IELTS Academic Reading Practice Test 3

Original Britfluency Practice Paper

This is an original IELTS-style Academic Reading practice test, not an official IELTS paper. It contains three reading passages and 40 questions.

Instructions for students

You should spend 60 minutes on this test.

There are three reading passages and 40 questions.

Write your answers as you complete the test. In the real IELTS Reading test, there is no extra transfer time, so you must write your final answers within the 60 minutes.

Each correct answer receives 1 mark.

Do not use a dictionary.

Reading Passage 1

Public Libraries in the Age of Digital Abundance

A For more than a century, public libraries were largely understood as places where books were stored, borrowed and read. That role has not disappeared, but it no longer explains why many communities continue to defend library services when budgets are under pressure. In an age when information appears to be everywhere, the library has had to redefine its public value. Its importance now lies not only in access to books, but also in access to space, technology, advice and quiet forms of civic support.

B The first major change is digital access. Many everyday tasks that once required paper forms or face-to-face appointments now begin online. People apply for jobs, manage benefits, contact government offices and search for health information through websites. For those without a reliable device, a printer or a stable internet connection, this shift can make ordinary life harder rather than easier. Libraries respond by providing computers, Wi-Fi and staff who can help users navigate unfamiliar systems without charging them. In communities where private internet access is uneven, this support can determine whether people are able to complete basic administrative tasks on time.

C A second function is educational. Libraries offer reading groups, homework clubs, language classes, digital-skills sessions and support for early literacy. These activities are not limited to children. Older adults may need help using video calls, migrants may look for language materials, and job seekers may attend workshops on writing applications. The educational value of a library is therefore broader than the collection on its shelves. It is a flexible learning environment that can respond to local needs. Because programmes are usually arranged locally, a branch in one district may focus on family literacy while another develops job-search support or basic technology training.

D Libraries also provide something that is difficult to measure: a non-commercial indoor space. A person can enter a library without buying a coffee, making an appointment or explaining why they are there. This matters in cities where many public places have become linked to consumption. Students may use the library as a quiet study area, parents may bring children during bad weather, and people who are isolated may experience it as one of the few places where they can be near others without pressure.

E The social role of libraries became more visible during recent crises. During heatwaves, some branches have acted as cooling spaces; during periods of economic hardship, they have helped people access essential services; and after school closures, they have supported children who lost regular learning time. Such work can stretch library staff far beyond traditional duties. Critics argue that libraries should not be expected to solve problems created by underfunded social systems. Supporters reply that this is precisely why libraries need stable investment. They argue that when people trust a familiar public building, it can act as a doorway to help that might otherwise remain difficult to find.

F Not every change has been easy. Some library users worry that digital training, community events and advice services may weaken the quiet reading culture they value. Staff may struggle to balance open access with safety, especially when libraries become refuges for people facing complex personal difficulties. There is also the risk that policymakers praise libraries as social infrastructure while still reducing their funding. A library cannot become a substitute for every missing public service.

G The future of public libraries is therefore unlikely to involve a return to their older identity as book warehouses. Nor should they become general-purpose welfare offices. Their distinctive strength lies in combining information, trust and shared space. When they are properly funded, libraries can help people participate in society more fully: not by replacing schools, clinics or employment services, but by connecting citizens to knowledge, tools and one another.

Questions 1-6

Do the following statements agree with the information in Reading Passage 1?

Write TRUE if the statement agrees with the information.
Write FALSE if the statement contradicts the information.
Write NOT GIVEN if there is no information on this.

1. The traditional role of libraries as places for books has completely disappeared.

_____

2. Some people need libraries because many essential services now start online.

_____

3. Most library computer users are university students. _____

4. Libraries can offer educational support to adults as well as children. _____

5. The passage says libraries should replace clinics and employment services.

_____

6. Libraries may provide indoor space that does not require people to spend money.

_____

Questions 7-10

Complete the table below.

Choose NO MORE THAN TWO WORDS from the passage for each answer.

Library function	Example from the passage
Digital access	Users may need a device, a printer or a stable 7. _____.
Education	Libraries may run reading groups, homework clubs and 8. _____ sessions.
Shelter during crises	Some branches have acted as 9. _____ during heatwaves.
Social infrastructure	Libraries can connect citizens to knowledge, tools and 10. _____.

Questions 11-13

Answer the questions below.

Choose NO MORE THAN THREE WORDS from the passage for each answer.

11. What kind of indoor space do libraries provide? _____

12. What may staff find difficult to balance with safety? _____

13. What older identity are libraries unlikely to return to? _____

Reading Passage 2

How Quiet Design Is Changing Hospitals

A Hospitals are often imagined as places of healing, yet they can also be noisy, confusing and exhausting. Patients may hear alarms, rolling trolleys, staff conversations, ventilation systems and other patients throughout the day and night. For decades, such noise was treated as an unavoidable feature of medical care. More recently, architects, clinicians and researchers have begun to ask whether the physical environment of a hospital can influence recovery, staff performance and patient safety.

