

QUALITY PRESCHOOL FOR GHANA STUDY

KINDERGARTEN TEACHER QUESTIONNAIRE

SEPTEMBER 2015

A. IDENTIFICATION		
A01.	Interviewer code	[][]
A02.	Interviewer name	[][][][][][][][][][][][][][][][]
A03.	Interview date	[][] [][] [2][0][1][5] Day Month Year
A04.	ID of the school	[][][][]
A05.	Confirm ID of the school	[][][][]
A06.	Teacher code	[][]
A07.	Confirm teacher code	[][]
A08.	Teacher ID	[][]
A09.	What is your first name?	[][][][][][][][][]
A10.	What is your surname?	[][][][][][][][][]
A11.	What is/are your telephone numbers? ENTER NUMBER.	[][][][][][][][][] [][][][][][][][][]
A12.	District code	[][]
A13.	District name	[][][][][][][][][][][][][][][]
A14.	Locality	[][][][][][][][][][][][][][][]
A15.	Landmarks	[][][][][][][][][][][][][][][]
A16.	Type of school	1. [] Private 2. [] Public
A17.	Name of the school	[][][][][][][][][][][][][][][]
A18.	Time interview started	[][] [][] (24 HRS) HH MM

INTERVIEWER: ADMINISTER INFORMED CONSENT TO RESPONDENT BEFORE YOU BEGIN.

B. CONSENT

Good day, my name is [NAME OF SURVEYOR]. I work with Innovations for Poverty Action (IPA) here in Accra. IPA is working with researchers at New York University in the United States, Ghana Education Service and the National Nursery Teacher Training Centre, Accra to learn about how to provide kindergarten teachers with effective training and support so they can best teach young children to learn. We have received official permission from the Ghana Education Service (and your school head) to conduct this survey. Our research team wants to learn from you. Even though the study may not directly benefit you, the information you share with us will contribute to the improvement of kindergarten education in the region.

I would like to invite you to participate in a survey about your background; work conditions; well-being; and teaching knowledge. This should only take about 1 hour and we will collect this data using Samsung tablet. Rest assured that this information will be fully confidential and not shared with the school head teacher, other staff or parents in a manner that identifies you.

Please note that your participation in this study is voluntary. You do not have to participate if you do not want to and there is no known risk to you from participating. If you agree to take part in this survey, your answers to all questions will remain strictly confidential. Neither your name, nor any other personal information about you or your school will be used in reports. You may refuse to answer any of the questions and you may end the interview at any time; however, your decision will not in any way affect you or your school.

If you have any questions, comments, or concerns about taking part in this study, you should first talk to me. If you have additional questions, you may also contact the IPA Research Associate, Edward Tsinigo on [XXXX] or Research Manager, Maham Farhat on [XXXXX] to ask questions you may have about this research.

Do you have any questions that I can answer?

