

Please fill in your survey code. If you prefer to make up your own code, feel free to do so. Please make sure, however, to remember this code over the course of this term. Do not use anything other may use to identify you (such as your name or e-mail alias). We recommend to use the code outlined below as it is easy to use and reasonably anonymous.

Survey code: 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| A | T | 3 | 0 | W | K |
|---|---|---|---|---|---|

Example: If your mother's first name is Bridget, her birthday is May 01, 1969, and your place of birth is Portland, your survey code would be:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| R | I | 0 | 1 | P | D |
|---|---|---|---|---|---|

Position 1/2: Second/third letter of your mother's first name.  
 Position 3/4: Day-of-month of your mother's birthday.  
 Position 5/6: First/last letter of your place of birth.

For the mathematically inclined: There are 26 letters in the alphabet and up to 31 days per month, so the above coding scheme allows for  $31 \cdot 26^4 = 14,166,256$  possible codes.

For each of the following statements, please respond with how much they apply to your experience completing the lab, on a 7-point scale where 1 = Not true of me at all and 7 = Extremely true of me. Answer honestly and spontaneously, there are no right or wrong answers.

|  | not true of me at all               |                          | 50/50                    |                          |                          |                          |                                     | extremely true of me |  |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|----------------------|--|
|  | 1                                   | 2                        | 3                        | 4                        | 5                        | 6                        | 7                                   |                      |  |
| 1. Upon completing the lab, I felt proud/accomplished.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                      |  |
| 2. Upon completing the lab, I felt relaxed/relief.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                      |  |
| 3. Upon completing the lab, I felt tired/apprehensive.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                      |  |
| 4. While working on the lab, I often felt frustrated/annoyed.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                      |  |
| 5. While working on the lab, I felt inadequate/stupid.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                      |  |
| 6. Considering the difficulty of this course, the teacher, and my skills, I think I will do well in this course. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                      |  |

Please respond to each of the questions on the following scale: 0 = Not at all the case and 10 = Completely the case. Answer honestly and spontaneously, there are no right or wrong answers.

|   | not at all the case                 |                                     | 50/50                               |                          |                          |                                     |                          |                          |                          |                          | completely the case      |  |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
|   | 0                                   | 1                                   | 2                                   | 3                        | 4                        | 5                                   | 6                        | 7                        | 8                        | 9                        | 10                       |  |
| 7. The lab covered concepts/topics that I perceived as very complex.                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 8. The language of the problems was full of unclear text.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 9. The lab really enhanced my knowledge and understanding of the design and analysis of algorithms. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 10. The lab contained problems that I perceived as very complex.                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 11. The instructions given in the lab were very unclear.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 12. The problems in the lab were, in terms of learning, very ineffective.                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 13. The lab really enhanced my understanding of the topic(s) covered.                               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

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Survey code: 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| A | T | I | S | L | O |
|---|---|---|---|---|---|

Example: If your mother's first name is Bridget, her birthday is May 01, 1969, and your place of birth is Portland, your survey code would be:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| R | I | O | I | P | D |
|---|---|---|---|---|---|

Position 1/2: Second/third letter of your mother's first name.  
 Position 3/4: Day-of-month of your mother's birthday.  
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|  | not true of me at all    |                                     | 50/50                    |                          |                                     |                                     |                          | extremely true of me     |  |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--|
|  | 1                        | 2                                   | 3                        | 4                        | 5                                   | 6                                   | 7                        |                          |  |
| 1. Upon completing the lab, I felt proud/accomplished.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 2. Upon completing the lab, I felt relaxed/relief.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 3. Upon completing the lab, I felt tired/apprehensive.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 4. While working on the lab, I often felt frustrated/annoyed.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 5. While working on the lab, I felt inadequate/stupid.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 6. Considering the difficulty of this course, the teacher, and my skills, I think I will do well in this course. | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |  |

Please respond to each of the questions on the following scale: 0 = Not at all the case and 10 = Completely the case. Answer honestly and spontaneously, there are no right or wrong answers.

|   | not at all the case      |                                     | 50/50                    |                          |                          |                                     |                          |                                     | completely the case      |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
|   | 0                        | 1                                   | 2                        | 3                        | 4                        | 5                                   | 6                        | 7                                   | 8                        | 9                                   | 10                       |
| 7. The lab covered concepts/topics that I perceived as very complex.                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. The language of the problems was full of unclear text.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 9. The lab really enhanced my knowledge and understanding of the design and analysis of algorithms. | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 10. The lab contained problems that I perceived as very complex.                                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 11. The instructions given in the lab were very unclear.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 12. The problems in the lab were, in terms of learning, very ineffective.                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 13. The lab really enhanced my understanding of the topic(s) covered.                               | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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Survey code: 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| N | N | 2 | 2 | B | O |
|---|---|---|---|---|---|

Example: If your mother's first name is Bridget, her birthday is May 01, 1969, and your place of birth is Portland, your survey code would be:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| R | I | O | I | P | D |
|---|---|---|---|---|---|

Position 1/2: Second/third letter of your mother's first name.  
 Position 3/4: Day-of-month of your mother's birthday.  
 Position 5/6: First/last letter of your place of birth.

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|  | not true of me at all               |                          | 50/50                    |                                     |                                     | extremely true of me     |                          |
|--|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | 1                                   | 2                        | 3                        | 4                                   | 5                                   | 6                        | 7                        |
| 1. Upon completing the lab, I felt proud/accomplished.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Upon completing the lab, I felt relaxed/relief.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Upon completing the lab, I felt tired/apprehensive.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. While working on the lab, I often felt frustrated/annoyed.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. While working on the lab, I felt inadequate/stupid.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Considering the difficulty of this course, the teacher, and my skills, I think I will do well in this course. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please respond to each of the questions on the following scale: 0 = Not at all the case and 10 = Completely the case. Answer honestly and spontaneously, there are no right or wrong answers.

|   | not at all the case                 |                                     | 50/50                    |                          |                                     |                                     |                                     |                          | completely the case      |                          |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | 0                                   | 1                                   | 2                        | 3                        | 4                                   | 5                                   | 6                                   | 7                        | 8                        | 9                        | 10                       |
| 7. The lab covered concepts/topics that I perceived as very complex.                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The language of the problems was full of unclear text.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The lab really enhanced my knowledge and understanding of the design and analysis of algorithms. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The lab contained problems that I perceived as very complex.                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The instructions given in the lab were very unclear.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The problems in the lab were, in terms of learning, very ineffective.                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. The lab really enhanced my understanding of the topic(s) covered.                               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Survey code: 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| O | N | 1 | 5 | S | P |
|---|---|---|---|---|---|

Position 1/2: Second/third letter of your mother's first name.  
 Position 3/4: Day-of-month of your mother's birthday.  
 Position 5/6: First/last letter of your place of birth.

Example: If your mother's first name is Bridget, her birthday is May 01, 1969, and your place of birth is Portland, your survey code would be:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| R | I | 0 | 1 | P | D |
|---|---|---|---|---|---|

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|  | 50/50                    |                          |                                     |                                     |                          |                                     |                          |
|--|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
|  | not true of me at all    | 1                        | 2                                   | 3                                   | 4                        | 5                                   | extremely true of me     |
| 1. Upon completing the lab, I felt proud/accomplished.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Upon completing the lab, I felt relaxed/relief.   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. Upon completing the lab, I felt tired/apprehensive.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. While working on the lab, I often felt frustrated/annoyed.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. While working on the lab, I felt inadequate/stupid.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Considering the difficulty of this course, the teacher, and my skills, I think I will do well in this course. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

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|   | 50/50                    |                          |                          |                                     |                          |                                     |                          |                                     |                                     |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|   | not at all the case      | 0                        | 1                        | 2                                   | 3                        | 4                                   | 5                        | 6                                   | 7                                   | 8                        | 9                        | 10                       |
| 7. The lab covered concepts/topics that I perceived as very complex.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The language of the problems was full of unclear text.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The lab really enhanced my knowledge and understanding of the design and analysis of algorithms. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The lab contained problems that I perceived as very complex.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The instructions given in the lab were very unclear.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The problems in the lab were, in terms of learning, very ineffective.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. The lab really enhanced my understanding of the topic(s) covered.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Survey code: 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| U | E | 0 | 2 | R | Y |
|---|---|---|---|---|---|

Example: If your mother's first name is Bridget, her birthday is May 01, 1969, and your place of birth is Portland, your survey code would be:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| R | I | 0 | 1 | P | D |
|---|---|---|---|---|---|

Position 1/2: Second/third letter of your mother's first name.  
 Position 3/4: Day-of-month of your mother's birthday.  
 Position 5/6: First/last letter of your place of birth.

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|  | not true of me at all    |                          | 50/50                               |                                     |                          | extremely true of me                |                          |
|--|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
|  | 1                        | 2                        | 3                                   | 4                                   | 5                        | 6                                   | 7                        |
| 1. Upon completing the lab, I felt proud/accomplished.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. Upon completing the lab, I felt relaxed/relief.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Upon completing the lab, I felt tired/apprehensive.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. While working on the lab, I often felt frustrated/annoyed.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. While working on the lab, I felt inadequate/stupid.   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. Considering the difficulty of this course, the teacher, and my skills, I think I will do well in this course. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Please respond to each of the questions on the following scale: 0 = Not at all the case and 10 = Completely the case. Answer honestly and spontaneously, there are no right or wrong answers.

|   | not at all the case      |                                     | 50/50                    |                          |                          |                                     |                          |                                     | completely the case                 |                          |                          |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|   | 0                        | 1                                   | 2                        | 3                        | 4                        | 5                                   | 6                        | 7                                   | 8                                   | 9                        | 10                       |
| 7. The lab covered concepts/topics that I perceived as very complex.                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The language of the problems was full of unclear text.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The lab really enhanced my knowledge and understanding of the design and analysis of algorithms. | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The lab contained problems that I perceived as very complex.                                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The instructions given in the lab were very unclear.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The problems in the lab were, in terms of learning, very ineffective.                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. The lab really enhanced my understanding of the topic(s) covered.                               | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

Please fill in your survey code. If you prefer to make up your own code, feel free to do so. Please make sure, however, to remember this code over the course of this term. Do not use anything other may use to identify you (such as your name or e-mail alias). We recommend to use the code outlined below as it is easy to use and reasonably anonymous.

Survey code: 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| O | N | 1 | 9 | A | A |
|---|---|---|---|---|---|

Position 1/2: Second/third letter of your mother's first name.  
 Position 3/4: Day-of-month of your mother's birthday.  
 Position 5/6: First/last letter of your place of birth.

Example: If your mother's first name is Bridget, her birthday is May 01, 1969, and your place of birth is Portland, your survey code would be:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| R | I | 0 | 1 | P | D |
|---|---|---|---|---|---|

For the mathematically inclined: There are 26 letters in the alphabet and up to 31 days per month, so the above coding scheme allows for  $31 \cdot 26^4 = 14,166,256$  possible codes.

For each of the following statements, please respond with how much they apply to your experience completing the lab, on a 7-point scale where 1 = Not true of me at all and 7 = Extremely true of me. Answer honestly and spontaneously, there are no right or wrong answers.

|  | not true of me at all               |                                     | 50/50                    |                                     |                                     | extremely true of me                |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | 1                                   | 2                                   | 3                        | 4                                   | 5                                   | 6                                   | 7                        |
| 1. Upon completing the lab, I felt proud/accomplished.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. Upon completing the lab, I felt relaxed/relief.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Upon completing the lab, I felt tired/apprehensive.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. While working on the lab, I often felt frustrated/annoyed.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. While working on the lab, I felt inadequate/stupid.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. Considering the difficulty of this course, the teacher, and my skills, I think I will do well in this course. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

Please respond to each of the questions on the following scale: 0 = Not at all the case and 10 = Completely the case. Answer honestly and spontaneously, there are no right or wrong answers.

|   | not at all the case      |                          | 50/50                    |                          |                                     |                                     |                          |                                     | completely the case                 |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|   | 0                        | 1                        | 2                        | 3                        | 4                                   | 5                                   | 6                        | 7                                   | 8                                   | 9                        | 10                       |
| 7. The lab covered concepts/topics that I perceived as very complex.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The language of the problems was full of unclear text.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The lab really enhanced my knowledge and understanding of the design and analysis of algorithms. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The lab contained problems that I perceived as very complex.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The instructions given in the lab were very unclear.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The problems in the lab were, in terms of learning, very ineffective.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. The lab really enhanced my understanding of the topic(s) covered.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please fill in your survey code. If you prefer to make up your own code, feel free to do so. Please make sure, however, to remember this code over the course of this term. Do not use anything other may use to identify you (such as your name or e-mail alias). We recommend to use the code outlined below as it is easy to use and reasonably anonymous.

Survey code: 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| M | 0 | 5 | 0 | 2 | W |
|---|---|---|---|---|---|

Position 1/2: Second/third letter of your mother's first name.  
 Position 3/4: Day-of-month of your mother's birthday.  
 Position 5/6: First/last letter of your place of birth.

Example: If your mother's first name is Bridget, her birthday is May 01, 1969, and your place of birth is Portland, your survey code would be:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| R | I | 0 | 1 | P | D |
|---|---|---|---|---|---|

For the mathematically inclined: There are 26 letters in the alphabet and up to 31 days per month, so the above coding scheme allows for  $31 \cdot 26^4 = 14,166,256$  possible codes.

For each of the following statements, please respond with how much they apply to your experience completing the lab, on a 7-point scale where 1 = Not true of me at all and 7 = Extremely true of me. Answer honestly and spontaneously, there are no right or wrong answers.

|  | not true of me at all    |                          | 50/50                               |                                     |                                     |                                     |                          | extremely true of me     |  |
|--|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--|
|  | 1                        | 2                        | 3                                   | 4                                   | 5                                   | 6                                   | 7                        |                          |  |
| 1. Upon completing the lab, I felt proud/accomplished.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 2. Upon completing the lab, I felt relaxed/relief.   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                          |  |
| 3. Upon completing the lab, I felt tired/apprehensive.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |  |
| 4. While working on the lab, I often felt frustrated/annoyed.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                          |  |
| 5. While working on the lab, I felt inadequate/stupid.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                          |  |
| 6. Considering the difficulty of this course, the teacher, and my skills, I think I will do well in this course. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                          |  |

Please respond to each of the questions on the following scale: 0 = Not at all the case and 10 = Completely the case. Answer honestly and spontaneously, there are no right or wrong answers.

|   | not at all the case      |                          | 50/50                    |                                     |                          |                                     |                          |                          |                                     |                          | completely the case      |  |
|---|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--|
|   | 0                        | 1                        | 2                        | 3                                   | 4                        | 5                                   | 6                        | 7                        | 8                                   | 9                        | 10                       |  |
| 7. The lab covered concepts/topics that I perceived as very complex.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 8. The language of the problems was full of unclear text.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 9. The lab really enhanced my knowledge and understanding of the design and analysis of algorithms. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 10. The lab contained problems that I perceived as very complex.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 11. The instructions given in the lab were very unclear.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 12. The problems in the lab were, in terms of learning, very ineffective.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 13. The lab really enhanced my understanding of the topic(s) covered.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |  |

Please fill in your survey code. If you prefer to make up your own code, feel free to do so. Please make sure, however, to remember this code over the course of this term. Do not use anything other may use to identify you (such as your name or e-mail alias). We recommend to use the code outlined below as it is easy to use and reasonably anonymous.

Survey code: 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| O | S | 2 | 6 | W | D |
|---|---|---|---|---|---|

Position 1/2: Second/third letter of your mother's first name.  
 Position 3/4: Day-of-month of your mother's birthday.  
 Position 5/6: First/last letter of your place of birth.

Example: If your mother's first name is Bridget, her birthday is May 01, 1969, and your place of birth is Portland, your survey code would be:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| R | I | 0 | 1 | P | D |
|---|---|---|---|---|---|

For the mathematically inclined: There are 26 letters in the alphabet and up to 31 days per month, so the above coding scheme allows for  $31 \cdot 26^4 = 14,166,256$  possible codes.

For each of the following statements, please respond with how much they apply to your experience completing the lab, on a 7-point scale where 1 = Not true of me at all and 7 = Extremely true of me. Answer honestly and spontaneously, there are no right or wrong answers.

|  | 50/50                    |                                     |                          |                          |                                     |                                     |                                     |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  | not true of me at all    | 1                                   | 2                        | 3                        | 4                                   | 5                                   | extremely true of me                |
| 1. Upon completing the lab, I felt proud/accomplished.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. Upon completing the lab, I felt relaxed/relief.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Upon completing the lab, I felt tired/apprehensive.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. While working on the lab, I often felt frustrated/annoyed.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. While working on the lab, I felt inadequate/stupid.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6. Considering the difficulty of this course, the teacher, and my skills, I think I will do well in this course. | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

Please respond to each of the questions on the following scale: 0 = Not at all the case and 10 = Completely the case. Answer honestly and spontaneously, there are no right or wrong answers.

|   | 50/50                               |                                     |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|   | not at all the case                 | 0                                   | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                                   | 8                                   | 9                                   | 10                       | completely the case      |
| 7. The lab covered concepts/topics that I perceived as very complex.                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The language of the problems was full of unclear text.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The lab really enhanced my knowledge and understanding of the design and analysis of algorithms. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The lab contained problems that I perceived as very complex.                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The instructions given in the lab were very unclear.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The problems in the lab were, in terms of learning, very ineffective.                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. The lab really enhanced my understanding of the topic(s) covered.                               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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Survey code: 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| E | L | 2 | 3 | v | A |
|---|---|---|---|---|---|

Position 1/2: Second/third letter of your mother's first name.  
 Position 3/4: Day-of-month of your mother's birthday.  
 Position 5/6: First/last letter of your place of birth.

Example: If your mother's first name is Bridget, her birthday is May 01, 1969, and your place of birth is Portland, your survey code would be:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| R | I | 0 | 1 | P | D |
|---|---|---|---|---|---|

For the mathematically inclined: There are 26 letters in the alphabet and up to 31 days per month, so the above coding scheme allows for  $31 \cdot 26^4 = 14,166,256$  possible codes.

For each of the following statements, please respond with how much they apply to your experience completing the lab, on a 7-point scale where 1 = Not true of me at all and 7 = Extremely true of me. Answer honestly and spontaneously, there are no right or wrong answers.

|  | not true of me at all    |                                     | 50/50                               |                                     |                          | extremely true of me     |                          |
|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | 1                        | 2                                   | 3                                   | 4                                   | 5                        | 6                        | 7                        |
| 1. Upon completing the lab, I felt proud/accomplished.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Upon completing the lab, I felt relaxed/relief.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Upon completing the lab, I felt tired/apprehensive.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. While working on the lab, I often felt frustrated/annoyed.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. While working on the lab, I felt inadequate/stupid.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Considering the difficulty of this course, the teacher, and my skills, I think I will do well in this course. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please respond to each of the questions on the following scale: 0 = Not at all the case and 10 = Completely the case. Answer honestly and spontaneously, there are no right or wrong answers.

|   | not at all the case      |                                     | 50/50                               |                                     |                          |                          |                                     |                                     | completely the case      |                          |                          |
|---|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|   | 0                        | 1                                   | 2                                   | 3                                   | 4                        | 5                        | 6                                   | 7                                   | 8                        | 9                        | 10                       |
| 7. The lab covered concepts/topics that I perceived as very complex.                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The language of the problems was full of unclear text.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The lab really enhanced my knowledge and understanding of the design and analysis of algorithms. | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The lab contained problems that I perceived as very complex.                                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The instructions given in the lab were very unclear.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The problems in the lab were, in terms of learning, very ineffective.                           | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. The lab really enhanced my understanding of the topic(s) covered.                               | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please fill in your survey code. If you prefer to make up your own code, feel free to do so. Please make sure, however, to remember this code over the course of this term. Do not use anything other may use to identify you (such as your name or e-mail alias). We recommend to use the code outlined below as it is easy to use and reasonably anonymous.

Survey code: 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| A | R | O | 1 | L | I |
|---|---|---|---|---|---|

Position 1/2: Second/third letter of your mother's first name.  
 Position 3/4: Day-of-month of your mother's birthday.  
 Position 5/6: First/last letter of your place of birth.

Example: If your mother's first name is Bridget, her birthday is May 01, 1969, and your place of birth is Portland, your survey code would be:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| R | I | O | 1 | P | D |
|---|---|---|---|---|---|

For the mathematically inclined: There are 26 letters in the alphabet and up to 31 days per month, so the above coding scheme allows for  $31 \cdot 26^4 = 14,166,256$  possible codes.

For each of the following statements, please respond with how much they apply to your experience completing the lab, on a 7-point scale where 1 = Not true of me at all and 7 = Extremely true of me. Answer honestly and spontaneously, there are no right or wrong answers.

|  | not true of me at all    |                                     | 50/50                               |                          |                                     |                                     |                          | extremely true of me                |  |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--|
|  | 1                        | 2                                   | 3                                   | 4                        | 5                                   | 6                                   | 7                        |                                     |  |
| 1. Upon completing the lab, I felt proud/accomplished.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| 2. Upon completing the lab, I felt relaxed/relief.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| 3. Upon completing the lab, I felt tired/apprehensive.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| 4. While working on the lab, I often felt frustrated/annoyed.  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| 5. While working on the lab, I felt inadequate/stupid.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| 6. Considering the difficulty of this course, the teacher, and my skills, I think I will do well in this course. | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |  |

Please respond to each of the questions on the following scale: 0 = Not at all the case and 10 = Completely the case. Answer honestly and spontaneously, there are no right or wrong answers.

|   | not at all the case      |                          | 50/50                               |                          |                                     |                                     |                          |                                     |                          |                          | completely the case      |  |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
|   | 0                        | 1                        | 2                                   | 3                        | 4                                   | 5                                   | 6                        | 7                                   | 8                        | 9                        | 10                       |  |
| 7. The lab covered concepts/topics that I perceived as very complex.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 8. The language of the problems was full of unclear text.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 9. The lab really enhanced my knowledge and understanding of the design and analysis of algorithms. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 10. The lab contained problems that I perceived as very complex.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 11. The instructions given in the lab were very unclear.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 12. The problems in the lab were, in terms of learning, very ineffective.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 13. The lab really enhanced my understanding of the topic(s) covered.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

Please fill in your survey code. If you prefer to make up your own code, feel free to do so. Please make sure, however, to remember this code over the course of this term. Do not use anything other may use to identify you (such as your name or e-mail alias). We recommend to use the code outlined below as it is easy to use and reasonably anonymous.

Survey code: a406DS

Position 1/2: Second/third letter of your mother's first name.  
 Position 3/4: Day-of-month of your mother's birthday.  
 Position 5/6: First/last letter of your place of birth.

Example: If your mother's first name is Bridget, her birthday is May 01, 1969, and your place of birth is Portland, your survey code would be:

RI01PD

For the mathematically inclined: There are 26 letters in the alphabet and up to 31 days per month, so the above coding scheme allows for  $31 \cdot 26^4 = 14,166,256$  possible codes.

For each of the following statements, please respond with how much they apply to your experience completing the lab, on a 7-point scale where 1 = Not true of me at all and 7 = Extremely true of me. Answer honestly and spontaneously, there are no right or wrong answers.

|  | not true of me at all    |                          | 50/50                               |                                     |                                     | extremely true of me     |                          |
|--|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | 1                        | 2                        | 3                                   | 4                                   | 5                                   | 6                        | 7                        |
| 1. Upon completing the lab, I felt proud/accomplished.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Upon completing the lab, I felt relaxed/relief.   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Upon completing the lab, I felt tired/apprehensive.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. While working on the lab, I often felt frustrated/annoyed.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. While working on the lab, I felt inadequate/stupid.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Considering the difficulty of this course, the teacher, and my skills, I think I will do well in this course. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please respond to each of the questions on the following scale: 0 = Not at all the case and 10 = Completely the case. Answer honestly and spontaneously, there are no right or wrong answers.

|   | not at all the case      |                          | 50/50                    |                          |                          |                                     |                          |                          | completely the case      |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | 0                        | 1                        | 2                        | 3                        | 4                        | 5                                   | 6                        | 7                        | 8                        | 9                        | 10                       |
| 7. The lab covered concepts/topics that I perceived as very complex.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The language of the problems was full of unclear text.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The lab really enhanced my knowledge and understanding of the design and analysis of algorithms. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The lab contained problems that I perceived as very complex.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The instructions given in the lab were very unclear.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The problems in the lab were, in terms of learning, very ineffective.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. The lab really enhanced my understanding of the topic(s) covered.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Survey code: 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| R | E | O | I | L | S |
|---|---|---|---|---|---|

Position 1/2: Second/third letter of your mother's first name.  
 Position 3/4: Day-of-month of your mother's birthday.  
 Position 5/6: First/last letter of your place of birth.

Example: If your mother's first name is Bridget, her birthday is May 01, 1969, and your place of birth is Portland, your survey code would be:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| R | I | O | I | P | D |
|---|---|---|---|---|---|

For the mathematically inclined: There are 26 letters in the alphabet and up to 31 days per month, so the above coding scheme allows for  $31 \cdot 26^4 = 14,166,256$  possible codes.