B One area of concern is sleep. Patients frequently report that hospital sleep is fragmented, especially on wards where observations, medication rounds and alarms continue overnight. Sleep disruption can increase stress, reduce pain tolerance and make it harder for patients to participate in rehabilitation. Some hospitals have responded by introducing quiet hours, dimmer lighting at night and alarm-management programmes. These changes do not remove the need for monitoring, but they try to separate necessary disturbance from avoidable disturbance.

C Sound design can also affect staff. Constant background noise makes concentration harder and may increase fatigue during long shifts. When nurses and doctors must repeatedly distinguish important alarms from minor alerts, they can experience alarm fatigue, a state in which warnings become easier to ignore because there are too many of them. This is not simply an irritation. In a busy clinical environment, missed or delayed responses can have serious consequences.

D The layout of hospital spaces is another factor. Older wards often prioritised efficiency and visibility, with many beds in one large room. This arrangement made supervision easier, but it offered little privacy and made infection control more difficult. Single rooms can reduce noise, improve privacy and lower some infection risks, yet they may also make patients feel isolated and require staff to walk further. Good design therefore involves trade-offs rather than one perfect solution. Designers must consider not only measurable outcomes, such as infection rates, but also less visible experiences such as loneliness, anxiety and staff workload.

E Nature has become an important part of hospital design discussions. Studies have suggested that views of trees, access to gardens and natural light may improve mood and reduce anxiety. The explanation is not purely aesthetic. Daylight helps regulate the body clock, while outdoor spaces can provide patients and relatives with a sense of escape from clinical routines. Even where gardens are impossible, designers may use larger windows, indoor planting or images of natural scenes.

F Wayfinding is a more practical but equally important issue. Large hospitals are complex buildings, and patients may already be anxious when they arrive. If signs are unclear, corridors look identical or departments are named inconsistently, people can miss appointments or arrive more stressed than necessary. Effective wayfinding uses simple language, visible landmarks, colour coding and predictable routes. Digital maps can help, but they cannot replace a building that is logically organised.

G Some improvements are surprisingly inexpensive. Soft-closing bins, rubber wheels on trolleys, acoustic ceiling tiles and better door seals can reduce noise without major reconstruction. Staff training also matters: lowering voices near beds at night, checking whether alarms are correctly set and clustering non-urgent tasks can make wards calmer. These small changes are most successful when they become part of everyday culture rather than short-term campaigns. If they are treated as optional extras, old habits can quickly return once attention moves elsewhere.

H However, the evidence base is not always simple. Hospitals differ in patient groups, staffing levels, budgets and building age, so a design feature that works well in one setting may be less effective in another. Researchers also have to separate the effect of design from changes in treatment, staffing or policy. For this reason, many experts argue for post-occupancy evaluation: hospitals should measure how a new building or redesign performs after people are actually using it.

I The movement towards quieter, clearer and more humane hospitals does not suggest that architecture can cure disease by itself. Medicine remains dependent on skilled staff, effective treatments and adequate resources. Yet design can either support or obstruct these elements. A hospital that helps patients sleep, helps staff concentrate and helps visitors find their way is not merely more pleasant. It may be better aligned with the work of healing. The best hospital environments do not draw attention to themselves; they quietly remove avoidable stress at moments when patients and staff already face enough pressure.

Questions 14-18

Reading Passage 2 has nine paragraphs, A-I.

Which paragraph contains the following information? Write the correct letter, A-I.

14. examples of low-cost changes that may reduce hospital noise

_____

15. the idea that hospital design should be assessed after use

_____

16. a problem caused by staff hearing too many alerts _____

17. the use of landmarks and colour to help people move through a building

_____

18. an explanation of why single rooms are not an ideal solution in every way

_____

Questions 19-23

Match each feature with the correct hospital-design area.

Write the correct letter, A, B, C or D. You may use any letter more than once.

A Sleep and night-time care B Staff concentration and alarms C Ward layout D Nature and light

19. may be supported by dimmer lighting at night _____

20. can involve a conflict between privacy and staff walking distance

_____

21. may be affected by constant background noise _____

22. can give patients and relatives a sense of escape _____

23. can be harmed by unnecessary overnight disturbance _____

Questions 24-26

Complete the flow-chart below.

Choose ONE WORD ONLY from the passage for each answer.

Problem	Design response	Intended result
Hospital sleep is 24. _____	Quiet hours and dimmer lighting	Less avoidable disturbance
Patients arrive anxious	Simple language, visible landmarks and 25. _____ coding	Easier wayfinding
A redesign may not work as expected	Post-occupancy 26. _____	Evidence after real use

Reading Passage 3

Scientific Failure and the Rise of Open Research

A Scientific knowledge is often presented to the public as a steady accumulation of facts. In reality, research advances through uncertainty, correction and occasional failure. A study may produce an exciting result, yet later attempts to repeat it may not reach the same conclusion. This does not automatically mean that the original researchers acted dishonestly. It may reflect small samples, weak methods, unusual participants, statistical chance or details that were never reported fully enough for others to copy. Replication is therefore not an attack on science, but one of the mechanisms by which scientific claims become stronger or weaker over time.