No.	Questions	Coding Categories	Skip To
B01	Do you agree to participate in this survey?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	→B02
C. BACKGROUND CHARACTERISTICS			
I will now ask you some questions about your background.			
C01.	What is your first name?	[][][][][][][][][][][][][][][]	
C02.	What is your surname?	[][][][][][][][][][][][][][][] -999 for refuse to answer.	
C03.	What is/are your telephone numbers? ENTER NUMBER.	[][][][][][][][][][][][][][][] [][][][][][][][][][][][][][][]	
C04.	Sex of kindergarten teacher FILL OUT WITHOUT ASKING.	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	
C05.	How old are you? IN COMPLETED YEARS.	[][]	
C06.	Overall, how many years and months have you been a preschool teacher? MONTHS SHOULD BE LESS THAN 12.	[][][][] [][][][][] Years Months -888 if don't know	
C07.	How many years and months have you taught at this school as a kindergarten teacher? MONTHS SHOULD BE LESS THAN 12.	[][][][] [][][][][] Years Months -888 if don't know	
C08.	What is the highest level of education that you have completed? DO NOT PROMPT.	1. <input type="checkbox"/> None 2. <input type="checkbox"/> Primary school 3. <input type="checkbox"/> Middle/JSS/JHS 4. <input type="checkbox"/> SSS/SHS 5. <input type="checkbox"/> O/A level 6. <input type="checkbox"/> Voc./Tech./Commercial 7. <input type="checkbox"/> Post-secondary certificates 8. <input type="checkbox"/> Diploma/HND 9. <input type="checkbox"/> Bachelor degree 10. <input type="checkbox"/> Masters 11. <input type="checkbox"/> PhD 12. <input type="checkbox"/> Others _____ -999. <input type="checkbox"/> Refuse to answer	
C09.	Do you have any education or training (e.g. seminar, workshop) in early childhood development?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -999. <input type="checkbox"/> Refuse to answer	→c11 →c11
C10.	What is the highest level of training/education in early childhood development that you have received? DO NOT PROMPT.	1. <input type="checkbox"/> Workshop/Seminar 2. <input type="checkbox"/> Certificate 3. <input type="checkbox"/> Diploma 4. <input type="checkbox"/> Other _____	
C11.	What is the highest level of education that your father	1. <input type="checkbox"/> None 2. <input type="checkbox"/> Primary school	

	has completed? DO NOT PROMPT.	3. <input type="checkbox"/> Middle/JSS/JHS 4. <input type="checkbox"/> SSS/SHS 5. <input type="checkbox"/> O/A level 6. <input type="checkbox"/> Voc./Tech./Commercial 7. <input type="checkbox"/> Post-secondary certificates 8. <input type="checkbox"/> Diploma/HND 9. <input type="checkbox"/> Bachelor degree 10. <input type="checkbox"/> Masters 11. <input type="checkbox"/> PhD 12. <input type="checkbox"/> Others _____ -111. <input type="checkbox"/> Not applicable -888. <input type="checkbox"/> Don't know -999. <input type="checkbox"/> Refuse to answer	
C12.	What is the highest level of education that your mother has completed? DO NOT PROMPT.	1. <input type="checkbox"/> None 2. <input type="checkbox"/> Primary school 3. <input type="checkbox"/> Middle/JSS/JHS 4. <input type="checkbox"/> SSS/SHS 5. <input type="checkbox"/> O/A level 6. <input type="checkbox"/> Voc./Tech./Commercial 7. <input type="checkbox"/> Post-secondary certificates 8. <input type="checkbox"/> Diploma/HND 9. <input type="checkbox"/> Bachelor degree 10. <input type="checkbox"/> Masters 11. <input type="checkbox"/> PhD 12. <input type="checkbox"/> Others _____ -111. <input type="checkbox"/> Not applicable -888. <input type="checkbox"/> Don't know -999. <input type="checkbox"/> Refuse to answer	
C13.	What is your marital status?	1. <input type="checkbox"/> Never married 2. <input type="checkbox"/> Betrothed 3. <input type="checkbox"/> Cohabitation 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	
C14.	What is/are your local languages? CHECK ALL THAT APPLY.	1. <input type="checkbox"/> Twi/Fante 2. <input type="checkbox"/> Ewe 3. <input type="checkbox"/> Ga 4. <input type="checkbox"/> Dangme 5. <input type="checkbox"/> Hausa 6. <input type="checkbox"/> <u>Dagbani</u> 7. <input type="checkbox"/> <u>Dagaare</u> 8. <input type="checkbox"/> <u>Nzema</u> 9. <input type="checkbox"/> <u>Kasem</u> 10. <input type="checkbox"/> <u>Gonja</u> 11. <input type="checkbox"/> Other _____	
C15.	How do you assess yourself in speaking each of these languages? [ONLY ONE RESPONSE FOR EACH	None Basic Intermediate Proficient	

	CATEGORY]:				
a.	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Twɔ/Fante	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Ewe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Ga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Dangme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Hausa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Dagbani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Dagaare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Nzema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Gonja	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Kasem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C16.	What is your level of writing each of these languages? [ONLY ONE RESPONSE FOR EACH CATEGORY]:	<i>None</i>	<i>Basic</i>	<i>Intermediate</i>	<i>Proficient</i>
a.	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Twɔ/Fanti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Ewe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Ga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Dangme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Hausa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a.	Dagbani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Dagaare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Nzema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Gonja	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Kasem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C17.	What is/are the main languages used for instruction at the kindergarten level?	1. <input type="checkbox"/> English only 2. <input type="checkbox"/> Mother tongue only 3. <input type="checkbox"/> Mixture of English and Mother tongue			
C18.	What are the <u>main</u> local languages that you use for instruction at the kindergarten level? DO NOT PROMPT. CHECK <u>UP TO ONLY TWO</u> OPTIONS.	1. <input type="checkbox"/> No local language 2. <input type="checkbox"/> Twɔ/Fante 3. <input type="checkbox"/> Ewe 4. <input type="checkbox"/> Ga 5. <input type="checkbox"/> Dangme 6. <input type="checkbox"/> Hausa 7. <input type="checkbox"/> <u>Dagbani</u> 8. <input type="checkbox"/> <u>Dagaare</u> 9. <input type="checkbox"/> <u>Nzema</u> 10. <input type="checkbox"/> <u>Kasem</u> 11. <input type="checkbox"/> <u>Gonja</u> 12. <input type="checkbox"/> Other _____			

D. HOUSEHOLD AND LIVING CONDITIONS

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

Household Wealth

D01.	How many members does your household have? [A household is defined as a group of people living together (for 6 months), even if not relatives of each other, who share food from the same pot and are answerable to same household head].	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.	How many children (less than 18 years) live in your household?	<input type="text"/> <input type="text"/>	
D03.	How many adults (more than 18 years) live in your household (including yourself)? INCLUDE THOSE WHO HAVE STAYED FOR THE PAST SIX MONTHS.	<input type="text"/> <input type="text"/>	
D04.	Are all household members aged 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	
D05.	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	
D06.	What is the main construction material used for the outer wall 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	
D07.	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 (e.g. KVIP, or WC)	
D08.	What is the main fuel used by the household for cooking?	1. <input type="checkbox"/> No 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	
D09.	Does any household member own a working box iron or electric iron?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
D10.	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)	
D11.	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	

D12.	Do you own or have access to a functioning mobile phone (for the number already provided)? CHECK 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	
D13.	Does any household member own a working bicycle, motor cycle, or car?	1. <input type="checkbox"/> None 2. <input type="checkbox"/> Only bicycle 3. <input type="checkbox"/> Motorcycle or car	
D14.	In the past four weeks, how many people in your household have been very sick? That is, how many people were unable to work in or out of home or attend school for <u>more than 4 weeks</u> ?	[] []	
D15.	How do you rate your own physical health? READ OPTIONS TO RESPONDENT.	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Good 4. <input type="checkbox"/> Excellent -999. <input type="checkbox"/> Refuse to answer	
E. FOOD SECURITY			
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 of any kind to eat 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/30days, 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. COMMUNITY/LOCALITY			
I will now ask you some questions about the community in which you live.			
F01.	Were you born in the community in which you currently stay? DO NOT PROMPT.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
F02.	Were you living at your current community/town before you began teaching at this school? DO NOT PROMPT.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
F03.	How many years and months have you lived in the community where you currently stay?	[] [] [] [] [] [] [] [] Year Months If don't know, indicate -888.	
F04.	How many of your closest family members live	1. <input type="checkbox"/> None	

	“nearby”? READ OPTIONS TO RESPONDENT.	2. <input type="checkbox"/> Very few 3. <input type="checkbox"/> Some of them 4. <input type="checkbox"/> Most of them 5. <input type="checkbox"/> Everyone -999. <input type="checkbox"/> Refuse to answer	
F05.	How many of your closest friends who you really rely on for support live nearby? READ OPTIONS TO RESPONDENT.	1. <input type="checkbox"/> None 2. <input type="checkbox"/> Very few 3. <input type="checkbox"/> Some of them 4. <input type="checkbox"/> Most of them 5. <input type="checkbox"/> Everyone -999. <input type="checkbox"/> Refuse to answer	
F06.	What is the main mean of transportation that you use to get to school every day? READ OPTIONS TO RESPONDENT. CHECK ONE ONLY.	1. <input type="checkbox"/> Walking 2. <input type="checkbox"/> Bicycle 3. <input type="checkbox"/> Motorbike 4. <input type="checkbox"/> Public transport (e.g. trotro) 5. <input type="checkbox"/> Taxi 6. <input type="checkbox"/> Private car 7. <input type="checkbox"/> Other _____ -999. <input type="checkbox"/> Refuse to answer	
F07.	On average, how many hours and/or minutes does it take you to get to school every day?	[__][__][__] HH [__][__][__] MM If don't know, indicate -888.	
G. NATURE AND WORK CONDITIONS			
I will now ask you some questions about the nature of your work.			
G01.	Is your teaching position temporary (will end in months to a year) or permanent (is guaranteed to continue as long as you fulfil your duties)?	1. <input type="checkbox"/> Temporary 2. <input type="checkbox"/> Permanent -888. <input type="checkbox"/> Don't know -999. <input type="checkbox"/> Refuse to answer	
G02.	Apart from this school, do you work as a teacher at another school?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	→G04
G03.	If YES: Please indicate in how many other schools you work as a teacher.	[__]	
G04.	What KG grades do you currently teach in this school? CHECK ALL THAT APPLY. DON'T SELECT “COMBINED KG” WITH ANY OTHER GRADE.	1. <input type="checkbox"/> KG 1 2. <input type="checkbox"/> KG 2 3. <input type="checkbox"/> Combined KG	
G05.	How many children (i.e., class size) are you primarily responsible for every day at this school?	KG 1 [__][__][__] KG 2 [__][__][__] Combined KG [__][__][__] Other classes [__][__][__]	
G06.	How many hours per week are you required/expected to be [READ CATEGORIES TO RESPONDENT] :	IF NONE, ENTER ZERO.	
a.	At school and working?	[__][__]Hours/week	
b.	Outside of school in preparation (e.g., grading/marking)?	[__][__]Hours/week	
G07.	On average, what percentage of daily class time is spent on each of the following activities? PERCENT SHOULD EQUAL 100%.	IF NONE, ENTER ZERO.	

a.	Administrative tasks (e.g. recording attendance, handing out school information/forms)	[] [] []		
b.	Keeping order in the classroom (maintaining discipline)	[] [] []		
c.	Actual teaching and learning	[] [] []		
d.	Total	[] [] []		
G08.	How frequently are you supposed to be paid your salary? READ CATEGORIES TO RESPONDENT.	1. [] Weekly 2. [] Biweekly 3. [] Monthly 4. [] Other _____ -999. [] Refuse to answer		
G09.	How frequently are you actually paid on time? READ CATEGORIES TO RESPONDENT.	1. [] Rarely or Never (<10%) 2. [] Sometimes (30%) 3. [] Frequently (50%) 4. [] Often (70%) 5. [] Always or Usually (>90%) 6. [] Other _____ -999. [] Refuse to answer		
G10.	Do you currently work for monetary compensation outside of your teaching position in this school? DO NOT PROMPT.	1. [] Yes 2. [] No 3. [] Refuse to answer	→G12 →G12	
G11.	If YES, about how many hours a week do you work in this other job? DO NOT PROMPT.	[] [] hours/week		
G12.	In the last year, did you do any job outside your teaching position in this school to supplement your income?	1. [] Yes 2. [] No 3. [] Refuse to answer	→G14 →G14	
G13.	If YES: On the average, how many hours a week did you work in this job? DO NOT PROMPT.	[] [] Hours/week		
G14.	What is your salary per month? DO NOT PROMPT.	GH¢ [] [] [] [] -999. [] Refuse to answer		
G15.	How much bonus/extra money do you receive from parents' contribution per term? DO NOT PROMPT.	GH¢ [] [] [] [] -999. [] Refuse to answer		
G16.	How do you rate the quality of supervision that you receive from your school head? READ OPTIONS TO RESPONDENT.	1. [] Poor 2. [] Fair 3. [] Good 4. [] Excellent 5. [] Not enough information -999. [] Refuse to answer		
G17.	Please tell me whether any of the things listed below are a problem for you and/or other teachers in your school [READ CATEGORIES AND OPTIONS TO RESPONDENT].	01 Not a problem	02 A little problem	03 A big problem
a.	Classes are too large			
b.	Classes are taught by inexperienced or poorly trained teachers			
c.	Lack of financial resources to create good environment for teachers and children			

d.	The school head has unrealistically high expectations of its teachers				
e.	The school changes curriculum too often				
f.	The school uses curriculum that are too difficult for children				
g.	The parents in the community place demands on teachers that are too high				
G18.	PROMPT: Now I'll ask you some questions about the parents of your pupils. Using the scales of 1 for not at all, 2 for very little, 3 for sometimes, 4 for a fair amount, and 5 for quite a lot: How much do parents support your work as a teacher by [READ CATEGORIES]	1	2	3	4 5
a.	... helping their children at home with homework				
b.	... sharing your values about how children should behave in school				
c.	... helping their children get to school every day				
d.	... visiting school to talk to you about their concerns for their children				
e.	... expecting their children to show respect to you and other teachers				
f.	... expecting their children to try their hardest and do their best in school				
g.	... participating in the school PTA				
G19.	How much respect do the parents and leaders of this community have for teachers? READ OPTIONS TO RESPONDENT.	1. <input type="checkbox"/> None 2. <input type="checkbox"/> Very little 3. <input type="checkbox"/> Some 4. <input type="checkbox"/> A fair amount 5. <input type="checkbox"/> Quite a lot.			
G20.	In your opinion, how much are teachers valued by the citizens and leaders of Ghana? READ OPTIONS TO RESPONDENT.	1. <input type="checkbox"/> None 2. <input type="checkbox"/> Very little 3. <input type="checkbox"/> Some 4. <input type="checkbox"/> A fair amount 5. <input type="checkbox"/> Quite a lot.			

H. KG TEACHER'S PSYCHOLOGICAL WELL-BEING

	I will now ask you some questions about your general well-being as a teacher.				
	Depression and Anxiety				
H01.	I'm going to read some statements that may relate to how you have felt about yourself and your life during the past one month. For each statement I read, please indicate how often in the past one month you felt or behaved this way. There are no right or wrong answers. [PROBE: WOULD YOU SAY NEVER (1), RARELY (2), SOMETIMES (3), VERY OFTEN (4) OR ALWAYS (5)?] How often during the past one month have you [READ OUT CATEGORIES]	1	2	3	4 5
a.	... been lacking in energy?				
b.	... felt that you have lost interest in your usual activities?				
c.	... felt that you have lost confidence in yourself?				
d.	... felt hopeless?				
e.	... felt that you have difficulty concentrating?				
f.	... felt that you have lost weight (due to poor appetite)?				
g.	... been waking early?				
h.	... felt slowed up?				
i.	... tended to feel worse in the morning?				
j.	... felt very anxious?				
k.	... been worrying a lot?				

l.	... been irritable?					
m.	... been having difficulty relaxing?					
n.	... been sleeping poorly?					
o.	... been having headaches or neck aches?					
p.	... been having any of the following: trembling, tingling, dizzy spells, sweating, diarrhoea, or needing to pass water more often than usual?					
q.	... been worrying about your health?					
r.	... been having difficulty falling asleep?					
External Control						
H02.	Please select one answer for each of the following statement that most closely reflects how you feel about each statement. <i>Use 1 for false; 2 for mostly false; 3 for sometimes true; 4 for mostly true; and 5 for true.</i>	1	2	3	4	5
a.	How much pupils can learn in school is primarily determined by their abilities.					
b.	If the pupils have not learned discipline at home, there is not much the school can do.					
c.	A teacher cannot do much to improve students' achievements if they have low abilities for schoolwork.					
d.	It is practically impossible for a teacher to motivate a student for academic work if he or she lacks support and stimulation at home.					
e.	Good teaching is more important to students' engagement in schoolwork than is their home environment.					
Motivation						
H03.	Please select one answer for each of the following statement that most closely reflects how you feel about each statement. <i>Use 1 for false; 2 for mostly false; 3 for sometimes true; 4 for mostly true; and 5 for true.</i>	1	2	3	4	5
a.	I am motivated to help children learn to read and write.					
b.	I question my school's approach to teaching children reading and writing.					
c.	I am motivated to help children learn math.					
d.	I strongly agree with my school's goals for the children.					
e.	I am motivated to help children develop well emotionally (i.e., feel good about themselves, not be too sad or fearful, feel good about the future).					
f.	I enjoy teaching most days.					
g.	I am motivated to help children develop well socially (i.e., behave well, get along with peers, cooperate)					
h.	I question my school's approach to helping children develop socially.					
i.	I have clear personal goals as a teacher					
H04.	Which of the following do you consider the most important thing to you in your work as a teacher? READ OPTIONS TO RESPONDENT.	1. [] The quality of your relationship with your students 2. [] How well your students are learning 3. [] How well you teach reading, writing, and math 4. [] The regular pay/salary 5. Other _____				
Job satisfaction						
H05.	I will now ask you some questions about how satisfied you are with your job and how you feel other, teachers are satisfied with their job in this school.					

	How true are the following statements for you in this school? Use 1 for true, 2 for somewhat true, 3 for somewhat false, and 4 for false.					
a.	I am satisfied with my job at this school					
b.	I am satisfied with my decision to be a teacher					
c.	I want to transfer to another school					
d.	I want to leave the teaching profession					
e.	How true are the following statements for other teachers at your school?					
f.	Other teachers are satisfied with their job at this school.					
g.	Other teachers are satisfied with their decision to be a teacher in this school.					
h.	Other teachers in this school want to transfer to another school.					
i.	Other teachers in this school want to leave the teaching profession.					
	Burnout					
H06.	I am going to read some items about job-related feelings. Please consider each statement carefully and decide how often you feel this way about your job. <i>Use the scales of 1 for Never; 2 for a few times a year or less; 3 for once a month or less; 4 for a few times a month; 5 for once a week; 6 for few times a week and 7 for every day.</i>					
a.	I feel emotionally drained from my work.					
b.	I feel used up at the end of the workday.					
c.	I feel fatigued when I get up in the morning and have to face another day on the job.					
d.	I can easily understand how my school children feel about things.					
e.	I feel I treat some school children as if they were impersonal objects					
f.	Working with people all day is really a strain on me.					
g.	I deal very effectively with the problems of my school children.					
h.	I feel burned out from my work.					
i.	I feel I am positively influencing other people's lives through my work.					
j.	I have become more cold toward people since I took this job.					
k.	I worry that this job is hardening me emotionally.					
l.	I feel very energetic.					
m.	I feel frustrated by my job.					
n.	I feel I am working too hard on my job.					
o.	I do not really care what happens to some school children.					
p.	Working with people directly puts too much stress on me.					
q.	I can easily create a relaxed atmosphere with my school children.					
r.	I feel excited after working closely with my school children.					
s.	I have accomplished many worthwhile things in this job.					
t.	I feel like I am at the end of my rope.					
u.	In my work, I deal with emotional problems very calmly.					
	I. KINDERGARTEN TEACHER READING KNOWLEDGE					
	I will now ask you some questions about your knowledge of English reading. These are difficult questions, its ok if you don't know the answer. [SHOW OPTION CARDS TO RESPONDENT]					
I01.	Which of the following letters is a consonance? READ OPTIONS TO RESPONDENT.	1. <input type="checkbox"/> A 2. <input type="checkbox"/> Z 3. <input type="checkbox"/> E 4. <input type="checkbox"/> O 5. <input type="checkbox"/> I				

		-888. <input type="checkbox"/> Don't know	
I02.	Which of the following letters is a vowel? READ OPTIONS TO RESPONDENT.	1. <input type="checkbox"/> L 2. <input type="checkbox"/> F 3. <input type="checkbox"/> U 4. <input type="checkbox"/> K 5. <input type="checkbox"/> T -888. <input type="checkbox"/> Don't know	
I03.	What is a syllable in the word "unbelievable"? READ OPTIONS TO RESPONDENT.	1. <input type="checkbox"/> u 2. <input type="checkbox"/> b 3. <input type="checkbox"/> Believe 4. <input type="checkbox"/> Able 5. <input type="checkbox"/> Be -888. <input type="checkbox"/> Don't know	
I04.	How many syllabus are in the word "irregular"? READ OPTIONS TO RESPONDENT.	1. <input type="checkbox"/> 2 2. <input type="checkbox"/> 3 3. <input type="checkbox"/> 4 4. <input type="checkbox"/> 8 -888. <input type="checkbox"/> Don't know	
I05.	How many speech sounds does the word "cat" have? READ OPTIONS TO RESPONDENT.	1. <input type="checkbox"/> One sound 2. <input type="checkbox"/> Two sounds 3. <input type="checkbox"/> Three sounds 4. <input type="checkbox"/> Four sounds -888. <input type="checkbox"/> Don't know	
I06.	Which of the following words rhymes with "cough"? READ OPTIONS TO RESPONDENT.	1. <input type="checkbox"/> Sour 2. <input type="checkbox"/> Off 3. <input type="checkbox"/> Gouge 4. <input type="checkbox"/> About -888. <input type="checkbox"/> Don't know	
I07.	How many speech sounds does the word "check" have? READ OPTIONS TO RESPONDENT.	1. <input type="checkbox"/> One sound 2. <input type="checkbox"/> Two sounds 3. <input type="checkbox"/> Three sounds 4. <input type="checkbox"/> Four sounds -888. <input type="checkbox"/> Don't know	
I08.	When teaching English, which of the following words should be taught first? READ OPTIONS TO RESPONDENT.	1. <input type="checkbox"/> Big 2. <input type="checkbox"/> Ship 3. <input type="checkbox"/> Lake 4. <input type="checkbox"/> Boat 5. <input type="checkbox"/> Girl -888. <input type="checkbox"/> Don't know	
COMMENTS			
J01.	INTERVIEWER: Please provide your overall comment on the overall interview.		
J02.	TEAM LEADER: Record data issues based on your review of this administered recording form and the possible resolution of the issues. If no data issues, write NO DATA ISSUES.		

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END TIME: _____ This is the end of our questionnaire. Thank you so much for your time, we really appreciate your help.

B02. Outcome of this questionnaire. TICK ONE OPTION.

1. ☐ Refused
2. ☐ Completed
3. ☐ Partially completed
4. ☐ Not at school/ not available
5. ☐ Incapacitated
6. ☐ Other (specify) _____

B03. If refused, why?

1. ☐ Busy
2. ☐ Not interested
3. ☐ Wants more information
4. ☐ Other (specify) _____

B04. Why is the questionnaire incomplete? _____