                      |
|--------------------------|----------------------|
| <input type="checkbox"/> | Very important       |
| <input type="checkbox"/> | Quite important      |
| <input type="checkbox"/> | Fairly important     |
| <input type="checkbox"/> | Slightly important   |
| <input type="checkbox"/> | Not at all important |
| <input type="checkbox"/> | No Answer            |

**Thinking back over the past year in school, how often did you enjoy being in school?**

- |                          |               |
|--------------------------|---------------|
| <input type="checkbox"/> | Almost always |
| <input type="checkbox"/> | Often         |
| <input type="checkbox"/> | Sometimes     |
| <input type="checkbox"/> | Seldom        |
| <input type="checkbox"/> | Never         |
| <input type="checkbox"/> | No Answer     |

**Thinking back over the past year in school, how often did you hate being in school?**

- |                          |               |
|--------------------------|---------------|
| <input type="checkbox"/> | Almost always |
| <input type="checkbox"/> | Often         |
| <input type="checkbox"/> | Sometimes     |
| <input type="checkbox"/> | Seldom        |
| <input type="checkbox"/> | Never         |
| <input type="checkbox"/> | No Answer     |

**Thinking back over the past year in school, how often did you try your best in school?**

- |                          |               |
|--------------------------|---------------|
| <input type="checkbox"/> | Almost always |
| <input type="checkbox"/> | Often         |
| <input type="checkbox"/> | Sometimes     |
| <input type="checkbox"/> | Seldom        |
| <input type="checkbox"/> | Never         |
| <input type="checkbox"/> | No Answer     |

**During the last four weeks, how many whole days of school have you missed because of illness?**

<input type="checkbox"/>	None
<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3
<input type="checkbox"/>	4-5
<input type="checkbox"/>	6-10
<input type="checkbox"/>	11 or more
<input type="checkbox"/>	No Answer

**During the last four weeks, how many whole days have you missed because you skipped or cut?**

<input type="checkbox"/>	None
<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3
<input type="checkbox"/>	4-5
<input type="checkbox"/>	6-10
<input type="checkbox"/>	11 or more
<input type="checkbox"/>	No Answer

**During the last four weeks, how many whole days have you missed for other reasons?**

<input type="checkbox"/>	None
<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3
<input type="checkbox"/>	4-5
<input type="checkbox"/>	6-10
<input type="checkbox"/>	11 or more
<input type="checkbox"/>	No Answer