

B. CONSENT

INTERVIEWER: ADMINISTER INFORMED CONSENT TO RESPONDENT BEFORE YOU BEGIN.

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; participation in in-service training, work conditions; well-being; perceptions of early childhood development 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 at [0203899660] 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 3. <input type="checkbox"/> Teacher permanently not available	→ B04 → B02
B02.	Why is the KG teacher permanently not available?	1. <input type="checkbox"/> Teacher no longer in KG class 2. <input type="checkbox"/> Teacher no longer in school	→ B03 → B04
B03.	If the teacher moved from the KG class, what is his/her new class?	_____	→ B05
B04.	If the teacher left the school, what is his/her current school and location?	School: _____ Location: _____	→ B05

No.	Questions	Coding Categories	Skip To
FILTERING QUESTION			
100.	Were you interviewed by an IPA Surveyor during the first term (i.e., September – Nov. 2015) of the 2015/2016 academic year?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
C. BACKGROUND CHARACTERISTICS			
I will now ask you some questions about your background.			
C01.	Were you working in this school as KG teacher during the first term (Sept/Nov 2015) of the 2015/2016 academic year?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	→ C02
a.	How long (in months) have you been posted to this school?	<input type="text"/> -888 if don't know	
b.	What school were you teaching previously?	School: _____ Location: _____ -999 for refuse to answer.	
C02.	What is your name (<i>first name, surname</i>)?	<input type="text"/>	
C03.	What is/are your telephone numbers? ENTER NUMBER.	<input type="text"/> <input type="text"/>	
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.	<input type="text"/> -888 if don't know	
C06.	Overall, how many years and months have you been a preschool teacher? MONTHS SHOULD BE LESS THAN 12.	<input type="text"/> <input type="text"/> 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.	<input type="text"/> <input type="text"/> 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"/> Schooling (specify) _____ -999. <input type="checkbox"/> Refuse to answer	
C09.	Do you have any education or training (e.g. seminar, workshop) in early childhood development? DO NOT PROMPT.	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"/> Degree 5. <input type="checkbox"/> Masters 6. <input type="checkbox"/> Undergoing training (specify) _____	
C11.	What is the highest level of education that your father 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"/> Schooling (specify) _____ 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"/> Schooling (specify) _____ -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 _____	If 100 = 1, skip		
C15.	How do you assess yourself in speaking each of these languages? [ONLY ONE RESPONSE FOR EACH CATEGORY]: If 100 = 1, skip.	<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.	Twi/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]:	<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.	Twi/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.	<p>What are the main local languages that you use for instruction at the kindergarten level?</p> <p>DO NOT PROMPT. CHECK UP TO ONLY TWO OPTIONS.</p>	<ol style="list-style-type: none"> 1. <input type="checkbox"/> No local language 2. <input type="checkbox"/> Twi/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 _____
PARTICIPATION IN IN-SERVICE TRAINING		
I will now ask you some questions about your participation in in-service teacher training programme between September 2015 and now [Current Month].		
C19.	<p>Did you receive any in-service teacher training in early childhood education between September 2015 and now [current month]? DO NOT PROMPT.</p>	<ol style="list-style-type: none"> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No <p style="text-align: right;">→D01</p>
C20.	<p>Who organized the in-service teacher training?</p> <p>DO NOT PROMPT. MARK ALL THAT APPLY.</p>	<ol style="list-style-type: none"> 1. <input type="checkbox"/> School/PTA 2. <input type="checkbox"/> GES Circuit, District, Regional 3. <input type="checkbox"/> Teacher association (e.g., GNAT) 4. <input type="checkbox"/> NNTTC/IPA 5. <input type="checkbox"/> Other (specify) _____
C21.	<p>How many days of training did you receive since September 2015? DO NOT PROMPT.</p>	<p><input type="text"/> <input type="text"/></p>
C22.	<p>If training was organised by NNTTC, how much did you pay as the cost of the in-service teacher training?</p>	<p>GH¢ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>If none, enter 0. -999 for Refuse to answer</p>
C23.	<p>Did you receive any teaching and learning materials (TLMs) from the in-service teacher training you participated in? DO NOT PROMPT.</p>	<ol style="list-style-type: none"> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No <p style="text-align: right;">→C27</p>
C24.	<p>(If yes), did you give/share any of the teaching and learning materials (TLMs) with any of your colleagues? READ OUT THE OPTIONS.</p>	<ol style="list-style-type: none"> 1. <input type="checkbox"/> No, I did not share the material with anyone. 2. <input type="checkbox"/> Yes, I shared the material with my colleagues in the same school. 3. <input type="checkbox"/> Yes, I shared the material with my colleagues in this cluster of schools. 4. <input type="checkbox"/> Yes, I shared the material with my <p style="text-align: right;">→C27</p>

		colleagues outside this school/cluster.	
C25.	How did you share the materials with your colleagues? Through ... READ OUT THE OPTIONS. PROMPT FOR OTHERS.	1. <input type="checkbox"/> Verbal discussions or briefings. 2. <input type="checkbox"/> Photocopy of the materials. 3. <input type="checkbox"/> School-based or cluster-based inset 4. <input type="checkbox"/> Other (Specify) _____	
C26.	If you shared the teaching and learning material with any colleague, what is the name and location of his/her school?	Name: _____ Location: _____	
C27.	Did the Circuit Supervisor and/or ECD Coordinator visit your school since September 2015 to observe your classroom lessons, practices, and processes? DO NOT PROMPT.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	→C35
C28.	(If yes) Did the Circuit Supervisor and/or ECD Coordinator provide feedback on your classroom lessons, practices and processes? DO NOT PROMPT.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
C29.	How many times did the Circuit Supervisor and/or ECD Coordinator visit the school since September 2015 to observe and provide feedback on your classroom lessons, processes and practices?	(Number) [__ __]	
C30.	Was the feedback provided by the Circuit Supervisor and/or ECD Coordinator helpful to you in improving your teaching practice? DO NOT PROMPT.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	→C32
C31.	If No, please why? READ OUT THE OPTIONS.	1. <input type="checkbox"/> I did not understand the feedback given 2. <input type="checkbox"/> I did not agree with the feedback given 3. <input type="checkbox"/> It was vague and not specific 4. <input type="checkbox"/> It was not possible to implement 5. <input type="checkbox"/> Other (specify) _____	
C32.	Following the Circuit Supervisor and/or ECD Coordinator's visit, did your head teacher <u>review the feedback</u> with you personally? DO NOT PROMPT.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
C33.	Has your head teacher come to sit in your class to monitor your work and/or give feedback? DO NOT PROMPT.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	→C35
C34.	How often has your head teacher monitored your work and provided feedback? READ OUT THE OPTIONS.	1. <input type="checkbox"/> Daily 2. <input type="checkbox"/> Twice a week 3. <input type="checkbox"/> Weekly 4. <input type="checkbox"/> Twice a month 5. <input type="checkbox"/> Monthly	
C35.	Did you receive any text message on the QP4G study (from IPA) reminding you of the things you were taught at the training? DO NOT PROMPT.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	→D01
C36.	How often did you receive these messages? READ OUT THE OPTIONS.	1. <input type="checkbox"/> Daily	

		2. <input type="checkbox"/> Twice a week 3. <input type="checkbox"/> Weekly 4. <input type="checkbox"/> Twice a month 5. <input type="checkbox"/> Monthly	
C37.	Which aspect(s) of the text message(s) were useful? PROMPT.	1. <input type="checkbox"/> None 2. <input type="checkbox"/> Detailed information 3. <input type="checkbox"/> Timing (e.g., before school) 4. <input type="checkbox"/> Frequency (i.e., daily, weekly, etc.) 5. <input type="checkbox"/> Other (specify) _____ -999. <input type="checkbox"/> Refuse to answer	
C38.	Did you find the timing of the text messages before school to be helpful? DO NOT PROMPT.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -999. <input type="checkbox"/> Refuse to answer	
C39.	How often do you think the text messages should have been sent ...? READ OUT THE OPTIONS.	1. <input type="checkbox"/> Daily 2. <input type="checkbox"/> Twice a week 3. <input type="checkbox"/> Weekly 4. <input type="checkbox"/> Twice a month 5. <input type="checkbox"/> Monthly -999. <input type="checkbox"/> Refuse to answer	
C40.	Did you share the text message with any other teacher in your school? DO NOT PROMPT.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -999. <input type="checkbox"/> Refuse to answer	
C41.	Did you share the text message with any other teacher outside of your school? DO NOT PROMPT.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No -999. <input type="checkbox"/> Refuse to answer	
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? <i>[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].</i>	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="checkbox"/> <input type="checkbox"/>	
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="checkbox"/> <input type="checkbox"/>	
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 (internet) phone 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> ?	<input type="checkbox"/> <input type="checkbox"/>	
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 "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
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 4. <input type="checkbox"/> Other classes	
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 [PROMPT] :	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?	IF NONE, ENTER ZERO.	
a.	Administrative tasks (e.g. recording attendance)	[][]	
b.	Keeping order in the classroom (maintaining discipline)	[][]	
c.	Actual teaching and learning	[][]	
G08.	How frequently are you supposed to be paid your salary? READ CATEGORIES TO RESPONDENT.	1. <input type="checkbox"/> Weekly 2. <input type="checkbox"/> Biweekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Newly hired (not yet paid) -999. <input type="checkbox"/> Refuse to answer	→G10
G09.	How frequently are you actually paid on time? READ CATEGORIES TO RESPONDENT.	1. <input type="checkbox"/> Rarely or Never (<10%) 2. <input type="checkbox"/> Sometimes (30%) 3. <input type="checkbox"/> Frequently (50%) 4. <input type="checkbox"/> Often (70%) 5. <input type="checkbox"/> Always or Usually (>90%) -999. <input type="checkbox"/> Refuse to answer	
G10.	Do you currently work for monetary compensation outside of your teaching	1. <input type="checkbox"/> Yes	

	position in this school? DO NOT PROMPT.	2. <input type="checkbox"/> No 3. <input type="checkbox"/> 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. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> 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.	1. <input type="checkbox"/> GH¢ < 500 2. <input type="checkbox"/> GH¢ 500 - GH¢ 999 3. <input type="checkbox"/> GH¢ 1000 - GH¢ 1499 4. <input type="checkbox"/> GH¢ 1,500 or more -999. <input type="checkbox"/> Refuse to answer			
G15.	How much bonus/extra money do you receive from parents' contribution per term? DO NOT PROMPT.	GH¢ [] [] [] [] -999. <input type="checkbox"/> Refuse to answer			
G16.	How do you rate the quality of supervision that you receive from your school head? READ OPTIONS TO RESPONDENT.	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Good 4. <input type="checkbox"/> Excellent 5. <input type="checkbox"/> Not enough information -999. <input type="checkbox"/> 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] .	Not a problem	A little problem	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						
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. PROMPT FOR OTHER OPTIONS.	1. <input type="checkbox"/> The quality of relationship with students 2. <input type="checkbox"/> How well your students are learning 3. <input type="checkbox"/> How well you teach reading, writing, and math 4. <input type="checkbox"/> 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.	1	2	3	4			
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.							
	How true are the following statements for other teachers at your school? Use 1 for true, 2 for somewhat true, 3 for somewhat false, and 4 for false.	1	2	3	4			
a.	Other teachers are satisfied with their job at this school.							
b.	Other teachers are satisfied with their decision to be a teacher in this school.							
c.	Other teachers in this school want to transfer to another school.							
d.	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>	1	2	3	4	5	6	7
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]

101.	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	
102.	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				
J. PERCEPTIONS OF EARLY CHILDHOOD DEVELOPMENT						
J01.	Developmentally Appropriate Practice	1	2	3	4	5

	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.					
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?					
Supporting Children's Social and Emotional Development						
J02.	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?					
Family-Sensitive Caregiving						
J03.	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?					

OUTCOME OF THE SURVEY		
B05.	Outcome of this questionnaire. TICK ONE OPTION.	1. <input type="checkbox"/> Refused 2. <input type="checkbox"/> Completed 3. <input type="checkbox"/> Partially completed 4. <input type="checkbox"/> Not available 5. <input type="checkbox"/> Incapacitated 6. <input type="checkbox"/> Teacher left KG class/school 7. <input type="checkbox"/> Other (specify)_____
		→B05 →B06
B06.	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)_____
B07.	Why is the questionnaire incomplete?	_____
K. COMMENTS		
B08.	INTERVIEWER: Please provide your overall comment on the overall interview. If no comment, <i>leave this space blank.</i>	