

C03.	What is your relationship to [CHILD NAME]? PROBE.	1. <input type="checkbox"/> Biological mother 2. <input type="checkbox"/> Biological father 3. <input type="checkbox"/> Adoptive Mother 4. <input type="checkbox"/> Adoptive father 5. <input type="checkbox"/> Stepmother 6. <input type="checkbox"/> Stepfather 7. <input type="checkbox"/> Grandmother 8. <input type="checkbox"/> Grandfather	
		9. <input type="checkbox"/> Aunt 10. <input type="checkbox"/> Uncle 11. <input type="checkbox"/> Sister 12. <input type="checkbox"/> Brother 13. <input type="checkbox"/> Other relative 14. <input type="checkbox"/> Non-relative 15. <input type="checkbox"/> Refuse to answer	
C04.	For how many years and months have you been the primary caregiver of [CHILD NAME]?	[] [] [] [] [] [] [] [] Years Months -888 if don't know	
C05.	What is your age? IN COMPLETED YEARS.	[] [] [] [] [] [] -888 if don't know -999 if Refused to answer	
C06.	What is the highest level of education you have completed?	1. <input type="checkbox"/> None 2. <input type="checkbox"/> Some primary school 3. <input type="checkbox"/> Primary school 4. <input type="checkbox"/> Middle/JSS/JHS 5. <input type="checkbox"/> SSS/SHS 6. <input type="checkbox"/> O/A level 7. <input type="checkbox"/> Voc./Tech./Commercial 8. <input type="checkbox"/> Post-secondary certificates 9. <input type="checkbox"/> Diploma/HND 10. <input type="checkbox"/> Bachelor degree 11. <input type="checkbox"/> Master's 12. <input type="checkbox"/> PhD 13. <input type="checkbox"/> Other (specify) _____ -999. <input type="checkbox"/> Refuse to answer	
C07.	What are the two main languages you use to communicate with your child at home? <i>Mark one if only one language used.</i>	1. <input type="checkbox"/> English 2. <input type="checkbox"/> Twi/Fanti 3. <input type="checkbox"/> Ewe 4. <input type="checkbox"/> Ga 5. <input type="checkbox"/> Dangme 6. <input type="checkbox"/> Hausa 7. <input type="checkbox"/> Other 1 (specify) _____ 8. <input type="checkbox"/> Other 2 (specify) _____	

C08.	What is your marital status?	1. <input type="checkbox"/> Never married 2. <input type="checkbox"/> Betrothed 3. <input type="checkbox"/> Unmarried but living with partner 4. <input type="checkbox"/> Married 5. <input type="checkbox"/> Separated 6. <input type="checkbox"/> Divorced 7. <input type="checkbox"/> Widowed -999. <input type="checkbox"/> Refuse to answer	
C09.	In what year and month was [CHILD NAME] born? <i>PROBE:</i>	[][][][] [][][][] Year Month If don't know, indicate -888.	
C10.	How old was [CHILD NAME] at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	[][] If don't know, indicate -888.	

D. POVERTY STATUS

I will now ask you about your household and living conditions.

D01.	How many members does your household have, including you?	1. <input type="checkbox"/> One 2. <input type="checkbox"/> Two 3. <input type="checkbox"/> Three 4. <input type="checkbox"/> Four 5. <input type="checkbox"/> Five 6. <input type="checkbox"/> Six 7. <input type="checkbox"/> Seven 8. <input type="checkbox"/> Eight or more	
D02.	Are all household members ages 5 to 17 currently in school?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> No one ages 5 to 17	
D03.	Can the male head/spouse read a phrase/sentence in English?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> No male head/spouse	
D04.	What is the main construction material used for the outer walls of your current dwelling?	1. <input type="checkbox"/> Mud bricks/earth, wood, bamboo, metal sheet/slate/asbestos, palm leaves/thatch (grass/raffia etc.) 2. <input type="checkbox"/> Cement/concrete blocks, landcrete, stone, or burnt bricks	
D05.	What type of toilet facility does the household usually use?	1. <input type="checkbox"/> No toilet facility (bush, beach) 2. <input type="checkbox"/> Pit latrine, bucket/pan 3. <input type="checkbox"/> Public toilet (e.g., WC, KVIP, pit pan) 4. <input type="checkbox"/> Private toilet (KVIP, or WC)	

D06.	What is the main fuel used by the household for cooking?	1. <input type="checkbox"/> None/No cooking 2. <input type="checkbox"/> Wood, crop residue, sawdust, animal waste, or other 3. <input type="checkbox"/> Charcoal, or kerosene 4. <input type="checkbox"/> Gas, or electricity	
D07.	Does any household member own a working box iron or electric iron?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
D08.	Does any household member own a working television, video player, VCD/DVD/MP3/MP4 player/iPod, or satellite dish?	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Only television 3. <input type="checkbox"/> Video player, VCD/DVD/MP3/MP4 player/iPod, or satellite dish (regardless of TV)	
D09.	How many working mobile phones do members of the household own?	1. <input type="checkbox"/> None 2. <input type="checkbox"/> One 3. <input type="checkbox"/> Two 4. <input type="checkbox"/> Three or more	
D10.	Do you own or have access to a functioning mobile phone (for the number am speaking to you on)? MARK ALL THAT APPLY.	1. <input type="checkbox"/> Yes, smart phone (can connect to internet) 2. <input type="checkbox"/> Yes, ordinary phone 3. <input type="checkbox"/> No, don't own a phone	
D11.	Does any household member own a working bicycle, motor cycle, or car? ONLY ONE OPTION IS ALLOWED	1. <input type="checkbox"/> None 2. <input type="checkbox"/> Bicycle only 3. <input type="checkbox"/> Motor or Car	

E. FOOD INSUFFICIENCY

I will now ask you some questions about the food situation in your household.

E01.	In the past 4 weeks (30 days), was there ever no food to eat of any kind in your house because of lack of resources to get food?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	► E03
E02.	How often did this happen in the past 4 weeks (30 days)? READ OPTIONS TO RESPONDENT.	1. <input type="checkbox"/> Rarely (1-2 times) 2. <input type="checkbox"/> Sometimes (3-10 times) 3. <input type="checkbox"/> Often (more than 10 times)	
E03.	In the past 4 weeks (30 days), did you or any household member go to sleep at night hungry because there was not enough food?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	► E05
E04.	How often did this happen in the past 4 weeks (30 days)? READ OPTIONS TO RESPONDENT.	1. <input type="checkbox"/> Rarely (1-2 times) 2. <input type="checkbox"/> Sometimes (3-10 times) 3. <input type="checkbox"/> Often (more than 10 times)	
E05.	In the past 4 weeks (30 days), did you or any household member go a whole day and night without eating anything at all because there was not enough food?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	► F01

E06.	How often did this happen in the past 4 weeks (30 days)? READ OPTIONS TO RESPONDENT.	1. <input type="checkbox"/> Rarely (1-2 times) 2. <input type="checkbox"/> Sometimes (3-10 times) 3. <input type="checkbox"/> Often (more than 10 times)	
F. PARENT'S INVOLVEMENT WITH CHILD'S EDUCATION			
I will now ask you some questions about your involvement with [CHILD NAME]'s education at home and school.			
F01.	In the past 30 days (4 weeks), did you or any household member over 15 years of age engage in any of the following activities with [CHILD NAME]?	Yes No Don't Know	
a.	Read books to or looked at picture books with [CHILD NAME]?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If "no" or "don't know", skip E01b
a(ii)	If yes: Who engages in this activity with [CHILD NAME]? Is it the mother, the child's father or another adult member of the household including the caretaker)? MARK ALL THAT APPLY.	Mother adult rel. Father Non-rel. Another Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b.	Told stories to [CHILD NAME]?	Yes No Don't Know <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If "no" or "don't know", skip E01c
b(ii)	If yes: Who engages in this activity with [CHILD NAME]? Is it the mother, the child's father or another adult member of the household including the caretaker)? MARK ALL THAT APPLY.	Mother adult rel. Father Non-rel. Another Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c.	Sang songs to or with [CHILD NAME], including lullabies?	Yes No Don't Know <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If "no" or "don't know", skip E01d
c(ii)	If yes: Who engages in this activity with [CHILD NAME]? Is it the mother, the child's father or another adult member of the household including the caretaker)? MARK ALL THAT APPLY.	Mother adult rel. Father Non-rel. Another Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
d.	Taken [CHILD NAME] outside the home? For example to the market, to events, visit relatives?	Yes No Don't Know <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If "no" or "don't know", skip E01e
d(ii)	If yes: Who engages in this activity with [CHILD NAME]? Is it the mother, the child's father or another adult member of the household including the caretaker)? MARK ALL THAT APPLY.	Mother adult rel. Father Non-rel. Another Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

e.	Played with [CHILD NAME]?	Yes []	No []	Don't Know []	If "no" or "don't know", skip E01f	
e(ii)	If yes: Who engages in this activity with [CHILD NAME]? Is it the mother, the child's father or another adult member of the household including the caretaker)? MARK ALL THAT APPLY.	Mother adult rel. []	Father Non-rel. []	Another []	Other []	
f.	Named, counted, or drew things to or with [CHILD NAME]?	Yes []	No []	Don't Know []	If "no" or "don't know", skip E02	
f(ii)	If yes: Who engages in this activity with [CHILD NAME]? Is it the mother, the child's father or another adult member of the household including the caretaker)? MARK ALL THAT APPLY.	Mother adult rel. []	Father Non-rel. []	Another []	Other []	
F02.	How many children's books or picture books do you have for [CHILD NAME]?	[] [] [] [] Indicate -888 if don't know				
F03.	During the 4 weeks (30 days), how often have you or has another adult in the household helped [CHILD NAME] with (his/her) homework?	1. [] Not at all 2. [] Rarely 3. [] Occasionally 4. [] Regularly -888. [] Don't know -999. [] Refused to answer				
F04.	How many times (have/has) [CHILD]'s (mother/father/both of them/{you or} other adults in your household) ... [READ CATEGORIES] during the last academic year?	NUMBER OF TIMES				
a.	... attended a PTA meeting	[] [] -111 Specify _____				
b.	... attended scheduled meeting with [CHILD NAME]'s teacher	[] [] -111 Specify _____				
c.	... attended school or class event such as play, sports events, science/culture fair	[] [] -111 Specify _____				
d.	... volunteered or served on school committee	[] [] -111 Specify _____				
e.	... participated in fund raising for [CHILD NAME]'s school	[] [] -111 Specify _____				

F05.	I am interested in learning about the things that [CHILD NAME] plays with when he/she is at home. Does [CHILD NAME] play with [READ CATEGORIES TO RESPONDENT] ?	<i>Yes</i>	<i>No</i>	<i>Don't Know</i>	
a.	Homemade toys (such as dolls, cars, or other toys made at home)?	[]	[]	[]	
b.	Toys from a shop or manufactured toys?	[]	[]	[]	

c.	Household objects (such as bowls or pots)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Objects found outside (such as sticks, rocks, animal shells or leaves)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Any drawing or writing materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Any puzzles (even a two piece puzzle counts)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. PERCEPTIONS OF EARLY CHILDHOOD DEVELOPMENT

I am now going to ask you about your school choice decisions and important factors as well as your perception of quality education at the kindergarten level.

G01.	What do you think is the MOST important education period to invest in for a child? Is it ...?	1. <input type="checkbox"/> Preschool (which includes Nursery and KG) 2. <input type="checkbox"/> Primary school (Basic 1-6) 3. <input type="checkbox"/> Secondary school (JHS and SHS)
G02.	What makes a good kindergarten school? DO NOT READ ALOUD. MARK ALL THAT APPLY.	1. <input type="checkbox"/> Good food for children 2. <input type="checkbox"/> Motivated teachers 3. <input type="checkbox"/> Availability of transportation 4. <input type="checkbox"/> Opening hours/schedule 5. <input type="checkbox"/> Overall reputation of the school 6. <input type="checkbox"/> Quality of teachers(experience) or instruction 7. <input type="checkbox"/> School's good results on tests/exams 8. <input type="checkbox"/> The school has a good curriculum 9. <input type="checkbox"/> Teacher/pupil ratio or class size 10. <input type="checkbox"/> School's focus on play-based learning 11. <input type="checkbox"/> Regular assessment of children 12. <input type="checkbox"/> English as main language of instruction 13. <input type="checkbox"/> Children are given homework regularly 14. <input type="checkbox"/> School neighborhood/locality 15. <input type="checkbox"/> Diversity of the student body 16. <input type="checkbox"/> Long existence of school 17. <input type="checkbox"/> Ethnic/religious/social values of school 18. <input type="checkbox"/> Moderate school fees/extra costs 19. <input type="checkbox"/> Flexibility of fee payment 20. <input type="checkbox"/> Good infrastructure/facilities/equipment 21. <input type="checkbox"/> Good communication between school and parents 22. <input type="checkbox"/> Preschool attached to basic school 23. <input type="checkbox"/> Safe school environment 24. <input type="checkbox"/> Clean/healthy school environment 25. <input type="checkbox"/> Children well behaved, learn discipline 26. <input type="checkbox"/> Children are given homework regularly 27. <input type="checkbox"/> Other (specify)_____ -999. <input type="checkbox"/> Refuse to answer

G03.	To what extent are you satisfied with your child's school? READ ALOUD OPTIONS.	1. <input type="checkbox"/> Highly satisfied 2. <input type="checkbox"/> Satisfied 3. <input type="checkbox"/> Moderately satisfied 4. <input type="checkbox"/> Dissatisfied 5. <input type="checkbox"/> Highly dissatisfied				
G04.	What were the reasons for choosing to send [CHILD NAME] to his/her current school (instead of others)? DO NOT READ ALOUD OPTIONS. MARK ALL THAT APPLY.	1. <input type="checkbox"/> Closeness/proximity to/from home 2. <input type="checkbox"/> Closeness to/from work 3. <input type="checkbox"/> Availability of transportation 4. <input type="checkbox"/> Opening hours/schedule 5. <input type="checkbox"/> Overall reputation of the school 6. <input type="checkbox"/> Quality of teachers(experience)/instruction 7. <input type="checkbox"/> School's good results on tests/exams 8. <input type="checkbox"/> The school has a good curriculum 9. <input type="checkbox"/> Teacher/pupil ratio or class size 10. <input type="checkbox"/> School's focus on play-based learning 11. <input type="checkbox"/> Regular assessment of children 12. <input type="checkbox"/> English as main language of instruction 13. <input type="checkbox"/> Children are given homework regularly 14. <input type="checkbox"/> School neighborhood/locality 15. <input type="checkbox"/> Diversity of the student body 16. <input type="checkbox"/> Long existence of school 17. <input type="checkbox"/> Ethnic/religious/social values of school 18. <input type="checkbox"/> Moderate school fees/extra costs 19. <input type="checkbox"/> Flexibility of fee payment 20. <input type="checkbox"/> Good infrastructure/facilities/equipment 21. <input type="checkbox"/> Good communication between school and parents 22. <input type="checkbox"/> Preschool attached to basic school 23. <input type="checkbox"/> Safe school environment 24. <input type="checkbox"/> Clean/healthy school environment 25. <input type="checkbox"/> Safety to and from school 26. <input type="checkbox"/> Same school as that of siblings/neighbors 27. <input type="checkbox"/> No vacancy in other schools 28. <input type="checkbox"/> Other (specify) _____ -999. <input type="checkbox"/> Refuse to answer				
G05.	Has [CHILD NAME] changed the main preschool he/she was attending since the last academic year?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Child was not attending school last academic year				
G06.	Developmentally Appropriate Practice When you think about quality in a kindergarten setting, how important is it that KG teachers ... [READ EACH STATEMENTS] . Use 1 = not very important, 2 for not important, 3 for somewhat important, 4 for important, and 5 for very important.	1	2	3	4	5

a.	... know about children's needs as they grow and develop?					
b.	... encourage children to recognize letters or words?					
c.	... encourage children to recognize numbers or shapes?					
d.	... work with families to set individual plans and goals for children?					

e.	... provide materials for play and learning?					
f.	... measure children's development over time to determine how they're doing?					

G07.	Supporting Children's Social and Emotional Development When you think about quality in a kindergarten setting, how important is it that KG teachers ... [READ EACH STATEMENTS]? Use 1 = not very important, 2 = not important, 3 = somewhat important, 4 = important, and 5 = very important.	1	2	3	4	5
a.	... help children to build relationships with peers and adults?					
b.	... help children learn to control their behavior?					
c.	... encourage children to express thoughts and feelings?					
d.	... help children resolve conflicts with other children?					
e.	... discipline and/or behavior guidance styles match the parents?					
G08.	Family-Sensitive Caregiving When you think about quality in a kindergarten setting, how important is it that KG teachers ... [READ EACH STATEMENTS]? Use 1 = not very important, 2 for not important, 3 for somewhat important, 4 for important, and 5 for very important.	1	2	3	4	5
a.	... consider parents' goals, ideas, and suggestions when caring for children?					
b.	... be willing to work with parents about their work schedules?					
c.	... include families in decision-making for the child's education?					
d.	... care about the entire family, not just the child?					
e.	... connect families to outside or community resources?					

H. SCHOOL FEES

I will now ask you some questions about the financing of [CHILD NAME]'s education

H01.	Do you or any other person pay school fees for [CHILD NAME]?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	If no, then <input type="checkbox"/> H04
H02.	On the average, how much do you currently pay as school fees per term for [CHILD NAME]?	GHC [][][][][]	

B04.	If refused, why?	1. <input type="checkbox"/> Busy 2. <input type="checkbox"/> Not interested 3. <input type="checkbox"/> Wants more information 4. <input type="checkbox"/> Other (specify)	
B04a.	Other (specify)		
B05.	If partially complete, why?	<hr/> <hr/> <hr/> <hr/>	