



YOUNG LIVES SCHOOL SURVEY

ETHIOPIA ROUND 2 – WAVE 1 (2012)

CHILD QUESTIONNAIRE (ENGLISH TRANSLATION)

Please refer to accompanying justification documents for further details on the development and use of the Young Lives school survey questionnaires.

Young Lives School Survey

Pupil questionnaire (1)

This page is to be completed by fieldworkers

0.1	School ID	_____
0.3	Class ID	_____
0.4	Pupil ID (from roster)	_____
0.7	If the instrument is not completed, what is the reason why? (if completed, leave blank)	01=Respondent absent <input type="checkbox"/> 02=Respondent refused to participate <input type="checkbox"/>
0.8	DATE OF INTERVIEW	___ / ___ / _____ d d / mm / yyyy

DATA HANDLERS

Fieldworker	Name:	Code: [___]
	Signature:	Date of check : ___ / ___ / _____ d d / mm / yyyy
Supervisor	Name:	Code: [___]
	Signature:	Date of check : ___ / ___ / _____ d d / mm / yyyy

Data entry clerk (first data entry)	Name:	Code: [___]
	Signature:	Date of first data entry: ___ / ___ / _____ d d / mm / yyyy
Data entry clerk (second data entry)	Name:	Code: [___]
	Signature:	Date of first data entry: ___ / ___ / _____ d d / mm / yyyy

1. Are you a boy or a girl? (tick one box) Boy₀₁ Girl₀₂

2. What age are you? (write number in box)

years old

3. How old were you when you started school? (write the number in box)

years old

4. What language do you mainly speak at home? (tick 1 box)

Afarigna₀₁ Amarigna₀₂ Guraghigna₀₆ Hadiyigna₀₇
Oromifa₁₁ Sidamigna₁₂ Silitigna₁₃ Somaligna₁₄
Tigrina₁₅ Welayitegna₁₆ English₁₈ Other₁₉

5. Which of these languages do you speak well? (you can tick more than 1 box)

Afarigna₀₁ Amarigna₀₂ Guraghigna₀₆ Hadiyigna₀₇
Oromifa₁₁ Sidamigna₁₂ Silitigna₁₃ Somaligna₁₄
Tigrina₁₅ Welayitegna₁₆ English₁₈ Other₁₉

6. How many meals a day do you normally eat? (tick 1 box)

1 meal₀₁ 2 meals₀₂ 3 or more meals₀₃

7. Do you have any health problems that often affect you in school? (you can tick more than 1 box)

Sight problems₀₁ Hearing problems₀₂ Headaches₀₃
Fever₀₄ Stomach problems₀₅ No problems₀₆

8. How many people live and sleep in your house or compound?

people (write number in box)

9. How many older brothers and sisters do you have? (tick 1 box)

0₀₀ 1₀₁ 2₀₂ 3₀₃ 4₀₄
5₀₅ 6 or more₀₆

10. How many younger brothers and sisters do you have? tick 1 box)

0₀₀ 1₀₁ 2₀₂ 3₀₃ 4₀₄
 5₀₅ 6 or more₀₆

11. Is your mother alive? (Tick one box) Yes₀₁ No₀₀

12. Is your father alive? (Tick one box) Yes₀₁ No₀₀

13. Can any of these people read and write? (you can tick more than 1 box)

Mother₀₁ Father₀₂
 Brother or Sister₀₃ Other relative₀₄
 No one in my family can read or write₀₀

14. Do you have people to help you with your school work at home? (tick 1 box)

Always₀₁ Sometimes₀₂ Never₀₀

15. Which of the following mostly describes your brothers and sisters? (tick 1 box)

Attending Government school₀₁
 Attending Private school₀₂
 Not attending school₀₃

16. How many of each of these animals does your family have? (if none write '0')

	Write the number that you have
Chicken	_____
Goat	_____
Sheep	_____
Donkey	_____
Horse	_____
Mule	_____
Cow	_____
Camel	_____

17. Which of the following things do you have at your home? (you can tick more than 1 box)

Telephone ₀₁	<input type="checkbox"/>	Radio ₀₂	<input type="checkbox"/>	Television ₀₃	<input type="checkbox"/>
Bicycle ₀₄	<input type="checkbox"/>	Animal-drawn cart ₀₅	<input type="checkbox"/>	Car/Truck ₀₆	<input type="checkbox"/>
Motorcycle/scooter ₀₇	<input type="checkbox"/>	Table ₀₈	<input type="checkbox"/>	Chair ₀₉	<input type="checkbox"/>
Bench/stool ₁₀	<input type="checkbox"/>	Fridge ₁₁	<input type="checkbox"/>	Bed ₁₂	<input type="checkbox"/>
Electricity ₁₃	<input type="checkbox"/>			Water pumped into house ₁₄	<input type="checkbox"/>

18. How many rooms are there in your family home? (tick 1 box)

0₀₀ 1₀₁ 2₀₂ 3₀₃ 4₀₄ 5 or more₀₅

19. Did you attend pre-school? (e.g. kindergarten) Yes₀₁ No₀₀ (tick 1 box)

20. Have you attended this school since Grade 1? Yes₀₁ No₀₀ (tick 1 box)

21. How long does it usually take you to get to school? minutes (write a number)

22. Have you ever repeated a grade? Yes₀₁ No₀₀ (tick one box)

23. Have you ever dropped out of school? Yes₀₁ No₀₀ (tick 1 box)

24. How much time each day do you spend on homework outside school? (tick 1 box)

1 hour₀₁ 1 – 2 hours₀₂ More than 2 hours₀₃

I do not spend time on homework outside school₀₀

25. Is your homework usually checked or marked by your teachers? (tick 1 box)

Always₀₁ Sometimes₀₂ Rarely/Never₀₀

I never get homework in this class_{.88}

26. Do you attend extra classes in any of these subjects? (you can tick more than 1 box)

Maths₀₁ language₀₂ other₀₃

27. Do you pay for these extra classes? Yes₀₁₀₁ No₀₀ (tick 1 box)

I do not attend extra classes_{.88}

28. How many hours do you spend working on the farm or in the family business on a usual school day? (Tick one box)

None ₀₀	<input type="checkbox"/>	Less than 1 hour ₀₁	<input type="checkbox"/>	1-2 hours ₀₂	<input type="checkbox"/>
2-3 hours ₀₃	<input type="checkbox"/>	3-4 hours ₀₄	<input type="checkbox"/>	More than 4 hours ₀₅	<input type="checkbox"/>

29. How many hours do you spend doing chores or caring for family members on a usual school day? (Tick one box)

None ₀₀	<input type="checkbox"/>	Less than 1 hour ₀₁	<input type="checkbox"/>	1-2 hours ₀₂	<input type="checkbox"/>
2-3 hours ₀₃	<input type="checkbox"/>	3-4 hours ₀₄	<input type="checkbox"/>	More than 4 hours ₀₅	<input type="checkbox"/>

30. How many hours do you spend working for pay on a usual school day? (Tick one box)

None ₀₀	<input type="checkbox"/>	Less than 1 hour ₀₁	<input type="checkbox"/>	1-2 hours ₀₂	<input type="checkbox"/>
2-3 hours ₀₃	<input type="checkbox"/>	3-4 hours ₀₄	<input type="checkbox"/>	More than 4 hours ₀₅	<input type="checkbox"/>

31. Do you read books (not including text books) outside of school, for example at home?

Yes, often₀₁ Yes, occasionally₀₂ No₀₀ (tick one box)

32. Which of these adults do you live with? (tick all that apply)

Birth Mother₀₁ Father₀₂ Uncle Aunt Grandparent
Other Relative Non-Relative

33. Do you sleep in the same house or compound all the year round? (tick one box)

Yes No, we move locations with our animals
No, we move locations for another reason

Turn over page

For each of the following statements please tick the box that describes you best.
 There are no right or wrong answers and please try to answer the questions as best you can.

		 Strongly Agree₀₁	 Agree₀₂	 Disagree₀₃	 Strongly Disagree₀₄
34	Overall, adults at my school treat students fairly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Adults at my school listen to the students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	At my school, teachers care about students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	My teachers support me when I need them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	The school rules are fair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Overall, my teachers are open and honest with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	I enjoy talking to the teachers here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	I feel safe at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Most teachers at my school are interested in me as a person, not just as a student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

END