For each of the following statements, please respond with how much they apply to your experience completing the lab, on a 7-point scale where 1 = Not true of me at all and 7 = Extremely true of me. Answer honestly and spontaneously, there are no right or wrong answers.

|  | not true of me at all    |                          | 50/50                    |                                     |                                     | extremely true of me     |                                     |
|--|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
|  | 1                        | 2                        | 3                        | 4                                   | 5                                   | 6                        | 7                                   |
| 1. Upon completing the lab, I felt proud/accomplished.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. Upon completing the lab, I felt relaxed/relief.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Upon completing the lab, I felt tired/apprehensive.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. While working on the lab, I often felt frustrated/annoyed.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5. While working on the lab, I felt inadequate/stupid.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6. Considering the difficulty of this course, the teacher, and my skills, I think I will do well in this course. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Please respond to each of the questions on the following scale: 0 = Not at all the case and 10 = Completely the case. Answer honestly and spontaneously, there are no right or wrong answers.

|   | not at all the case      |                          | 50/50                    |                          |                          |                          |                                     |                                     | completely the case                 |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|   | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                                   | 7                                   | 8                                   | 9                        | 10                       |
| 7. The lab covered concepts/topics that I perceived as very complex.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The language of the problems was full of unclear text.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The lab really enhanced my knowledge and understanding of the design and analysis of algorithms. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The lab contained problems that I perceived as very complex.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The instructions given in the lab were very unclear.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The problems in the lab were, in terms of learning, very ineffective.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. The lab really enhanced my understanding of the topic(s) covered.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

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Survey code: 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| A | N | 2 | 2 | L | T |
|---|---|---|---|---|---|

Position 1/2: Second/third letter of your mother's first name.  
 Position 3/4: Day-of-month of your mother's birthday.  
 Position 5/6: First/last letter of your place of birth.

Example: If your mother's first name is Bridget, her birthday is May 01, 1969, and your place of birth is Portland, your survey code would be:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| R | I | O | I | P | D |
|---|---|---|---|---|---|

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|  | not true of me at all    |                                     | 50/50                    |                                     |                                     | extremely true of me     |                          |
|--|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|  | 1                        | 2                                   | 3                        | 4                                   | 5                                   | 6                        | 7                        |
| 1. Upon completing the lab, I felt proud/accomplished.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Upon completing the lab, I felt relaxed/relief.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Upon completing the lab, I felt tired/apprehensive.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. While working on the lab, I often felt frustrated/annoyed.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. While working on the lab, I felt inadequate/stupid.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Considering the difficulty of this course, the teacher, and my skills, I think I will do well in this course. | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

Please respond to each of the questions on the following scale: 0 = Not at all the case and 10 = Completely the case. Answer honestly and spontaneously, there are no right or wrong answers.

|   | not at all the case      |                          |                                     | 50/50                               |                          |                          |                                     |                                     | completely the case      |                          |                          |
|---|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|   | 0                        | 1                        | 2                                   | 3                                   | 4                        | 5                        | 6                                   | 7                                   | 8                        | 9                        | 10                       |
| 7. The lab covered concepts/topics that I perceived as very complex.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The language of the problems was full of unclear text.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The lab really enhanced my knowledge and understanding of the design and analysis of algorithms. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The lab contained problems that I perceived as very complex.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The instructions given in the lab were very unclear.  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The problems in the lab were, in terms of learning, very ineffective.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. The lab really enhanced my understanding of the topic(s) covered.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please fill in your survey code. If you prefer to make up your own code, feel free to do so. Please make sure, however, to remember this code over the course of this term. Do not use anything other may use to identify you (such as your name or e-mail alias). We recommend to use the code outlined below as it is easy to use and reasonably anonymous.

Survey code: 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| I | A | 2 | 1 | 0 | Y |
|---|---|---|---|---|---|

Position 1/2: Second/third letter of your mother's first name.  
 Position 3/4: Day-of-month of your mother's birthday.  
 Position 5/6: First/last letter of your place of birth.

Example: If your mother's first name is Bridget, her birthday is May 01, 1969, and your place of birth is Portland, your survey code would be:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| R | I | 0 | 1 | P | D |
|---|---|---|---|---|---|

For the mathematically inclined: There are 26 letters in the alphabet and up to 31 days per month, so the above coding scheme allows for  $31 \cdot 26^4 = 14,166,256$  possible codes.

For each of the following statements, please respond with how much they apply to your experience completing the lab, on a 7-point scale where 1 = Not true of me at all and 7 = Extremely true of me. Answer honestly and spontaneously, there are no right or wrong answers.

|  | 50/50                    |                          |                                     |                          |                          |                                     |                                     |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
|  | not true of me at all    | 1                        | 2                                   | 3                        | 4                        | 5                                   | extremely true of me                |
| 1. Upon completing the lab, I felt proud/accomplished.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. Upon completing the lab, I felt relaxed/relief.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Upon completing the lab, I felt tired/apprehensive.   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. While working on the lab, I often felt frustrated/annoyed.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. While working on the lab, I felt inadequate/stupid.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6. Considering the difficulty of this course, the teacher, and my skills, I think I will do well in this course. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

Please respond to each of the questions on the following scale: 0 = Not at all the case and 10 = Completely the case. Answer honestly and spontaneously, there are no right or wrong answers.

|   | 50/50                    |                          |                                     |                                     |                          |                          |                          |                                     |                                     |                          |                                     |                          |
|---|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
|   | not at all the case      | 0                        | 1                                   | 2                                   | 3                        | 4                        | 5                        | 6                                   | 7                                   | 8                        | 9                                   | completely the case      |
| 7. The lab covered concepts/topics that I perceived as very complex.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. The language of the problems was full of unclear text.   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. The lab really enhanced my knowledge and understanding of the design and analysis of algorithms. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 10. The lab contained problems that I perceived as very complex.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 11. The instructions given in the lab were very unclear.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 12. The problems in the lab were, in terms of learning, very ineffective.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 13. The lab really enhanced my understanding of the topic(s) covered.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Please fill in your survey code. If you prefer to make up your own code, feel free to do so. Please make sure, however, to remember this code over the course of this term. Do not use anything other may use to identify you (such as your name or e-mail alias). We recommend to use the code outlined below as it is easy to use and reasonably anonymous.

Survey code: **AR14BY**

Position 1/2: Second/third letter of your mother's first name.  
 Position 3/4: Day-of-month of your mother's birthday.  
 Position 5/6: First/last letter of your place of birth.

Example: If your mother's first name is Bridget, her birthday is May 01, 1969, and your place of birth is Portland, your survey code would be:

**R I 0 1 P D**

For the mathematically inclined: There are 26 letters in the alphabet and up to 31 days per month, so the above coding scheme allows for  $31 \cdot 26^4 = 14,166,256$  possible codes.

For each of the following statements, please respond with how much they apply to your experience completing the lab, on a 7-point scale where 1 = Not true of me at all and 7 = Extremely true of me. Answer honestly and spontaneously, there are no right or wrong answers.

|  | not true of me at all    |                                     | 50/50                               |                                     |                                     | extremely true of me                |                          |
|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | 1                        | 2                                   | 3                                   | 4                                   | 5                                   | 6                                   | 7                        |
| 1. Upon completing the lab, I felt proud/accomplished.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. Upon completing the lab, I felt relaxed/relief.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. Upon completing the lab, I felt tired/apprehensive.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. While working on the lab, I often felt frustrated/annoyed.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. While working on the lab, I felt inadequate/stupid.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. Considering the difficulty of this course, the teacher, and my skills, I think I will do well in this course. | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Please respond to each of the questions on the following scale: 0 = Not at all the case and 10 = Completely the case. Answer honestly and spontaneously, there are no right or wrong answers.

|   | not at all the case      |                          | 50/50                    |                                     |                          |                                     |                                     |                                     | completely the case      |                                     |                                     |
|---|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
|   | 0                        | 1                        | 2                        | 3                                   | 4                        | 5                                   | 6                                   | 7                                   | 8                        | 9                                   | 10                                  |
| 7. The lab covered concepts/topics that I perceived as very complex.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8. The language of the problems was full of unclear text.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 9. The lab really enhanced my knowledge and understanding of the design and analysis of algorithms. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10. The lab contained problems that I perceived as very complex.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 11. The instructions given in the lab were very unclear.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12. The problems in the lab were, in terms of learning, very ineffective.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 13. The lab really enhanced my understanding of the topic(s) covered.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

Please fill in your survey code. If you prefer to make up your own code, feel free to do so. Please make sure, however, to remember this code over the course of this term. Do not use anything other may use to identify you (such as your name or e-mail alias). We recommend to use the code outlined below as it is easy to use and reasonably anonymous.

Survey code: **H A 2 2 P X**

Position 1/2: Second/third letter of your mother's first name.  
 Position 3/4: Day-of-month of your mother's birthday.  
 Position 5/6: First/last letter of your place of birth.

Example: If your mother's first name is Bridget, her birthday is May 01, 1969, and your place of birth is Portland, your survey code would be:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| R | I | O | I | P | D |
|---|---|---|---|---|---|

For the mathematically inclined: There are 26 letters in the alphabet and up to 31 days per month, so the above coding scheme allows for  $31 \cdot 26^4 = 14,166,256$  possible codes.

For each of the following statements, please respond with how much they apply to your experience completing the lab, on a 7-point scale where 1 = Not true of me at all and 7 = Extremely true of me. Answer honestly and spontaneously, there are no right or wrong answers.

|  | not true of me at all               |                                     | 50/50                    |                                     |                          | extremely true of me                |                                     |
|--|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
|  | 1                                   | 2                                   | 3                        | 4                                   | 5                        | 6                                   | 7                                   |
| 1. Upon completing the lab, I felt proud/accomplished.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Upon completing the lab, I felt relaxed/relief.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Upon completing the lab, I felt tired/apprehensive.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. While working on the lab, I often felt frustrated/annoyed.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. While working on the lab, I felt inadequate/stupid.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6. Considering the difficulty of this course, the teacher, and my skills, I think I will do well in this course. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Please respond to each of the questions on the following scale: 0 = Not at all the case and 10 = Completely the case. Answer honestly and spontaneously, there are no right or wrong answers.

|   | not at all the case                 |                                     | 50/50                               |                          |                          |                          |                                     |                                     | completely the case                 |                          |                          |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|   | 0                                   | 1                                   | 2                                   | 3                        | 4                        | 5                        | 6                                   | 7                                   | 8                                   | 9                        | 10                       |
| 7. The lab covered concepts/topics that I perceived as very complex.                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The language of the problems was full of unclear text.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The lab really enhanced my knowledge and understanding of the design and analysis of algorithms. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The lab contained problems that I perceived as very complex.                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The instructions given in the lab were very unclear.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The problems in the lab were, in terms of learning, very ineffective.                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. The lab really enhanced my understanding of the topic(s) covered.                               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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Survey code: 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| M | A | R | I | S | A |
|---|---|---|---|---|---|

Example: If your mother's first name is Bridget, her birthday is May 01, 1969, and your place of birth is Portland, your survey code would be:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| R | I | 0 | 1 | P | D |
|---|---|---|---|---|---|

Position 1/2: Second/third letter of your mother's first name.  
 Position 3/4: Day-of-month of your mother's birthday.  
 Position 5/6: First/last letter of your place of birth.

For the mathematically inclined: There are 26 letters in the alphabet and up to 31 days per month, so the above coding scheme allows for  $31 \cdot 26^4 = 14,166,256$  possible codes.

For each of the following statements, please respond with how much they apply to your experience completing the lab, on a 7-point scale where 1 = Not true of me at all and 7 = Extremely true of me. Answer honestly and spontaneously, there are no right or wrong answers.

|  | not true of me at all    |                                     | 50/50                    |                          |                                     | extremely true of me                |                          |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
|  | 1                        | 2                                   | 3                        | 4                        | 5                                   | 6                                   | 7                        |
| 1. Upon completing the lab, I felt proud/accomplished.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. Upon completing the lab, I felt relaxed/relief.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. Upon completing the lab, I felt tired/apprehensive.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. While working on the lab, I often felt frustrated/annoyed.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. While working on the lab, I felt inadequate/stupid.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Considering the difficulty of this course, the teacher, and my skills, I think I will do well in this course. | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Please respond to each of the questions on the following scale: 0 = Not at all the case and 10 = Completely the case. Answer honestly and spontaneously, there are no right or wrong answers.

|   | not at all the case      |                          | 50/50                    |                                     |                                     |                                     |                                     |                                     | completely the case                 |                          |                          |
|---|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
|   | 0                        | 1                        | 2                        | 3                                   | 4                                   | 5                                   | 6                                   | 7                                   | 8                                   | 9                        | 10                       |
| 7. The lab covered concepts/topics that I perceived as very complex.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The language of the problems was full of unclear text.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The lab really enhanced my knowledge and understanding of the design and analysis of algorithms. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The lab contained problems that I perceived as very complex.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The instructions given in the lab were very unclear.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The problems in the lab were, in terms of learning, very ineffective.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. The lab really enhanced my understanding of the topic(s) covered.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

Please fill in your survey code. If you prefer to make up your own code, feel free to do so. Please make sure, however, to remember this code over the course of this term. Do not use anything other may use to identify you (such as your name or e-mail alias). We recommend to use the code outlined below as it is easy to use and reasonably anonymous.

