

Critical Thinking Pre-Survey

| Please check the box that most closely matches what you think about the following statements | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Identifying/Define Problem | Never | Rarely | Sometimes | Often | Always |
| 1. I think of possible results before I take action. | <input type="radio"/> |
| 2. I get ideas from other people when having a task to do. | <input type="radio"/> |
| 3. I develop my ideas by gathering information. | <input type="radio"/> |
| 4. When facing a problem, I identify options. | <input type="radio"/> |
| 5. I can easily express my thoughts on a problem. | <input type="radio"/> |
| 6. I am able to give reasons for my opinions. | <input type="radio"/> |
| Analyze Possible Causes or Assumptions | Never | Rarely | Sometimes | Often | Always |
| 7. It is important for me to get information to support my opinions. | <input type="radio"/> |
| 8. I usually have more than one source of information before making a decision. | <input type="radio"/> |
| 9. I plan where to get information on a topic. | <input type="radio"/> |
| 10. I plan how to get information on a topic. | <input type="radio"/> |
| Identify Possible Choices | Never | Rarely | Sometimes | Often | Always |
| 11. I put my ideas in order by importance. | <input type="radio"/> |
| 12. I back my decisions by the information I got. | <input type="radio"/> |
| 13. I listen to the ideas of others even if I disagree with them. | <input type="radio"/> |
| 14. I compare ideas when thinking about a topic. | <input type="radio"/> |
| Select Best Solution | Never | Rarely | Sometimes | Often | Always |
| 15. I keep my mind open to different ideas when planning to make a decision. | <input type="radio"/> |
| 16. I am aware that sometimes there are no right or wrong answers to a question. | <input type="radio"/> |
| Implement Solution | Never | Rarely | Sometimes | Often | Always |
| 17. I develop a checklist to help me think about an issue. | <input type="radio"/> |
| 18. I can easily tell what I did was right or wrong. | <input type="radio"/> |

| | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 19. I am able to tell the best way of handling a problem. | <input type="radio"/> |
| 20. I make sure the information I use is correct. | <input type="radio"/> |

When thinking about your experience.

| | Not at all | A little | Somewhat | Very Much |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 1) How much choice did you have about this activity? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2) How important was this activity to you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3) Was it interesting? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4) Was it challenging? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5) Did you enjoy what you were doing? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6) How hard were you concentrating? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7) Were you using your skills? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8) Did you wish you were doing something else? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |