



Annex A

PISA FOR DEVELOPMENT CONTEXTUAL QUESTIONNAIRES

Annex A presents the contextual questionnaires used in PISA for Development. These are the **school questionnaire** distributed to school principals; the **student questionnaire** distributed to all participating students; the **teacher questionnaire** distributed to school teachers; the **out-of-school youth questionnaire** administered to all participating out-of-school 14-16 year-olds; the **parent questionnaire** distributed to the parent, or person most knowledgeable, of the out-of-school youth; and the **household observation questionnaire** distributed to the interviewers conducting the out-of-school assessment.

SCHOOL QUESTIONNAIRE

Main survey version

The school principal completes the school questionnaire. The questionnaire takes about 25 minutes to complete and covers information about the school and in particular its structure, organisation, student intake and social environment.

Technical terms are given in <brackets> and are adapted to the national context by the national data collection centre of the participating country or economy.

SC001 SC001Q01TA	Which of the following definitions best describes the community in which your school is located?	
	<i>(Please tick only one box.)</i>	
	A village, hamlet or rural area (fewer than 3 000 people)	<input type="checkbox"/> ₁
	A small town (3 000 to about 15 000 people)	<input type="checkbox"/> ₂
	A town (15 000 to about 100 000 people)	<input type="checkbox"/> ₃
	A city (100 000 to about 1 000 000 people)	<input type="checkbox"/> ₄
	A large city (with over 1 000 000 people)	<input type="checkbox"/> ₅

SC002	Which of the following levels of education does your school provide?	
	<i>(Please select all that apply.)</i>	
	SC002Q01NA	<ISCED0> <input type="checkbox"/> ₁
	SC002Q01NB	< ISCED1> <input type="checkbox"/> ₁
	SC002Q01NC	< ISCED2> <input type="checkbox"/> ₁
SC002Q01ND	< ISCED3> <input type="checkbox"/> ₁	

SC003	As of <August 1, 2017>, what was the total school enrolment (number of students)?	
	<i>(Please write a number on each line. Write "0" (zero) if there are none.)</i>	
	SC003Q01TA	Number of boys: _____
SC003Q02TA	Number of girls: _____	

SC004	How many full-time and part-time teachers are on the staff of your school?	
	<i>A full-time teacher is employed at least 90% of the time as a teacher for the full school year. All other teachers should be considered part-time.</i>	
	<i>(Please write a number in each space provided. Write "0" (zero) if there are none.)</i>	
SC004Q01NA	Full-time teachers in TOTAL	_____
SC004Q02NA	Part-time teachers in TOTAL	_____



SC005 SC005Q01TA	What is the average size of <test language> classes in <national modal grade for 15-year-olds> in your school? If your school does not teach this grade then answer this question for an adjacent grade where most of your 15 year-old students are enrolled. (Please tick only one box.)	
	15 students or fewer	<input type="checkbox"/> ₁
	16-20 students	<input type="checkbox"/> ₂
	21-25 students	<input type="checkbox"/> ₃
	26-30 students	<input type="checkbox"/> ₄
	31-35 students	<input type="checkbox"/> ₅
	36-40 students	<input type="checkbox"/> ₆
	41-45 students	<input type="checkbox"/> ₇
	46-50 students	<input type="checkbox"/> ₈
More than 50 students	<input type="checkbox"/> ₉	

SC006 SC006Q01TA	Is your school a public or a private school? (Please tick only one box.)	
	A public school (This is a school managed directly or indirectly by a public education authority, government agency, or governing board appointed by government or elected by public franchise.)	<input type="checkbox"/> ₁
	A private school (This is a school managed directly or indirectly by a non-government organisation; e.g. a church, trade union, business, or other private institution.)	<input type="checkbox"/> ₂

SC007 C007Q01TA	What kind of organisation runs your school? (Please tick only one box.)	
	A church or other religious organisation	<input type="checkbox"/> ₁
	Another not-for-profit organisation	<input type="checkbox"/> ₂
	A for-profit organisation	<input type="checkbox"/> ₃
	The government	<input type="checkbox"/> ₄

SC008	About what percentage of your total funding for a typical school year comes from the following sources? (Please write a number on each line. Write "0" (zero) if no funding comes from that source.)		
		%	
	SC008Q01TA	Government (includes departments, local, regional, state and national)	_____
	SC008Q02TA	Student fees or school charges paid by parents	_____
	SC008Q03TA	Benefactors, donations, bequests, sponsorships, parent fundraising	_____
SC008Q04TA	Other	_____	
	<i>Total</i>	<i>100%</i>	

SC009
SC009Q01NA

In which of the following <type of building> is your school located?

(Please tick only one box.)

A school building	<input type="checkbox"/>	1
Rooms of a government building	<input type="checkbox"/>	2
Rooms of a church	<input type="checkbox"/>	3
Rooms of an NGO	<input type="checkbox"/>	4
A private home	<input type="checkbox"/>	5
Rooms of a multi-purpose building	<input type="checkbox"/>	6
A university	<input type="checkbox"/>	7

SC010

Is your school located near one of the following <settings>?

(Please tick one box in each row.)

		Yes	No
SC010Q01NA	<Highway or freeway>	<input type="checkbox"/>	<input type="checkbox"/>
SC010Q02NA	Busy roads or intersections	<input type="checkbox"/>	<input type="checkbox"/>
SC010Q03NA	A neighbourhood with a high rate of crime	<input type="checkbox"/>	<input type="checkbox"/>
SC010Q04NA	A dump or waste land	<input type="checkbox"/>	<input type="checkbox"/>
SC010Q05NA	A geologically unstable area	<input type="checkbox"/>	<input type="checkbox"/>
SC010Q06NA	An industrial district	<input type="checkbox"/>	<input type="checkbox"/>
SC010Q07NA	Factories	<input type="checkbox"/>	<input type="checkbox"/>

SC011

Does your school have the following features, and if so, in what condition are they?

(Please tick one box in each row.)

		No, not available	Yes, but in poor condition	Yes, but in need of minor repairs	Yes, in good condition
SC011Q01NA	Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SC011Q02NA	Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SC011Q03NA	Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SC011Q04NA	Building entrance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SC011Q05NA	Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SC011Q06NA	Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SC011Q07NA	Hallways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SC011Q08NA	Classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SC012

Does your school have the following features, and if so, in what condition are they?

(Please tick one box in each row.)

		No, not available	Yes, but in poor condition	Yes, but in need of minor repairs	Yes, in good condition
SC012Q01NA	Flush toilets	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC012Q02NA	Other types of toilets (e.g., <latrines>, <squat holes>, <pit toilets>)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC012Q03NA	Kitchen	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC012Q04NA	Place with drinkable water	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC012Q05NA	Running water	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC012Q06NA	Electricity	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC012Q07NA	Indoor plumbing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC012Q08NA	<First aid room>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC012Q09NA	Immunisation or health care room	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC012Q10NA	Cafeteria	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC012Q11NA	Sports area or playground	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC012Q12NA	Fence or hedge on the school borders	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC012Q13NA	<Access ramp>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC012Q14NA	<Fans>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC012Q15NA	<Lighting>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

SC013

Regarding toilets for students and staff, does your school have the following?

(Please tick one box in each row.)

		No, not available or inaccessible	Yes, but in poor condition	Yes, but in need of minor repairs	Yes, in good condition
SC013Q01NA	Separate toilets for girls and boys	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC013Q02NA	Separate toilets for school staff and students	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

SC014

SC014Q01NA

Do students in your school have textbooks for instruction in <test language>?

(Please tick only one box.)

Yes, every student has at least one.	<input type="checkbox"/> ₁
Yes, but not enough. Sometimes two students need to share a textbook.	<input type="checkbox"/> ₂
Yes, but so few that sometimes more than two students need to share a textbook.	<input type="checkbox"/> ₃
No, there are no textbooks.	<input type="checkbox"/> ₄

SC015

SC015Q01NA

Do students in your school have textbooks for mathematics instruction?

(Please tick only one box.)

Yes, every student has at least one.	<input type="checkbox"/> ₁
Yes, but not enough. Sometimes two students need to share a textbook.	<input type="checkbox"/> ₂
Yes, but so few that sometimes more than two students need to share a textbook.	<input type="checkbox"/> ₃
No, there are no textbooks.	<input type="checkbox"/> ₄

SC016

Are the following meals or <snacks> offered in your school?*(Please tick only one box.)*

		Yes, free for all students	Yes, free for some students	Yes, for a fee	No, not offered
SC016Q01NA	<breakfast>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC016Q02NA	<snack>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC016Q03NA	<lunch>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

SC017

Do the following statements regarding students' meals apply to your school?*(Please tick one box in each row.)*

		Yes	No
SC017Q01NA	Our school provides free meals for all students.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC017Q02NA	Our school provides free meals for students of certain grades.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC017Q03NA	Our school provides free meals only for students in need.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC017Q04NA	Our school provides meals to students for a charge.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

SC018

Do community members or organisations contribute to the school by doing the following?*(Please tick one box in each row.)*

		Yes	No
SC018Q01NA	Build school facilities such as classrooms or teacher houses.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC018Q02NA	Maintain school facilities such as classrooms or teachers' houses.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC018Q03NA	Maintain school grounds and fences or hedges around them.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC018Q04NA	Construct, maintain or repair furniture or equipment.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC018Q05NA	Teach when teachers are absent.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC018Q06NA	Assist teachers in addressing the needs of students with disabilities.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC018Q07NA	Organise sport activities or school trips.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC018Q08NA	Assist with preparation and distribution of school meals.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

SC019

Do parents or parental organisations contribute to the school by doing the following?*(Please tick one box in each row.)*

		Yes	No
SC019Q01NA	Build school facilities such as classrooms or teacher houses.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC019Q02NA	Maintain school facilities such as classrooms or teachers' houses.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC019Q03NA	Maintain school grounds and fences or hedges around them.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC019Q04NA	Construct, maintain or repair furniture or equipment.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC019Q05NA	Teach when teachers are absent.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC019Q06NA	Assist teachers in addressing the needs of students with disabilities.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC019Q07NA	Organise sport activities or school trips.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC019Q08NA	Assist with preparation and distribution of school meals.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂



SC025

During the last month of school, how often was the school confronted with the following teacher behaviours?

(Please tick one box in each row.)

		Never	Once or twice	Every week
SC025Q01NA	Arriving late at school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC025Q02NA	Absenteeism (i.e., unjustified absence)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC025Q03NA	Skipping classes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC025Q04NA	Intimidation or bullying of students	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC025Q05NA	Sexual harassment of other teachers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC025Q06NA	Sexual harassment of students	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC025Q07NA	Use of abusive language	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC025Q08NA	Drug use or possession	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC025Q09NA	Alcohol use or possession	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC025Q10NA	Health problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC025Q11NA	Physical aggression against colleagues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC025Q12NA	Physical aggression against students	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

SC024

On approximately how many instructional days in the last 12 months was your school closed or deviated from the regular curriculum for the following reasons?

(Please write a number on each line. Write "0" (zero) if there are none.)

		Days
SC024Q01NA	Vacations and holidays	_____
SC024Q02NA	National or local elections	_____
SC024Q03NA	Teacher conferences or professional development activities	_____
SC024Q04NA	School events and activities such as field trips, school dance, sporting events	_____
SC024Q05NA	Regional or local problems such as weather (e.g. storm, heat) or hazards (e. g. epidemics, fire, floods, or landslides)	_____
SC024Q06NA	Regional or local demonstrations such as manifestations, strikes, riots, protests or aggressive conflicts	_____
SC024Q07NA	Safety concerns related to school infrastructural issues	_____
SC024Q08NA	Safety concerns related to violence or delinquency in the school	_____

SC027

When a teacher is absent for a week or more, how often do you take the following actions in your school?*(Please tick one box in each row.)*

		Never	Sometimes	Always
SC027Q01NA	Send the pupils home.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC027Q02NA	Leave the pupils to learn on their own.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC027Q03NA	Combine the class with another class.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC027Q04NA	Reallocate pupils to several other classes.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC027Q05NA	Assign a senior pupil to supervise the class.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC027Q06NA	Substitute the absent teacher with a parent.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC027Q07NA	Substitute the absent teacher with a community member.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC027Q08NA	Substitute the absent teacher with another qualified teacher.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC027Q09NA	Substitute the absent teacher with a qualified <relief teacher>.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC027Q10NA	Substitute the absent teacher with an unqualified <relief teacher>.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC027Q11NA	Substitute the absent teacher with the <School Head>.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

SC026

Which policies regarding <grade repetition> are implemented in your school?*(Please tick one box in each row.)*

		Yes	No
SC026Q01NA	<Grade repetition> is possible on a voluntary basis, i.e. with request or permission from the parents.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC026Q02NA	If a student fails the minimum achievement standards at the end of the school year, he or she has to repeat the grade.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC026Q03NA	Individual courses can be repeated without repeating a whole grade.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC026Q04NA	After repeating grades a certain number of times, students are expected to leave the school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC026Q05NA	<Grade repetition> is prohibited by <state or district> regulations.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC026Q06NA	<Grade repetition> is prohibited by school policies.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

SC028

Which of the following measures are implemented in your school to support students at risk of academic failure?*(Please tick one box in each row.)*

		Yes	No
SC028Q01NA	Our school has a professional counsellor for students at risk of academic failure.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC028Q02NA	Our school provides mandatory <remedial courses> during the school year.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC028Q03NA	Our school offers <remedial courses> during the school year.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC028Q04NA	Our school offers <remedial courses> during the <summer>.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC028Q05NA	Our school offers students <remedial education> while repeating.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC028Q06NA	Our school offers students specific counselling during repeating.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
SC028Q07NA	Our school has <guide teachers> assigned to students deemed to be at risk.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

**SC020****How often are the following factors considered when students are admitted to your school?***(Please tick one box in each row.)*

		<i>Never</i>	<i>Sometimes</i>	<i>Always</i>
SC020Q01TA	Student's record of academic performance (including placement tests).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC020Q02TA	Recommendation of feeder schools.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC020Q03TA	Parents' endorsement of the instructional or religious philosophy of the school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC020Q04TA	Whether the student requires or is interested in a special programme.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC020Q05TA	Preference given to family members of current or former students.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC020Q06TA	Residence in a particular area.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC020Q07TA	Student's disciplinary record in this or another school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC020Q08TA	Student's criminal record.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC020Q09TA	Student's parental status or pregnancy.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC020Q10TA	Student's working status.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC020Q11TA	Student's cultural or ethnical background.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

SC021**Some schools organise instruction differently for students with different abilities.****What is your school's policy about this for students in <national modal grade for 15-year-olds>?***(Please tick one box in each row.)*

		<i>For all subjects</i>	<i>For some subjects</i>	<i>Not for any subjects</i>
SC021Q01TA	Students are grouped by ability into different classes.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
SC021Q02TA	Students are grouped by ability within their classes.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

SC022

Please estimate the percentage of students in your school who have the following characteristics.

(Please consider that students may fall into multiple categories.)

(Please tick one box for the estimated percentage in each line.)

		Less than 1%	Between 1 and 5%	Between 6 and 10%	Between 11 and 20%	Between 21 and 30%	More than 30%
SC022Q01NA	Students whose <heritage language> is different from <test language>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
SC022Q02NA	Students from very poor homes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
SC022Q03NA	Students who are orphans	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
SC022Q04NA	Students who are not living with their parents	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
SC022Q05NA	Students who are pregnant	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
SC022Q06NA	Students who have children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
SC022Q07NA	Students who have disciplinary problems or show delinquent behaviours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
SC022Q08NA	Students who work for <formal pay>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
SC022Q09NA	Students who work informally or for their families	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
SC022Q10NA	Students with physical disabilities (e.g. serious hearing or sight difficulties, or impaired mobility)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
SC022Q11NA	Students with learning disabilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

SC023

Think about what happens in your school when students need extra support. To what extent do you agree with the following statements?

(Please tick one box in each row.)

		Strongly Disagree	Disagree	Agree	Strongly Agree
SC023Q01NA	Many of the students who are behind should have been <held back>.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC023Q02NA	Students who repeat one or more grades will eventually leave school before they graduate.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC023Q03NA	After students have repeated a grade, they are still unprepared for the next grade.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC023Q04NA	Students who have repeated a grade learn that they must try harder to succeed.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC023Q05NA	Teachers should try to teach the curriculum, even to students who do not have the basic reading and numeracy skills.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC023Q06NA	Students with disabilities should be taught in <special schools>.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC023Q07NA	We need more special classes for students who lag behind.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC023Q08NA	Teachers are able to teach classes with students with differing levels of ability.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC023Q09NA	A student should never have to repeat more than one grade.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC023Q10NA	A student should never have to repeat the same grade twice.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
SC023Q11NA	Because students learn at different rates, school programs should be <ungraded>.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄



STUDENT QUESTIONNAIRE

Main survey version

Students complete the student questionnaire after the literacy assessment. The questionnaire takes about 35 minutes to complete and covers information about the student, their school experience, and their family and life at home.

Technical terms are given in <brackets> and are adapted to the national context by the national data collection centre of the participating country or economy.

About the student

ST001 ST001Q01TA	What <grade> are you in?

	<grade>

ST003	On what date were you born?	
	<i>(Please write in the day, month and year you were born.)</i>	
ST003Q01TA	Day	_____
ST003Q02TA	Month	_____
ST003Q03TA	Year	_____

ST004 ST004Q01TA	Are you female or male?	
	<i>(Please tick only one box.)</i>	
	<i>Female</i>	<i>Male</i>
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

ST021 ST021Q01TA	What language do you speak at home most of the time?	
	<i>(Please tick only one box.)</i>	
	<Language 1>	<input type="checkbox"/> ₁
	<Language 2>	<input type="checkbox"/> ₂
	<Language 3>	<input type="checkbox"/> ₃
	< ...etc. >	<input type="checkbox"/> ₄
	Other language	<input type="checkbox"/> ₅

ST026	In what country were you and your parents born?		
	<i>(Please tick only one box in each column.)</i>		
	<i>You</i> ST026Q01TA	<i>Mother</i> ST026Q02TA	<i>Father</i> ST026Q03TA
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅
	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆

ST015

ST015Q01TA

Overall, how satisfied are you with your life as a whole these days?*(Please tick only one box.)*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10	
<i>Not at all satisfied</i>										<i>Completely satisfied</i>	

ST016**The next five statements are about your health.***(Please tick one box in each row.)*

		Yes	No
ST016Q01NA	I can see what is written on the board without difficulty.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST016Q02NA	I can hear the teacher's voice clearly when he or she is giving a lesson.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST016Q03NA	I have a physical disability that makes it difficult for me to walk or use stairs.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST016Q04NA	I have a physical disability that makes it difficult for me to grasp small objects like a pencil or scissors.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST016Q05NA	I often get so sick I cannot play, work or go to school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

ST017**We would like to know about certain feelings you may have at home or at school. For each statement below, please tell us how often you feel this way.***(Please tick one box in each row.)*

		<i>Never or almost never</i>	<i>About once a week</i>	<i>2 to 3 times a week</i>	<i>Almost every day</i>
ST017Q01NA	I am too fearful or nervous.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST017Q02NA	I am afraid that other students think I am stupid.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST017Q04NA	I worry about a teacher asking me a question.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST017Q05NA	I worry about what other students think of me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST017Q06NA	I cry without a good reason.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST017Q07NA	I feel lonely.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST017Q08NA	Other students seem to have more fun than me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST017Q09NA	I feel sad or depressed.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST017Q10NA	I have trouble falling asleep at night.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST017Q11NA	A lot of things seem to bother me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

ST018

ST018Q01NA

In general, would you say your health is:*(Please tick only one box.)*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10
<i>Poor</i>		<i>Fair</i>			<i>Good</i>		<i>Very Good</i>		<i>Excellent</i>	

**ST019****During the past year, have you had any of the following health problems?***(Please tick one box in each row.)*

		Yes	No
ST019Q01NA	A chronic disease (e.g., heart disease, lung or other respiratory problems, cancer, diabetes)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST019Q02NA	An infectious disease (e.g., cholera, malaria, tuberculosis)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST019Q03NA	Gastrointestinal problems (e.g., heartburn, stomach pain, constipation, diarrhoea)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST019Q04NA	A cold or flu	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST019Q05NA	An injury that needed treatment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST019Q06NA	Pain that was long-lasting or recurring	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST019Q07NA	Depression	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST019Q08NA	Panic and anxiety attacks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST019Q09NA	Insomnia	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST019Q10NA	Fatigue that was long-lasting or recurring	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

About the student's school experience

ST005

ST005Q01TA

Did you attend <ISCED 0>?*(Please tick only one box.)*

No	<input type="checkbox"/> ₁
Yes, for one year or less	<input type="checkbox"/> ₂
Yes, for more than one year	<input type="checkbox"/> ₃

ST007

ST007Q01NA

What language did most of your teachers use for instruction in <ISCED 1>?*(Please tick only one box.)*

<Language 1>	<input type="checkbox"/> ₁
<Language 2>	<input type="checkbox"/> ₂
<Language 3>	<input type="checkbox"/> ₃
< ...etc. >	<input type="checkbox"/> ₄
Other language	<input type="checkbox"/> ₅

ST023

ST023Q01NA

When did you begin learning <language of instruction>?*(Please tick only one box.)*

At home before I started school.	<input type="checkbox"/> ₁
In <ISCED 0>.	<input type="checkbox"/> ₂
When I started <ISCED 1>.	<input type="checkbox"/> ₃
When I started <ISCED 2>.	<input type="checkbox"/> ₄

ST024

ST024Q01NA

Which language did you first learn to read?*(Please tick only one box.)*

<Language 1>	<input type="checkbox"/>
<Language 2>	<input type="checkbox"/>
<Language 3>	<input type="checkbox"/>
< ...etc. >	<input type="checkbox"/>
Other language	<input type="checkbox"/>

ST009**Have you ever repeated a <grade>?***(Please tick one box in each row.)*

		No, never	Yes, once	Yes, twice or more
ST009Q01TA	At <ISCED 1>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST009Q02TA	At <ISCED 2>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST009Q03TA	At <ISCED 3>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ST011

ST011Q01NA

Have you ever missed school for more than three months in a row?*(Please tick only one box.)*

No	<input type="checkbox"/>	Please go to Question 18.
Yes, once	<input type="checkbox"/>	Please go to Question 17.
Yes, twice or more	<input type="checkbox"/>	Please go to Question 17.

ST012**Why did you miss school for more than three months in a row?***(Please tick one box in each row.)*

		Yes	No
ST012Q01NA	I was bored.	<input type="checkbox"/>	<input type="checkbox"/>
ST012Q02NA	I was suspended for something I did (e.g., violence, aggression, use of drugs, drug dealing).	<input type="checkbox"/>	<input type="checkbox"/>
ST012Q03NA	I was pregnant.	<input type="checkbox"/>	<input type="checkbox"/>
ST012Q04NA	I could not reach school because of transportation problems.	<input type="checkbox"/>	<input type="checkbox"/>
ST012Q05NA	I did not have a teacher.	<input type="checkbox"/>	<input type="checkbox"/>
ST012Q06NA	I could not understand the language in which the lessons were given.	<input type="checkbox"/>	<input type="checkbox"/>
ST012Q07NA	I had to take care of a family member.	<input type="checkbox"/>	<input type="checkbox"/>
ST012Q08NA	I had to help with work at home or on the family land.	<input type="checkbox"/>	<input type="checkbox"/>
ST012Q09NA	I had to get work to bring money home.	<input type="checkbox"/>	<input type="checkbox"/>
ST012Q10NA	I was sick.	<input type="checkbox"/>	<input type="checkbox"/>
ST012Q11NA	I did not feel safe at school.	<input type="checkbox"/>	<input type="checkbox"/>
ST012Q12NA	I had to take care of sick parents or relatives.	<input type="checkbox"/>	<input type="checkbox"/>
ST012Q13NA	I was no longer interested in school.	<input type="checkbox"/>	<input type="checkbox"/>
ST012Q14NA	I could not pay <school fees>.	<input type="checkbox"/>	<input type="checkbox"/>
ST012Q15NA	School was closed because of a natural disaster (e.g., flood, earthquake).	<input type="checkbox"/>	<input type="checkbox"/>

**ST067****Thinking about your school: to what extent do you agree with the following statements?***(Please tick one box in each row.)*

		Strongly agree	Agree	Disagree	Strongly disagree
ST067Q03TA	School has helped give me confidence to make decisions.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST067Q04TA	School has taught me things which could be useful in a job.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST067Q05TA	Trying hard at school will help me get a good job.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST067Q06TA	Trying hard at school will help me get into a good <university>.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST067Q07TA	I enjoy receiving good <grades>.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST067Q08TA	Trying hard at school is important.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

ST068**Thinking about your school: to what extent do you agree with the following statements?***(Please tick one box in each row.)*

		Strongly agree	Agree	Disagree	Strongly disagree
ST068Q01TA	I feel like an outsider (or left out of things) at school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST068Q02TA	I make friends easily at school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST068Q03TA	I feel like I belong at school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST068Q04TA	I feel awkward and out of place in my school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST068Q05TA	Other students seem to like me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST068Q06TA	I feel lonely at school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

ST069**Thinking about your school: to what extent do you agree with the following statements?***(Please tick one box in each row.)*

		Strongly agree	Agree	Disagree	Strongly disagree
ST069Q01NA	I feel safe at our school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST069Q02NA	I feel safe on my way to school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST069Q03NA	I feel safe on my way home from school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

ST070**During the past four weeks, did any of the following events occur?***(Please tick one box in each row.)*

		Yes	No
ST070Q01NA	I was in a physical fight on school property.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST070Q02NA	I stayed away home from school because I felt unsafe.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST070Q03NA	Our school was vandalised.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST070Q04NA	I gave money to someone at school because they have threatened to hurt me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST070Q05NA	I witnessed a fight on school property in which someone got hurt.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST070Q06NA	I saw gangs in and around the school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST070Q07NA	I heard a student threaten to hurt another student.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST070Q08NA	Someone stole something of mine at school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST070Q09NA	I saw a student carrying a gun or a knife at school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

ST072

Thinking about the teachers at your school: to what extent do you agree or disagree with the following statements?*(Please tick one box in each row.)*

		<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>
ST072Q01NA	I get along well with most of my teachers.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST072Q02NA	Most of my teachers are interested in my well-being.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST072Q03NA	Most of my teachers listen to what I have to say.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST072Q04NA	If I need extra help, I will receive it from my teachers.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST072Q05NA	Most of my teachers treat me fairly.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST072Q06NA	The teachers show an interest in every student's learning.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST072Q07NA	The teachers give students an opportunity to express opinions.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST072Q08NA	Our teachers expect us to work hard.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST072Q09NA	Our teachers encourage students to do their best work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST072Q10NA	Our teachers expect us to do our homework on time.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST072Q11NA	Students understand what is expected of them for their <courses>.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

ST073

Sexual harassment is any unwanted or inappropriate language or touching of a sexual nature that makes you feel upset, hurt or angry.

It can be verbal, such as comments about your body, sexual remarks, or the spreading of rumours about a person. It can be physical, such as touching, rubbing, pinching or hugging in a sexual way. It can be a request for a sexual favour in return for something else. It can happen to both boys and girls.

(Please tick one box in each row.)

		<i>Yes</i>	<i>No</i>
ST073Q01NA	In the past 4 weeks, have you felt sexually harassed at school by a student?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST073Q02NA	In the past 4 weeks, have you felt sexually harassed at school by a teacher or other staff member?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

ST074

How often do these things happen in your classroom?*(Please tick one box in each row.)*

		<i>Every lesson</i>	<i>Most lessons</i>	<i>Some lessons</i>	<i>Never or hardly ever</i>
ST074Q01TA	Students don't listen to what the teacher says.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST074Q02TA	There is noise and disorder.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST074Q03TA	The teacher has to wait a long time for students to quiet down.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST074Q04TA	Students cannot work well.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST074Q05TA	Students don't start working for a long time after the lesson begins.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄



ST075

How often do these things happen in your lessons in mathematics?*(Please tick one box in each row.)*

		<i>Every lesson</i>	<i>Most lessons</i>	<i>Some lessons</i>	<i>Never or hardly ever</i>
At the beginning of a lesson:					
ST075Q01NA	The teacher explains the purpose of the lesson.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST075Q02NA	The teacher reviews what we learned in previous lessons.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
During a lesson:					
ST075Q03NA	The teacher shows us how to solve problems.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST075Q04NA	The teacher provides examples of successful work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST075Q05NA	The teacher gives clear answers to students' questions.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST075Q06NA	The teacher gives a formal lecture on the topic.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST075Q07NA	The teacher explains mathematical concepts.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST075Q08NA	The teacher gives us work to do at our desk.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST075Q09NA	The teacher talks with students about their work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
At the end of the lesson:					
ST075Q11NA	The teacher summarises what we have done that day.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST075Q12NA	The teacher gives us homework to practise what we have learned.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

ST078

In the last two weeks at school, how often did the following things occur?*(Please tick one box in each row.)*

		<i>Never</i>	<i>One or two times</i>	<i>Three or four times</i>	<i>Five or more times</i>
ST078Q01TA	I <skipped> a whole school day.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST078Q02TA	I <skipped> some classes.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
ST078Q03TA	I arrived late for school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

ST061
ST061Q01NA**How long does it usually take you to get from your home to school?***(Please tick only one box.)*

15 minutes or less	<input type="checkbox"/> ₁
More than 15 minutes but less than 30 minutes	<input type="checkbox"/> ₂
30 minutes or more, but less than 60 minutes	<input type="checkbox"/> ₃
60 minutes or more, but less than 90 minutes	<input type="checkbox"/> ₄
More than 90 minutes	<input type="checkbox"/> ₅

ST079

In the last two weeks at school, did any of these happen?*(Please tick one box in each row.)*

		Yes	No
ST079Q01NA	One or more classes were cancelled.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST079Q02NA	School was cancelled.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST079Q03NA	One of my teachers was late for class.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST079Q04NA	One of my teachers did not come for class.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST079Q05NA	There was a teacher strike.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST079Q06NA	My teacher worked at the computer during class time.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST079Q07NA	My teacher answered personal calls during class time.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST079Q08NA	My teacher attended a meeting during class time.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

About the student's family and life at home

ST083

In general, how often do your parents or someone in your family do the following things with you?*(Please tick one box in each row.)*

		Never or hardly ever	A few times a year	About once a month	Several times a month	Several times a week
ST083Q03NA	Discuss how well you are doing at school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
ST083Q04NA	Eat <the main meal> with you.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
ST083Q05NA	Spend time just talking with you.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
ST083Q06NA	Talk to you about the importance of completing <secondary school>.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
ST083Q07NA	Talk to you about any problems you might have at school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
ST083Q08NA	Ask you about how well you are getting along with kids at school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
ST083Q09NA	Encourage you to get good <grades>.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
ST083Q11NA	Take an interest in what you are learning at school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
ST083Q12NA	Talk to you about your future education.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
ST083Q13NA	Ask you what you did in school that day.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

ST020

Think of the work you did in the past week.*(Please tick one box in each row.)*

		Yes	No
ST020Q01NA	I worked for payment for someone who is not a member of my household.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST020Q02NA	I fetched water for household use.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST020Q03NA	I collected firewood for household use.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST020Q04NA	I worked on our family farm, in our family business, or selling goods on the street.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST020Q05NA	I helped in the care of children, or an elderly or sick person.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST020Q06NA	I helped with other household chores such as shopping, cleaning, washing clothes, or cooking.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

**ST029****Who do you live with at home?***(Please tick one box in each row.)*

		Yes	No
ST029Q01NA	Your mother	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST029Q02NA	Your father	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST029Q03NA	Your grandmother	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST029Q04NA	Your grandfather	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST029Q05NA	Your siblings (including step-sisters or step-brothers)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST029Q06NA	Other relatives (e.g., aunts, uncles, cousins)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST029Q10NA	Your child/children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

**ST062
ST064****Which of the following are in your home?***(Please tick one box in each row.)*

		Yes	No
ST062Q01TA	A desk to study at	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST062Q02TA	A room of your own	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST062Q03TA	A quiet place to study	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST062Q04TA	A computer you can use for school work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST062Q05TA	Educational software	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST062Q06TA	A link to the internet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST062Q10TA	Books to help with your school work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST062Q12TA	A dictionary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST064Q01NA	A table to have meals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST064Q03NA	A washer	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST064Q04NA	A refrigerator or freezer	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ST064Q06NA	A stove or burner for cooking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

ST063**How many of these are there in your home?***(Please tick one box in each row.)*

		None	One	Two	Three or more
ST063Q01TA	Televisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST063Q02TA	Cars, vans or trucks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST063Q03TA	Rooms with a bath or shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST063Q04TA	<Cell phones> with internet access (e.g., smartphones)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST063Q05TA	Computers (desktop computer, portable laptop, or notebook)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST063Q06TA	Musical instruments (e.g., guitar, piano, <country-specific example>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ST066
ST066Q01NA**How many books are there in your home?***Do not include magazines, newspapers, or your schoolbooks.**(Please tick only one box.)*

There are no books.	<input type="checkbox"/> ₁
There are fewer than 10 books.	<input type="checkbox"/> ₂
There are 10 - 50 books.	<input type="checkbox"/> ₃
There are more than 50 books.	<input type="checkbox"/> ₄

ST049
ST049Q01NA**Do you share a toilet facility with others who are not members of your family?**Yes ₁No ₂ST051
ST051Q01NA**What is the floor of your home mostly made of?***(Please tick only one box.)*

Earth, sand or dung	<input type="checkbox"/> ₁
Wood planks, palm, or bamboo	<input type="checkbox"/> ₂
Parquet, polished wood	<input type="checkbox"/> ₃
Vinyl or asphalt strips	<input type="checkbox"/> ₄
Ceramic tiles	<input type="checkbox"/> ₅
Cement	<input type="checkbox"/> ₆
Stone	<input type="checkbox"/> ₇

ST048
ST048Q01NA**Do you have a <flush toilet> at your house?**Yes ₁No ₂ST057
ST057Q01NA**Does any member of your household have a bank account?**Yes ₁No ₂ST059
ST059Q01NA**In the past 30 days, how often were you hungry because there was not enough food?***(Please tick only one box.)*

<i>Never or almost never</i>	<i>About once a week</i>	<i>2 to 3 times a week</i>	<i>Almost every day</i>
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

ST031
ST031Q01TA**What is the <highest level of schooling> completed by your mother?***If you are not sure which box to choose, please ask the <test administrator> for help.**(Please tick only one box.)*

<ISCED level 3A>	<input type="checkbox"/> ₁
<ISCED level 3B, 3C>	<input type="checkbox"/> ₂
<ISCED level 2>	<input type="checkbox"/> ₃
<ISCED level 1>	<input type="checkbox"/> ₄
She did not complete <ISCED level 1>	<input type="checkbox"/> ₅



ST032 ST032Q01NA	Can your mother read and write?	
	<i>(Please tick only one box.)</i>	
	My mother cannot read or write.	<input type="checkbox"/> ₁
	My mother can read but not write.	<input type="checkbox"/> ₂
	My mother can read and write well.	<input type="checkbox"/> ₃
	I do not know.	<input type="checkbox"/> ₄

ST034 ST034Q01TA ST034Q02TA ST034Q03TA ST034Q04TA	Does your mother have any of the following qualifications?		
	<i>If you are not sure how to answer this question, please ask the <test administrator> for help.</i>		
	<i>(Please tick one box in each row.)</i>		
		Yes	No
	<ISCED level 6>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
<ISCED level 5A>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	
<ISCED level 5B>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	
<ISCED level 4>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	

ST037 ST037Q01NA	What kind of job does your mother have?	
	<i>(Please tick only one box.)</i>	
	Stay at home mother (e.g., housewife)	<input type="checkbox"/> ₁
	No job, but looking for work	<input type="checkbox"/> ₂
	Armed forces (e.g., captain, lieutenant, sergeant, corporal, private)	<input type="checkbox"/> ₃
	Labourer (e.g., hotel or office cleaner, farm labourer, factory or mining labourer, kitchen helper, newspaper vendor, mail carrier, janitor)	<input type="checkbox"/> ₄
	Machine Operator (e.g., dry-cleaner, worker in clothing or shoe factory, sewing machine operator, paper products machine operator, crane operator, bus driver, truck driver)	<input type="checkbox"/> ₅
	Craft and Trades Worker (e.g., house builder, bricklayer, carpenter, handicraft maker, dress maker, jewelry maker, traditional food maker, mechanic)	<input type="checkbox"/> ₆
	Skilled Worker (e.g., cattle or dairy farmer, fisher, gardener, child care aide, senior support worker, painter, baker)	<input type="checkbox"/> ₇
	Services and Sales Worker (e.g., cook, waitress, hairdresser, taxi driver, street food vendor, grocer, store attendant, security guard, car dealer, cashier)	<input type="checkbox"/> ₈
	Clerical Worker (e.g., secretary, data entry clerk, bank teller, hotel receptionist, tourist agent, assistant accountant)	<input type="checkbox"/> ₉
	Technical Worker (e.g., building inspector, nursing aide, bookkeeper, chef, electrician, plumber)	<input type="checkbox"/> ₁₀
Professional (e.g., doctor, school teacher, nurse, engineer, accountant, computer programmer, lawyer, architect, psychologist, social worker)	<input type="checkbox"/> ₁₁	
Manager (e.g., government official, human resource manager in a large company, bank director)	<input type="checkbox"/> ₁₂	

ST036

The following two questions concern your mother's job.*(If she is not working now, please tell us her last main job.)*

ST036Q01TA	What is your mother's main job? (e.g., school teacher, kitchen-hand, sales manager) Please write the job title. _____
ST036Q02TA	What does your mother do in her main job? (e.g., teaches high school students, helps the cook prepare meals in a restaurant, manages a sales team) Please use a sentence to describe the kind of work she does or did in that job. _____

ST038

ST038Q01TA

What is the <highest level of schooling> completed by your father?*If you are not sure which box to choose, please ask the <test administrator> for help.**(Please tick only one box.)*

<ISCED level 3A>	<input type="checkbox"/>	1
<ISCED level 3B, 3C>	<input type="checkbox"/>	2
<ISCED level 2>	<input type="checkbox"/>	3
<ISCED level 1>	<input type="checkbox"/>	4
He did not complete <ISCED level 1>	<input type="checkbox"/>	5

ST039

ST039Q01NA

Can your father read and write?*(Please tick only one box.)*

My father cannot read or write.	<input type="checkbox"/>	1
My father can read but not write.	<input type="checkbox"/>	2
My father can read and write well.	<input type="checkbox"/>	3
I do not know.	<input type="checkbox"/>	4

ST041

Does your father have any of the following qualifications?*If you are not sure how to answer this question, please ask the <test administrator> for help.**(Please tick one box in each row.)*

		Yes	No
ST041Q01TA	<ISCED level 6>	<input type="checkbox"/>	<input type="checkbox"/>
ST041Q02TA	<ISCED level 5A>	<input type="checkbox"/>	<input type="checkbox"/>
ST041Q03TA	<ISCED level 5B>	<input type="checkbox"/>	<input type="checkbox"/>
ST041Q04TA	<ISCED level 4>	<input type="checkbox"/>	<input type="checkbox"/>



ST044 ST044Q01NA	What kind of job does your father have? <i>(Please tick only one box.)</i>	
	Stay at home father	<input type="checkbox"/> ₁
	No job, but looking for work	<input type="checkbox"/> ₂
	Armed forces (e.g., captain, lieutenant, sergeant, corporal, private)	<input type="checkbox"/> ₃
	Labourer (e.g., hotel or office cleaner, farm labourer, factory or mining labourer, kitchen helper, newspaper vendor, mail carrier, janitor)	<input type="checkbox"/> ₄
	Machine Operator (e.g., dry-cleaner, worker in clothing or shoe factory, sewing machine operator, paper products machine operator, crane operator, bus driver, truck driver)	<input type="checkbox"/> ₅
	Craft and Trades Worker (e.g., house builder, bricklayer, carpenter, handicraft maker, dress maker, jewelry maker, traditional food maker, mechanic)	<input type="checkbox"/> ₆
	Skilled Worker (e.g., cattle or dairy farmer, fisher, gardener, child care aide, senior support worker, painter, baker)	<input type="checkbox"/> ₇
	Services and Sales Worker (e.g., cook, waiter, hairdresser, taxi driver, street food vendor, grocer, store attendant, security guard, car dealer, cashier)	<input type="checkbox"/> ₈
	Clerical Worker (e.g., secretary, data entry clerk, bank teller, hotel receptionist, tourist agent, assistant accountant)	<input type="checkbox"/> ₉
	Technical Worker (e.g., building inspector, nursing aide, bookkeeper, chef, electrician, plumber)	<input type="checkbox"/> ₁₀
	Professional (e.g., doctor, school teacher, nurse, engineer, accountant, computer programmer, lawyer, architect, psychologist, social worker)	<input type="checkbox"/> ₁₁
Manager (e.g., government official, human resource manager in a large company, bank director)	<input type="checkbox"/> ₁₂	

ST043	The following two questions concern your father's job. <i>(If he is not working now, please tell us his last main job.)</i>	
	ST043Q01TA	What is your father's main job? (e.g., school teacher, kitchen-hand, sales manager) <i>Please write the job title.</i> _____
ST043Q02TA	What does your father do in his main job? (e.g., teaches high school students, helps the cook prepare meals in a restaurant, manages a sales team) <i>Please use a sentence to describe the kind of work he does or did in that job.</i> _____ _____	

TEACHER QUESTIONNAIRE

Main survey version

Teachers complete the teacher questionnaire. The questionnaire takes about 25 minutes to complete and covers information about the teacher's professional background, the environment, practices and available resources at their school, and their personal life.

Technical terms are given in <brackets> and are adapted to the national context by the national data collection centre of the participating country or economy.

TC001 TC001Q01TA	Are you female or male? <i>(Please tick only one box.)</i>	
	Female	<input type="checkbox"/> ₁
	Male	<input type="checkbox"/> ₂

TC002 TC002Q01NA	How old are you? <i>(Please write a number on the line.)</i>	_____ Years
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TC003 TC003Q01NA	What is the highest level of formal education you have completed? <i>(Please tick only one box.)</i>	
	<ISCED Level 2>	<input type="checkbox"/> ₁
	<ISCED Level 3>	<input type="checkbox"/> ₂
	<ISCED Level 4>	<input type="checkbox"/> ₃
	<ISCED Level 5B>	<input type="checkbox"/> ₄
	<ISCED Level 5A Bachelor degree>	<input type="checkbox"/> ₅
	<ISCED Level 5A Masters degree>	<input type="checkbox"/> ₆
	<ISCED Level 6>	<input type="checkbox"/> ₇

TC004	What <grades> do you teach in this school? <i>(Please select all that apply.)</i>	
TC004Q01NA	<Kindergarten>	<input type="checkbox"/> ₁
TC004Q01NB	<Grade 1>	<input type="checkbox"/> ₁
TC004Q01NC	<Grade 2>	<input type="checkbox"/> ₁
TC004Q01ND	<Grade 3>	<input type="checkbox"/> ₁
TC004Q01NE	<Grade 4>	<input type="checkbox"/> ₁
TC004Q01NF	<Grade 5>	<input type="checkbox"/> ₁
TC004Q01NG	<Grade 6>	<input type="checkbox"/> ₁
TC004Q01NH	<Grade 7>	<input type="checkbox"/> ₁
TC004Q01NI	<Grade 8>	<input type="checkbox"/> ₁
TC004Q01NJ	<Grade 9>	<input type="checkbox"/> ₁
TC004Q01NK	<Grade 10>	<input type="checkbox"/> ₁
TC004Q01NL	<Grade 11>	<input type="checkbox"/> ₁
TC004Q01NM	<Grade 12>	<input type="checkbox"/> ₁



TC005 TC005Q01NA	Do you teach <multi-grade classrooms> in this school? (Please tick only one box.)	
	Yes	<input type="checkbox"/> ₁
	No	<input type="checkbox"/> ₂

TC017		Do you have the following resources in your school, and if so, in what condition are they? (Please tick one box in each row.)			
		<i>No, not available</i>	<i>Yes, but in poor condition</i>	<i>Yes, but in need of minor repairs</i>	<i>Yes, in good condition</i>
TC017Q01NA	Chairs for students	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC017Q02NA	Desks for students	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC017Q03NA	Writing board (black, white, green)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC017Q04NA	Chalk (or other markers)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC017Q05NA	A wall chart, map or diagram	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC017Q06NA	One or more bookshelves	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC017Q07NA	Workbooks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC017Q08NA	Work sheets	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC017Q09NA	Dictionary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC017Q10NA	Reading, mathematics, or science textbooks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC017Q11NA	Reference books for teachers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC017Q12NA	Teacher's guide	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC017Q13NA	School library	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC017Q14NA	Gym	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC017Q15NA	Music room	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC017Q16NA	Art room	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC017Q17NA	Teacher table and chair	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC017Q18NA	Room for student guidance or counselling	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC017Q19NA	<Education resource centre>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC017Q20NA	<Area for productive projects>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

TC018

How often do you use the following resources in your lessons?*(Please tick one box in each row.)*

		<i>I have never used it</i>	<i>About one to three times a year</i>	<i>About once or twice a month</i>	<i>About once or twice a week</i>	<i>Daily</i>
TC018Q01NA	Writing board (black, white, green)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
TC018Q02NA	Chalk (or other markers)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
TC018Q03NA	A wall chart, map or diagram	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
TC018Q04NA	Workbooks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
TC018Q05NA	Work sheets	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
TC018Q06NA	Dictionary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
TC018Q07NA	Reading, mathematics, or science textbooks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
TC018Q08NA	Reference books for teachers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
TC018Q09NA	Teacher's guide	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
TC018Q10NA	School library	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
TC018Q11NA	Gym	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
TC018Q12NA	Science lab	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
TC018Q13NA	Music room	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
TC018Q14NA	Art room	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

TC019

Do students in your school have textbooks for instruction in <test language>?

TC019Q01NA

(Please tick only one box.)

Yes, every student has at least one.	<input type="checkbox"/> ₁
Yes, but not enough. Sometimes two students need to share a textbook.	<input type="checkbox"/> ₂
Yes, but so few that sometimes more than two students need to share a textbook.	<input type="checkbox"/> ₃
No, there are no textbooks.	<input type="checkbox"/> ₄

TC020

Do students in your school have textbooks for mathematics instruction?

TC020Q01NA

(Please tick only one box.)

Yes, every student has at least one.	<input type="checkbox"/> ₁
Yes, but not enough. Sometimes two students have to share a textbook.	<input type="checkbox"/> ₂
Yes, but so few that sometimes more than two students have to share a textbook.	<input type="checkbox"/> ₃
No, there are no textbooks.	<input type="checkbox"/> ₄



TC035

Do you have the following resources in this school, and if so, in what condition are they?
(Please tick one box in each row.)

		No, not available	Yes, but in poor condition	Yes, but in need of minor repairs	Yes, in good condition
TC035Q01NA	Computers for students	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC035Q02NA	Internet connection for students	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC035Q03NA	Computers for teachers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC035Q04NA	Internet connection for teachers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC035Q05NA	Computers for administrative use	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC035Q06NA	Computer room	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC035Q07NA	Science lab	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC035Q08NA	Photocopier	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC035Q09NA	Overhead or slide projector	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC035Q10NA	Audio or video disk players (e.g., CD, DVD, or VCD)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC035Q11NA	Radio	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC035Q12NA	TV or screens	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC035Q13NA	Telephone line	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC035Q14NA	Teacher staff room	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC035Q15NA	School administrative office	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC035Q16NA	Storage room	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC035Q17NA	<Education resource centre>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC035Q18NA	<Area for productive projects>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

TC036

How often do you use the following resources in your lessons?
(Please tick one box in each row.)

		I have never used it	About one to three times a year	About once or twice a month	About once or twice a week	Daily
TC036Q01NA	Computers for students	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
TC036Q02NA	Internet connection for students	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
TC036Q03NA	Computers for teachers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
TC036Q04NA	Internet connection for teachers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
TC036Q05NA	Photocopier	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
TC036Q06NA	Overhead or slide projector	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
TC036Q07NA	Audio and video disk players (e.g., CD, DVD, or VCD)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
TC036Q08NA	Radio	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
TC036Q09NA	TV or screens	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
TC036Q10NA	Computer room	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
TC036Q11NA	<Area for productive projects>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

TC031

How often do family members of students in your class do the following things?*(Please tick one box in each row.)*

		<i>Never or almost never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always or almost always</i>
TC031Q01NA	They attend parent-teacher meetings.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC031Q02NA	They ask for personal meetings to discuss the progress of their child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC031Q03NA	They ask for personal meetings to discuss other school matters.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC031Q04NA	They participate in school fundraising events or campaigns.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC031Q05NA	They help in your class.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC031Q06NA	They volunteer after school with helping students do their homework.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

TC006

TC006Q01NA

Are you a <permanent> or <non-permanent> teacher?*(Please tick only one box.)*

<Permanent> teacher who is paid by the government (<permanent> and pensionable, paid by public institutions, such as <local or regional governments or national government>).	<input type="checkbox"/> ₁
<Permanent> teacher who is not paid by the government (<permanent> and pensionable, paid by private institutions such as <churches, private companies and organisations, or NGOs>).	<input type="checkbox"/> ₂
<Non-permanent> teacher (temporary, contract, or student teacher) who is paid by the government.	<input type="checkbox"/> ₃
<Non-permanent> teacher (temporary, contract, or student teacher) who is not paid by the government.	<input type="checkbox"/> ₄

TC007

TC007Q01NA

In how many schools do you currently teach?*(Please tick only one box.)*

In this school only	<input type="checkbox"/> ₁
In this school and in one other school	<input type="checkbox"/> ₂
In this school and in two other schools	<input type="checkbox"/> ₃
In this school and in more than two other schools	<input type="checkbox"/> ₄

TC008

TC008Q01NA

In addition to teaching in school, how many hours per week do you work as <private tutor>?*(Please tick only one box.)*

None	<input type="checkbox"/> ₁
Up to 10 hours per week	<input type="checkbox"/> ₂
Between 10 and 19 hours per week	<input type="checkbox"/> ₃
Between 20 and 30 hours per week	<input type="checkbox"/> ₄
More than 30 hours per week	<input type="checkbox"/> ₅



TC009
TC009Q01NA

In addition to teaching in school, how many hours per week do you work in another job that is not related to teaching?