B The term replication refers to the process of repeating a study to see whether its findings can be reproduced. In some fields, especially parts of psychology, medicine and behavioural science, large replication projects have found that many published results are less robust than expected. This has led to what is often called the replication crisis. The phrase can sound dramatic, but many scientists prefer to view it as a period of self-correction: a sign that research communities are examining their own standards more seriously.

C One source of difficulty is publication bias. Journals have traditionally been more interested in studies that report clear, positive or surprising results than in studies that find no effect. Researchers know this, and their careers may depend on publishing frequently. As a result, unsuccessful experiments can disappear into file drawers, while successful ones become more visible. The published literature may then give an exaggerated impression that a treatment, theory or intervention is more reliable than it really is. This distortion is especially serious when later researchers build new experiments on a pattern that may have been fragile from the beginning.

D A second problem is flexibility in data analysis. Modern researchers often make many decisions: which participants to exclude, which outcomes to emphasise, which statistical tests to use and when to stop collecting data. Each decision may seem reasonable in isolation, but together they can increase the chance of finding a pattern that is not genuinely meaningful. This practice is sometimes called p-hacking when choices are made, consciously or unconsciously, to produce statistically significant results.

E Open research practices are designed to reduce these risks. One approach is preregistration, in which researchers publicly record their hypotheses, methods and planned analyses before collecting or examining the data. This does not remove creativity from science, but it makes a clearer distinction between tests that were planned in advance and patterns discovered later. Exploratory findings can still be valuable, provided they are labelled honestly and tested again in future work.

F Another reform is the sharing of data and materials. If other scientists can inspect the dataset, analysis code and experimental procedure, they are better able to check for errors or try alternative analyses. Open materials also make replication easier because later researchers do not have to reconstruct an experiment from a brief published description. There are limits: medical data, for example, may contain sensitive information that cannot simply be placed online. Openness therefore requires careful ethical rules, not unrestricted exposure.

G Some journals now offer registered reports. Under this model, reviewers evaluate a study's question and method before the results are known. If the proposal is accepted, the journal commits to publishing the paper regardless of whether the findings are positive, negative or mixed, as long as the researchers follow the approved plan. Supporters argue that this

changes the reward system: good questions and strong methods matter more than producing an eye-catching result.

H Not everyone welcomes these reforms without reservation. Some researchers worry that preregistration may be too rigid for fields where unexpected observations are common. Others argue that open data requirements can create extra work, especially for small teams with limited funding. There is also a danger that replication results are discussed too aggressively, as if a failed replication proves that earlier scientists were careless or dishonest. Scientific correction should be firm, but it also needs fairness.

I The strongest case for open research is not that it will make science perfect. No method can remove uncertainty entirely. Instead, openness can make the research process more visible, allowing errors to be found earlier and claims to be tested more clearly. In the long run, public trust may depend less on presenting science as always right and more on showing that it has reliable ways to discover when it is wrong. A system that can correct itself openly may be less dramatic than one that claims certainty, but it is more consistent with how careful research actually works.

Questions 27-31

The reading passage has nine paragraphs, A-I.

Choose the correct heading for paragraphs B-F from the list below. Write the correct number, i-viii.

List of Headings

i. The value and limits of making research materials available

ii. A method for separating planned tests from later discoveries

iii. Why journals prefer studies about medical data

iv. Repeating studies as a test of reliability

v. How analysis choices can create misleading patterns

vi. Why open science has ended all uncertainty

vii. The effect of selective publication

viii. The personal history of behavioural scientists

27. Paragraph B _____

28. Paragraph C _____

29. Paragraph D _____

30. Paragraph E _____

31. Paragraph F _____

Questions 32-36

Do the following statements agree with the claims of the writer in Reading Passage 3?

Write YES if the statement agrees with the claims of the writer.
Write NO if the statement contradicts the claims of the writer.
Write NOT GIVEN if it is impossible to say what the writer thinks about this.

32. A failed replication always proves that the original researchers were dishonest.

_____

33. Publication bias can make the published literature look more reliable than it really is.

_____

34. Preregistration prevents researchers from making any unexpected discoveries.

_____

35. Medical data may require restrictions because it can include sensitive information.

_____

36. The writer believes open research can improve science without making it perfect.

_____

Questions 37-40

Complete the sentences below.

Choose NO MORE THAN TWO WORDS from the passage for each answer.

37. The expression replication crisis is used when published findings are less _____ than expected. _____

38. Unsuccessful experiments may disappear into _____. _____

39. Registered reports are reviewed before the _____ are known.

_____

40. Public trust may depend on showing that science has reliable ways to identify when it is _____. _____