Survey code: 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| ( | m | c | ) | f | w |
|---|---|---|---|---|---|

Position 1/2: Second/third letter of your mother's first name.  
 Position 3/4: Day-of-month of your mother's birthday.  
 Position 5/6: First/last letter of your place of birth.

Example: If your mother's first name is Bridget, her birthday is May 01, 1969, and your place of birth is Portland, your survey code would be:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| R | I | 0 | 1 | P | D |
|---|---|---|---|---|---|

For the mathematically inclined: There are 26 letters in the alphabet and up to 31 days per month, so the above coding scheme allows for  $31 \cdot 26^4 = 14,166,256$  possible codes.

For each of the following statements, please respond with how much they apply to your experience completing the lab, on a 7-point scale where 1 = Not true of me at all and 7 = Extremely true of me. Answer honestly and spontaneously, there are no right or wrong answers.

|  | not true of me at all    |                          | 50/50                               |                                     |                          | extremely true of me                |                          |
|--|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
|  | 1                        | 2                        | 3                                   | 4                                   | 5                        | 6                                   | 7                        |
| 1. Upon completing the lab, I felt proud/accomplished.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. Upon completing the lab, I felt relaxed/relief.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Upon completing the lab, I felt tired/apprehensive.   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. While working on the lab, I often felt frustrated/annoyed.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. While working on the lab, I felt inadequate/stupid.   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6. Considering the difficulty of this course, the teacher, and my skills, I think I will do well in this course. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Please respond to each of the questions on the following scale: 0 = Not at all the case and 10 = Completely the case. Answer honestly and spontaneously, there are no right or wrong answers.

|   | not at all the case                 |                          | 50/50                               |                                     |                                     |                          |                          |                          | completely the case                 |                          |                          |
|---|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
|   | 0                                   | 1                        | 2                                   | 3                                   | 4                                   | 5                        | 6                        | 7                        | 8                                   | 9                        | 10                       |
| 7. The lab covered concepts/topics that I perceived as very complex.                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The language of the problems was full of unclear text.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The lab really enhanced my knowledge and understanding of the design and analysis of algorithms. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The lab contained problems that I perceived as very complex.                                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The instructions given in the lab were very unclear.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The problems in the lab were, in terms of learning, very ineffective.                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. The lab really enhanced my understanding of the topic(s) covered.                               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please fill in your survey code. If you prefer to make up your own code, feel free to do so. Please make sure, however, to remember this code over the course of this term. Do not use anything other may use to identify you (such as your name or e-mail alias). We recommend to use the code outlined below as it is easy to use and reasonably anonymous.

Survey code: 207TK

Position 1/2: Second/third letter of your mother's first name.  
 Position 3/4: Day-of-month of your mother's birthday.  
 Position 5/6: First/last letter of your place of birth.

Example: If your mother's first name is Bridget, her birthday is May 01, 1969, and your place of birth is Portland, your survey code would be:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| R | I | 0 | 1 | P | D |
|---|---|---|---|---|---|

For the mathematically inclined: There are 26 letters in the alphabet and up to 31 days per month, so the above coding scheme allows for  $31 \cdot 26^4 = 14,166,256$  possible codes.

For each of the following statements, please respond with how much they apply to your experience completing the lab, on a 7-point scale where 1 = Not true of me at all and 7 = Extremely true of me. Answer honestly and spontaneously, there are no right or wrong answers.

|  | not true of me at all    |                          | 50/50                               |                          |                                     |                                     |                          | extremely true of me |  |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|----------------------|--|
|  | 1                        | 2                        | 3                                   | 4                        | 5                                   | 6                                   | 7                        |                      |  |
| 1. Upon completing the lab, I felt proud/accomplished.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                      |  |
| 2. Upon completing the lab, I felt relaxed/relief.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                      |  |
| 3. Upon completing the lab, I felt tired/apprehensive.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                      |  |
| 4. While working on the lab, I often felt frustrated/annoyed.  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                      |  |
| 5. While working on the lab, I felt inadequate/stupid.   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                      |  |
| 6. Considering the difficulty of this course, the teacher, and my skills, I think I will do well in this course. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                      |  |

Please respond to each of the questions on the following scale: 0 = Not at all the case and 10 = Completely the case. Answer honestly and spontaneously, there are no right or wrong answers.

|   | not at all the case      |                          | 50/50                    |                                     |                          |                                     |                                     |                          | completely the case      |                          |                          |
|---|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | 0                        | 1                        | 2                        | 3                                   | 4                        | 5                                   | 6                                   | 7                        | 8                        | 9                        | 10                       |
| 7. The lab covered concepts/topics that I perceived as very complex.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The language of the problems was full of unclear text.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The lab really enhanced my knowledge and understanding of the design and analysis of algorithms. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The lab contained problems that I perceived as very complex.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The instructions given in the lab were very unclear.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The problems in the lab were, in terms of learning, very ineffective.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. The lab really enhanced my understanding of the topic(s) covered.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please fill in your survey code. If you prefer to make up your own code, feel free to do so. Please make sure, however, to remember this code over the course of this term. Do not use anything other may use to identify you (such as your name or e-mail alias). We recommend to use the code outlined below as it is easy to use and reasonably anonymous.

Survey code: 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| A | B | I | S | K | H |
|---|---|---|---|---|---|

Example: If your mother's first name is Bridget, her birthday is May 01, 1969, and your place of birth is Portland, your survey code would be:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| R | I | O | I | P | D |
|---|---|---|---|---|---|

Position 1/2: Second/third letter of your mother's first name.

Position 3/4: Day-of-month of your mother's birthday.

Position 5/6: First/last letter of your place of birth.

For the mathematically inclined: There are 26 letters in the alphabet and up to 31 days per month, so the above coding scheme allows for  $31 \cdot 26^4 = 14,166,256$  possible codes.

