



YOUNG LIVES SCHOOL SURVEY

VIETNAM ROUND 1 – WAVE 1 (2011)

CHILD QUESTIONNAIRE 1 (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 Child questionnaire (1)

This page is to be completed by fieldworkers

0.1	YL School code	_____
0.2	Grade 5 Class	5____
0.3	Pupil ID (from roster)	CH ____
0.4	Is this a Young Lives child? 00=No; 01=Yes (from roster)	[____]
0.5	If yes, what is the YL child ID? (from roster)	[_____]
0.6	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"/>
0.7	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

Questions about You

1. When were you born? Day Month Year ___ / ___ / _____
2. Have you attended this school since Grade 1? Yes₀₁ No₀₀
3. Are you a boarder at this school? (a 'boarder' lives at the school during the semester or the week).
Yes₀₁ No₀₀
4. Are you a boy or a girl? Boy₀₁ Girl₀₂
5. What is your ethnic group?
Kinh₀₁ Hmong₀₂ Cham₀₃ Ede₀₄ Ba Na₀₅
Nung₀₆ Tay₀₇ Dao₀₈ Giay₀₉ Other₁₀
6. Do you speak Vietnamese at home? Always₀₂ Sometimes₀₁ Never₀₀
7. How many meals a day do you normally eat?
1 meal₀₁ 2 meals₀₂ 3 or more meals₀₃
8. Do you have any health problems that affect you in school? (tick all boxes that apply)
- Sight problems Hearing problems Headaches
Memory problems Other problems No problems

Questions about your home and family

9. How many children (under 16) are there in your household? (excluding yourself)
10. How many biological brothers and sisters do you have who are older than you?
11. Can your mother read and write in Vietnamese? Yes₀₁ No₀₀

12. What is your mother's education level? (tick one)

- Never been to school₀₀ Primary school (grades 1-5)₀₁
- Lower secondary school (grades 6-9)₀₂ Upper Secondary School (grades 10-12)₀₃
- Higher education (e.g university/college)₀₄ Don't know₀₅

13. Can your father read and write in Vietnamese? Yes₀₁ No₀₀

14. What is your father's education level? (tick one)

- Never been to school₀₀ Primary school (grades 1-5)₀₁
- Lower secondary school (grades 6-9)₀₂ Upper Secondary School (grades 10-12)₀₃
- Higher education (e.g university/college)₀₄ Don't know₀₅

15. How many books not including school books are there in your home?

- None₀₀ 1-5₀₁ 6-10₀₂ more than 10₀₃

16. What things do you have in your home? (tick all that apply)

- Telephone (not mobile) Mobile telephone Radio
- TV Bicycle Motorcycle
- Study desk Study chair Study lamp
- Electric fan Air conditioning Car
- Computer/laptop Internet Pocket calculator

17. Do you have your own place to study at home? Yes₀₁ No₀₀

Questions about your schooling

18. What is the main method of transport you usually use to go to school every day?

Walk₀₁ Bike₀₂ Boat₀₃ Private Car₀₄
Bus₀₅ Motorbike Taxi₀₆ Taxi₀₇ Family Motorbike₀₈

19. How long does it usually take you to get to school by the main method of transport you selected in question 18? _____ minutes?

20. Do you eat lunch provided at school? Yes₀₁ No₀₀

21. If you eat lunch provided at school, do you have to pay for it? (if you answered 'No' to question 20, please select 'I do not eat lunch provided at school')

Yes, school provides lunch and I pay for it₀₁
No, school provides lunch and I don't pay for it₀₀
I do not eat lunch provided at school₀₂

22. Have you ever repeated any grades at school? Yes₀₁ No₀₀

23. How do you feel your class teacher treats you?

Better than the other pupil₀₁ The same as other pupils₀₂
Worse than other pupils₀₃

24. Which of these items do you have for your own use? (tick or cross all that apply)

Vietnamese 5 Textbook Volume 1	<input type="checkbox"/>	Vietnamese 5 Textbook Volume 2	<input type="checkbox"/>
Other books for learning Vietnamese	<input type="checkbox"/>	Vietnamese Dictionary	<input type="checkbox"/>
Maths 5 Textbook	<input type="checkbox"/>	Maths 5 Exercise book	<input type="checkbox"/>
School bag	<input type="checkbox"/>	Ruler	<input type="checkbox"/>
Pocket Calculator	<input type="checkbox"/>	Mobile phone	<input type="checkbox"/>

25. In maths, how often does your teacher give you homework? (tick one)

More than 3 times per week₀₄ 3 times per week₀₃ 2 times per week₀₂
Once a week₀₁ Rarely/Never₀₀

26. If your teacher ever gives you homework in maths, does your teacher check this homework? (if you answered 'Rarely/Never' to question 28 select 'I never get homework in maths')

Always/Frequently₀₂ Occasionally₀₁ Rarely/Never₀₀
I never get homework in maths₀₃

27. If your teacher ever gives you homework in maths, does your teacher provide comments on this homework? (if you answered 'Rarely/Never' to question 28 select 'I never get homework in maths')

Always/Frequently₀₂ Occasionally₀₁ Rarely/Never₀₀
I never get homework in maths₀₃

28. In Vietnamese, how often does your teacher give you homework? (tick one)

More than 3 times per week₀₄ 3 times per week₀₃ 2 times per week₀₂
Once a week₀₁ Rarely/Never₀₀

29. If your teacher ever gives you homework in Vietnamese, does your teacher check this homework? (if you answered 'Rarely/Never' to question 28 select 'I never get homework in Vietnamese')

Always/Frequently₀₂ Occasionally₀₁ Rarely/Never₀₀
I never get homework in Vietnamese₀₃

30. If your teacher ever gives you homework in Vietnamese, does your teacher provide comments on this homework? (if you answered 'Rarely/Never' to question 28 select 'I never get homework in Vietnamese')

Always/Frequently₀₂ Occasionally₀₁ Rarely/Never₀₀
I never get homework in Vietnamese₀₃

31. On school days, how much time per day do you spend on learning and doing your homework outside school?

More than two hours₀₄

From one to two hours₀₃

Less than one hour₀₂

Do not spend time for that outside school₀₁

32. Do you use the toilet provided at school if you need to? (if there are no toilets provided at your school select 'there are no toilets at my school')

Yes₀₁ No₀₀ There are no toilets at my school₀₂

33. Do you borrow books (not including text books) from the school library or bookstore? (if there is no library or bookstore at your school select 'there is no library or bookstore at school')

Yes I borrow books₀₁ No I do not borrow books, but there is a library or bookstore₀₀

There is no library or bookstore at school₀₂

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

Yes, often₀₁ Yes, occasionally₀₂ No₀₀

35. Do you use a computer outside of school, for example at home?

Yes, often₀₁ Yes, occasionally₀₂ No₀₀

Questions about full day schooling and extra classes

36. Do you attend full-day schooling (two shifts- morning and afternoon)?

Yes₀₁ No₀₀

37. Does your family have to pay extra for full-day schooling? (if you answered 'No' to question 36 please select 'I don't attend full-day schooling').

Yes₀₁ No₀₀ Don't know₀₂ I don't attend full-day schooling₀₃

38. Do you attend unofficial/non-compulsorily extra classes, whether at school or not?

Yes₀₁ No₀₀

39. If yes, how many hours do you attend extra classes each week in each of these subjects?

(Please write the number of hours each week that you attend extra classes in each subject in each box. If it is 0 hours, write '0'.)

(If you do not attend extra classes in any subjects place a mark in the box 'I do not attend any extra classes in any subjects.')

Maths₀₁

Vietnamese₀₂

Other subjects₀₃





I do not attend any extra classes in any subjects₀₀





END OF QUESTIONNAIRE PART 1

Young Lives School Survey Child questionnaire (2)

SECTION 1

Read each statement carefully. Think about whether you agree with the statement. Tick the box that describes how you feel about the statement. Tick only ONE box for each statement. Please remember that there are no correct or wrong answers.

Question		 Strongly Agree=01	 Agree=02	 Disagree=03	 Strongly disagree=04
1	I can follow the lessons easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I day dream a lot in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I am able to help my classmates with their Schoolwork if permitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I often do my homework without thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	If I work hard I think I can go to the college or university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I pay attention to the teachers during lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Most of my classmates are smarter than I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I study hard for my tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	My teachers feel that I am poor in my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I am usually interested in my schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I often forget what I have learnt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I am willing to do my best to pass all the subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	I get frightened when I am asked a question by the teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question		 Strongly Agree	 Agree	 Disagree	 Strongly disagree
14	I often feel like quitting school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	I am good in most of my school subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	I am always waiting for the lessons to end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	I always do poorly in tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	I do not give up easily when I am faced with a difficult question in my school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	I am able to do better than my friends in most subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	I am not willing to put in more effort in my schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2

These questions ask you about things at school. Please tick the box that shows how often you experience these things. Please remember that there are no correct or wrong answers.

		Always=01	Sometimes=02	Rarely/Never=00
21	Do you enjoy school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Do you worry about exams/tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Do you feel under pressure to perform well at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Do you find it difficult to complete homework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Do you fear teacher's punishment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Are you physically bullied at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Are you hit by parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick the box that shows how often you experience the following things. Please remember that there are no correct or wrong answers.

		At least once a week=01	At least once a month=02	Rarely/Never=00
28	How often do you have a headache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	How often do you have abdominal pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>