

Student Questionnaire

Name of student:

Student Number: --

Question	Unit	Value
1. Are you a boy or a girl?	Boy = 1 Girl = 2	<input type="text"/>
2. In what grade are you?	Grade 4 = 4 Grade 6 = 6	<input type="text"/>
3. How old are you?	Put the number of years in the boxes to the right.	<input type="text"/> <input type="text"/>
4. How many people (including you) live at home?	Put the number of people (including you) living at home in the boxes to the right.	<input type="text"/> <input type="text"/>
5. Whom do you stay with?	Mother and father = 1 Mother only = 2 Father only = 3 Step-parent = 4 Sibling = 5 Aunt/uncle = 6 Grandparents = 7 Other relative = 8 Boarding = 9 Other = 0	<input type="text"/>
6. What languages do you speak at home?	Khmer = 1 Cham = 2 Chinese = 3 Vietnamese = 4 Thai = 5 Lao = 6 Other = 7	<input type="text"/>

7. Were you born in the village you currently live in?	Yes = 0 No = 1	<input type="checkbox"/>
8. What type of house do you live in?	House made of bamboo = 1 House made of wood or logs = 2 House made of bricks, concrete or stone, = 3 Other = 4	<input type="checkbox"/>
9. What type of lighting do you have at home?	Electricity = 1 Battery = 2 Kerosene lamp = 3 Candles = 4 Firewood = 5 None = 6 Other = 7	<input type="checkbox"/>
10. Do you have a radio at home?	Yes = 1 No = 0	<input type="checkbox"/>
11. Do you have a TV at home?	Yes = 1 No = 0	<input type="checkbox"/>
12. Do you have a video at home?	Yes = 1 No = 0	<input type="checkbox"/>
13. Do you have a sewing machine at home?	Yes = 1 No = 0	<input type="checkbox"/>
14. Do you have a stove at home?	Yes = 1 No = 0	<input type="checkbox"/>
15. Do you have a refrigerator at home?	Yes = 1 No = 0	<input type="checkbox"/>
16. Do you have a washing machine at home?	Yes = 1 No = 0	<input type="checkbox"/>
17. Does anyone at home have a bicycle?	Yes = 1 No = 0	<input type="checkbox"/>
18. Does anyone at home have a motorcycle?	Yes = 1 No = 0	<input type="checkbox"/>

19. Does anyone at home have a car?	1=yes, 0=no	<input type="checkbox"/>
20. Is your family primarily engaged in farming?	1=yes, 0=no	<input type="checkbox"/>
21. Is your family primarily engaged in fishing?	1=yes, 0=no	<input type="checkbox"/>
22. Do you have an ox cart at home?	1=yes, 0=no	<input type="checkbox"/>
23. Do you have a tractor at home?	1=yes, 0=no	<input type="checkbox"/>
24. Do you have a plough at home?	1=yes, 0=no	<input type="checkbox"/>
25. Do you have a threshing machine at home?	1=yes, 0=no	<input type="checkbox"/>
26. Do you have a rice mill at home?	1=yes, 0=no	<input type="checkbox"/>
27. How many cow do you keep at home?	Please write the number of cow you have in the box to the right. Please write "00" if you don't have.	<input type="text"/> <input type="text"/>
28. How many water buffalo do you keep at home?	Please write the number of buffalo you have in the box to the right. Please write "00" if you don't have.	<input type="text"/> <input type="text"/>
29. How many goats do you keep at home?	Please write the number of goat you have in the box to the right. Please write "00" if you don't have.	<input type="text"/> <input type="text"/>
30. How many pigs do you keep at home?	Please write the number of buffalo you have in the box to the right. Please write "00" if you don't have.	<input type="text"/> <input type="text"/>

31. How many times per week do you eat breakfast?	1=never, 2=1 to 2 days, 3=3 to 4 days, 4=5 to 6 days, 5=every day	<input type="checkbox"/>
32. How many times per week do you eat midday meal?	1=never, 2=1 to 2 days, 3=3 to 4 days, 4=5 to 6 days, 5=every day	<input type="checkbox"/>
33. How many times per week do you eat evening meal?	1=never, 2=1 to 2 days, 3=3 to 4 days, 4=5 to 6 days, 5=every day	<input type="checkbox"/>
34. What is the education of your mother/female guardian?	1=never been to school, 2=primary school (G1 to G6) 3=secondary school (G7 to G12) 4=certificate, 5=university, 6=other 8=don't know	<input type="checkbox"/>
35. What is the education of your father/male guardian?	1=never been to school, 2=primary school, 3=secondary school, 4=certificate, 5=university, 6=other 8=don't know	<input type="checkbox"/>
36. How many times per week do you take extra lessons after school?	1=never, 2=1 to 2 days, 3=3 to 4 days, 4=every day	<input type="checkbox"/>
37. How often do you get help with your homework at home?	1=never, 2=sometimes, 3=often, 4=only when I get stuck	<input type="checkbox"/>
38. How long does it take to get to school?	1=less than 15 minutes, 2=between 15 and 30 minutes, 3=between 30 and 60 minutes, 4=more than 1 hour	<input type="checkbox"/>

39. How do you travel to school?	1=on foot, 2=by bicycle, 3=by car, 4=by buss, 5=by moto, 6=other	<input type="checkbox"/>
40. How many times per week do you work at home before going to school?	1=never, 2=1 or 2 days, 3=3 or 4 days, 4=every day	<input type="checkbox"/>
41. How many times per week do you work at home after coming home from school?	1=never, 2=1 or 2 days, 3=3 or 4 days, 4=every day	<input type="checkbox"/>