For each of the following statements, please respond with how much they apply to your experience completing the lab, on a 7-point scale where 1 = Not true of me at all and 7 = Extremely true of me. Answer honestly and spontaneously, there are no right or wrong answers.

|  | not true of me at all               |                          | 50/50                    |                          |                          |                          |                          | extremely true of me                |  |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--|
|  | 1                                   | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        |                                     |  |
| 1. Upon completing the lab, I felt proud/accomplished.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| 2. Upon completing the lab, I felt relaxed/relief.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| 3. Upon completing the lab, I felt tired/apprehensive.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| 4. While working on the lab, I often felt frustrated/annoyed.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| 5. While working on the lab, I felt inadequate/stupid.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| 6. Considering the difficulty of this course, the teacher, and my skills, I think I will do well in this course. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |

Please respond to each of the questions on the following scale: 0 = Not at all the case and 10 = Completely the case. Answer honestly and spontaneously, there are no right or wrong answers.

|   | not at all the case                 |                          | 50/50                    |                          |                          |                          |                          |                          |                          |                                     | completely the case                 |  |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--|
|   | 0                                   | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                                   | 10                                  |  |
| 7. The lab covered concepts/topics that I perceived as very complex.                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |  |
| 8. The language of the problems was full of unclear text.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |  |
| 9. The lab really enhanced my knowledge and understanding of the design and analysis of algorithms. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |
| 10. The lab contained problems that I perceived as very complex.                                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |  |
| 11. The instructions given in the lab were very unclear.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |  |
| 12. The problems in the lab were, in terms of learning, very ineffective.                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |  |
| 13. The lab really enhanced my understanding of the topic(s) covered.                               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |

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Survey code: 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| A | B | I | S | K | H |
|---|---|---|---|---|---|

Position 1/2: Second/third letter of your mother's first name.  
 Position 3/4: Day-of-month of your mother's birthday.  
 Position 5/6: First/last letter of your place of birth.

Example: If your mother's first name is Bridget, her birthday is May 01, 1969, and your place of birth is Portland, your survey code would be:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| R | I | 0 | 1 | P | D |
|---|---|---|---|---|---|

For the mathematically inclined: There are 26 letters in the alphabet and up to 31 days per month, so the above coding scheme allows for  $31 \cdot 26^4 = 14,166,256$  possible codes.

For each of the following statements, please respond with how much they apply to your experience completing the lab, on a 7-point scale where 1 = Not true of me at all and 7 = Extremely true of me. Answer honestly and spontaneously, there are no right or wrong answers.

|  | not true of me at all               |                                     | 50/50                    |                          |                          |                                     |                                     | extremely true of me |  |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|----------------------|--|
|  | 1                                   | 2                                   | 3                        | 4                        | 5                        | 6                                   | 7                                   |                      |  |
| 1. Upon completing the lab, I felt proud/accomplished.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                      |  |
| 2. Upon completing the lab, I felt relaxed/relief.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                      |  |
| 3. Upon completing the lab, I felt tired/apprehensive.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                      |  |
| 4. While working on the lab, I often felt frustrated/annoyed.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                      |  |
| 5. While working on the lab, I felt inadequate/stupid.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                      |  |
| 6. Considering the difficulty of this course, the teacher, and my skills, I think I will do well in this course. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                      |  |

Please respond to each of the questions on the following scale: 0 = Not at all the case and 10 = Completely the case. Answer honestly and spontaneously, there are no right or wrong answers.

|   | not at all the case                 |                                     | 50/50                    |                          |                          |                          |                          |                          |                          |                                     | completely the case                 |  |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--|
|   | 0                                   | 1                                   | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                                   | 10                                  |  |
| 7. The lab covered concepts/topics that I perceived as very complex.                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |  |
| 8. The language of the problems was full of unclear text.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |  |
| 9. The lab really enhanced my knowledge and understanding of the design and analysis of algorithms. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |
| 10. The lab contained problems that I perceived as very complex.                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |
| 11. The instructions given in the lab were very unclear.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |  |
| 12. The problems in the lab were, in terms of learning, very ineffective.                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |  |
| 13. The lab really enhanced my understanding of the topic(s) covered.                               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |

Please fill in your survey code. If you prefer to make up your own code, feel free to do so. Please make sure, however, to remember this code over the course of this term. Do not use anything other may use to identify you (such as your name or e-mail alias). We recommend to use the code outlined below as it is easy to use and reasonably anonymous.

Survey code: 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| A | T | 3 | 0 | W | K |
|---|---|---|---|---|---|

Position 1/2: Second/third letter of your mother's first name.  
 Position 3/4: Day-of-month of your mother's birthday.  
 Position 5/6: First/last letter of your place of birth.

Example: If your mother's first name is Bridget, her birthday is May 01, 1969, and your place of birth is Portland, your survey code would be:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| R | I | 0 | 1 | P | D |
|---|---|---|---|---|---|

For the mathematically inclined: There are 26 letters in the alphabet and up to 31 days per month, so the above coding scheme allows for  $31 \cdot 26^4 = 14,166,256$  possible codes.

For each of the following statements, please respond with how much they apply to your experience completing the lab, on a 7-point scale where 1 = Not true of me at all and 7 = Extremely true of me. Answer honestly and spontaneously, there are no right or wrong answers.

|  | not true of me at all               |                          | 50/50                    |                          |                          | extremely true of me     |                                     |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
|  | 1                                   | 2                        | 3                        | 4                        | 5                        | 6                        | 7                                   |
| 1. Upon completing the lab, I felt proud/accomplished.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Upon completing the lab, I felt relaxed/relief.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Upon completing the lab, I felt tired/apprehensive.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. While working on the lab, I often felt frustrated/annoyed.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5. While working on the lab, I felt inadequate/stupid.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6. Considering the difficulty of this course, the teacher, and my skills, I think I will do well in this course. | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Please respond to each of the questions on the following scale: 0 = Not at all the case and 10 = Completely the case. Answer honestly and spontaneously, there are no right or wrong answers.

|   | not at all the case                 |                                     |                          | 50/50                               |                          |                          |                                     |                                     | completely the case      |                          |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|   | 0                                   | 1                                   | 2                        | 3                                   | 4                        | 5                        | 6                                   | 7                                   | 8                        | 9                        | 10                       |
| 7. The lab covered concepts/topics that I perceived as very complex.                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The language of the problems was full of unclear text.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The lab really enhanced my knowledge and understanding of the design and analysis of algorithms. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The lab contained problems that I perceived as very complex.                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The instructions given in the lab were very unclear.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The problems in the lab were, in terms of learning, very ineffective.                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. The lab really enhanced my understanding of the topic(s) covered.                               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |