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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td><strong>0.1 School ID</strong></td>
<td></td>
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<tr>
<td><strong>0.3 Class ID</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>0.4 Pupil ID (from roster)</strong></td>
<td></td>
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<tr>
<td><strong>0.7 If the instrument is not completed, what is the reason why?</strong></td>
<td>01=Respondent absent</td>
<td>02=Respondent refused to participate</td>
</tr>
<tr>
<td><strong>0.8 DATE OF INTERVIEW</strong></td>
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</table>

**DATA HANDLERS**

<table>
<thead>
<tr>
<th>Fieldworker</th>
<th>Code: [__ __ __]</th>
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<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td>Date of check:</td>
</tr>
<tr>
<td></td>
<td>___ / ___ / ____   d / mm / yyyy</td>
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</table>

<table>
<thead>
<tr>
<th>Supervisor</th>
<th>Code: [__ __]</th>
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<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td>Date of check:</td>
</tr>
<tr>
<td></td>
<td>___ / ___ / ____   d / mm / yyyy</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Data entry clerk (first data entry)</th>
<th>Code: [__ __]</th>
</tr>
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<tbody>
<tr>
<td>Name:</td>
<td></td>
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<td>Signature:</td>
<td>Date of first data entry:</td>
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<table>
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<th>Data entry clerk (second data entry)</th>
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<tbody>
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<tr>
<td>Signature:</td>
<td>Date of first data entry:</td>
</tr>
<tr>
<td></td>
<td>___ / ___ / ____   d / mm / yyyy</td>
</tr>
</tbody>
</table>
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  Welayitenga₁₆  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  Welayitenga₁₆  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)

   | 0 0 | 1 0 | 2 0 | 3 0 | 4 0 | 5 0 | 6 or more |
---|-----|-----|-----|-----|-----|-----|-----------|
   |     |     |     |     |     |     |           |

11. Is your mother alive?  (Tick one box)  Yes  No

12. Is your father alive?  (Tick one box)  Yes  No

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

   - Mother
   - Father
   - Brother or Sister
   - Other relative

   No one in my family can read or write

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

   - Always
   - Sometimes
   - Never

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

   - Attending Government school
   - Attending Private school
   - Not attending school

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

<table>
<thead>
<tr>
<th>Animal</th>
<th>Write the number that you have</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken</td>
<td></td>
</tr>
<tr>
<td>Goat</td>
<td></td>
</tr>
<tr>
<td>Sheep</td>
<td></td>
</tr>
<tr>
<td>Donkey</td>
<td></td>
</tr>
<tr>
<td>Horse</td>
<td></td>
</tr>
<tr>
<td>Mule</td>
<td></td>
</tr>
<tr>
<td>Cow</td>
<td></td>
</tr>
<tr>
<td>Camel</td>
<td></td>
</tr>
</tbody>
</table>
17. Which of the following things do you have at your home? (you can tick more than 1 box)

- Telephone
- Radio
- Television
- Bicycle
- Animal-drawn cart
- Car/Truck
- Motorcycle/scooter
- Table
- Chair
- Bench/stool
- Fridge
- Bed
- Electricity
- Water pumped into house

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

- 0
- 1
- 2
- 3
- 4
- 5 or more

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

- Yes
- No

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

- Yes
- No

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

____ minutes

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

- Yes
- No

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

- Yes
- No

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

- 1 hour
- 1 – 2 hours
- More than 2 hours
- I do not spend time on homework outside school

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

- Always
- Sometimes
- Rarely/Never
- I never get homework in this class

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

- Maths
- Language
- Other

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

- Yes
- No
- I do not attend extra classes
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  
Less than 1 hour 01  
1-2 hours 02  
2-3 hours 03  
3-4 hours 04  
More than 4 hours 05

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

None 00  
Less than 1 hour 01  
1-2 hours 02  
2-3 hours 03  
3-4 hours 04  
More than 4 hours 05

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

None 00  
Less than 1 hour 01  
1-2 hours 02  
2-3 hours 03  
3-4 hours 04  
More than 4 hours 05

31. Do you read books (not including text books) outside of school, for example at home?  
Yes, often 01  
Yes, occasionally 02  
No 00  
(tick one box)

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

Birth Mother 01  Father 02  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.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Strongly Agree&lt;sub&gt;01&lt;/sub&gt;</th>
<th>Agree&lt;sub&gt;02&lt;/sub&gt;</th>
<th>Disagree&lt;sub&gt;03&lt;/sub&gt;</th>
<th>Strongly Disagree&lt;sub&gt;04&lt;/sub&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td>Overall, adults at my school treat students fairly.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Adults at my school listen to the students.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>At my school, teachers care about students.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>My teachers support me when I need them.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>The school rules are fair.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Overall, my teachers are open and honest with me.</td>
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<td></td>
<td></td>
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<tr>
<td>40</td>
<td>I enjoy talking to the teachers here.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>I feel safe at school.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>42</td>
<td>Most teachers at my school are interested in me as a person, not just as a student.</td>
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</tbody>
</table>

END