(Please tick only one box.)

None	<input type="checkbox"/>	1
Up to 10 hours per week	<input type="checkbox"/>	2
Between 10 and 19 hours per week	<input type="checkbox"/>	3
Between 20 and 30 hours per week	<input type="checkbox"/>	4
More than 30 hours per week	<input type="checkbox"/>	5

TC010
TC010Q01NA

Which of the following most accurately reflects the condition of your living accommodation?

(Please tick only one box.)

Generally in a poor state	<input type="checkbox"/>	1
Some parts require major repairs	<input type="checkbox"/>	2
Some parts require minor repairs	<input type="checkbox"/>	3
Generally in good condition	<input type="checkbox"/>	4

TC012

How many years of work experience do you have?

(Please round up to whole years no matter whether you worked part-time or full-time and write the appropriate number of years on each line. If any option does not apply to you write "0" (zero).)

TC012Q01TA	Year(s) working as a teacher <u>at this school</u> .	_____
TC012Q02TA	Year(s) working as a teacher <u>in total</u> .	_____
TC012Q03TA	Year(s) working in other education roles (do not include years working as a teacher or principal).	_____
TC012Q04TA	Year(s) working in <u>other jobs</u> .	_____

TC013
TC013Q01NA

Did you complete any pre-teaching service training?

(Please tick only one box.)

No	<input type="checkbox"/>	1
Yes, for up to 1 year	<input type="checkbox"/>	2
Yes, for 1 year	<input type="checkbox"/>	3
Yes, for 2 years	<input type="checkbox"/>	4
Yes, for 3 years	<input type="checkbox"/>	5
Yes, for 4 years or more	<input type="checkbox"/>	6

TC014

During the past 12 months, did you participate in any of the following activities?*(Please tick one box in each row.)*

		Yes	No
TC014Q01TA	Qualification programme (e.g., a <degree programme>)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC014Q02TA	A network of teachers formed specifically for the professional development of teachers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC014Q03TA	Individual or collaborative research on a topic of interest to you professionally	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC014Q04TA	Mentoring and/or peer observation and coaching, as part of a formal school arrangement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC014Q05TA	Reading professional literature (e.g., journals, evidence-based papers, thesis papers)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC014Q06TA	Engaging in informal dialogue with your colleagues on how to improve your teaching	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC014Q07TA	Attending courses or workshops on teaching methods	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC014Q08TA	Attending courses or workshops relevant to your subject-matter field	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC014Q09TA	Visiting other schools to observe their programmes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC014Q10TA	Attending training course in private companies or other organisations	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

TC015

During the past 12 months, have you had any of the following health problems?*(Please tick one box in each row.)*

		Yes	No
TC015Q01NA	A chronic disease (e.g., heart disease, lung or other respiratory problems, cancer, diabetes)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC015Q02NA	An infectious disease (e.g., cholera, malaria, tuberculosis)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC015Q03NA	Gastrointestinal problems (e.g., heartburn, stomach pain, constipation, diarrhoea)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC015Q04NA	A cold or flu	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC015Q05NA	An injury that needed treatment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC015Q06NA	Long-lasting or recurring pain	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC015Q07NA	Depression	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC015Q08NA	Panic and anxiety attacks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC015Q09NA	Insomnia	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC015Q10NA	Fatigue that was long-lasting or recurring	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

TC021

TC021Q01NA

What language do you use most often at home with your family?*(Please tick only one box.)*

<Language 1>	<input type="checkbox"/> ₁
<Language 2>	<input type="checkbox"/> ₂
<Language 3>	<input type="checkbox"/> ₃
< ...etc. >	<input type="checkbox"/> ₄
Other language	<input type="checkbox"/> ₅



TC023 TC023Q01NA	What language do you use when teaching your students in this school?	
	<i>(Please tick only one box.)</i>	
	Only <language of instruction>	<input type="checkbox"/> ₁
	Mostly <language of instruction> but sometimes their home language	<input type="checkbox"/> ₂
	Sometimes <language of instruction> and sometimes their home language	<input type="checkbox"/> ₃
Mostly their home language	<input type="checkbox"/> ₄	
Always their home language	<input type="checkbox"/> ₅	

TC024 TC024Q01NA TC024Q02NA TC024Q03NA TC024Q04NA TC024Q05NA	When the <language of instruction> is not the home language of some of your students, how often do you speak with them using their home language?			
	<i>(Please tick one box in each row.)</i>			
		<i>Never</i>	<i>Sometimes</i>	<i>Most of the time</i>
	When students are new to the school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
	When I explain complex concepts.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
	When I try to engage them in a discussion.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
When I want them to feel appreciated.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	
When they struggle learning the curriculum.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	

TC025 TC025Q01NA	Think of a typical class that you teach. What proportion of your students lack the reading skills required to learn the curriculum?	
	<i>(Please tick only one box.)</i>	
	Only a small proportion (less than 10%)	<input type="checkbox"/> ₁
	About one quarter of the class (25%)	<input type="checkbox"/> ₂
	About one-half of the class (50%)	<input type="checkbox"/> ₃
About three quarters of the class (75%)	<input type="checkbox"/> ₄	
Most or all of the students in the class (more than 90%)	<input type="checkbox"/> ₅	

TC026 TC026Q01NA	Think of a typical class that you teach. What proportion of your students lack the numeracy skills required to learn the curriculum?	
	<i>(Please tick only one box.)</i>	
	Only a small proportion (less than 10%)	<input type="checkbox"/> ₁
	About one-quarter of the class (25%)	<input type="checkbox"/> ₂
	About one-half of the class (50%)	<input type="checkbox"/> ₃
About three-quarters of the class (75%)	<input type="checkbox"/> ₄	
Most or all of the students in the class (more than 90%)	<input type="checkbox"/> ₅	

TC027

In this school, what happens to students who lack the reading or numeracy skills to learn the curriculum?

(Please tick one box in each row.)

		Yes	No
TC027Q01NA	These students repeat a <grade>.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC027Q02NA	These students drop out.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC027Q03NA	Students are assigned to different classes based on their ability.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC027Q04NA	Students are promoted to the next <grade> even if they do not have the reading and numeracy skills to succeed.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC027Q05NA	These students receive extra help in <remedial classes> organised at school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC027Q06NA	These students receive extra support from staff at the school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC027Q07NA	Students' parents are asked to help students with homework and extra practice.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

TC028

To what extent do you agree with the following statements?

(Please tick one box in each row.)

		Strongly Disagree	Disagree	Agree	Strongly Agree
TC028Q01NA	Many of the students who are behind should have been <held back>.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC028Q02NA	Students who repeat one or more <grades> will eventually leave school before they graduate.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC028Q03NA	After students have repeated a <grade>, they are still unprepared for the next grade.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC028Q04NA	Students who have repeated a <grade> learn the hard lesson that they must try harder to succeed.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC028Q05NA	Teachers should try to teach the curriculum, even to students who do not have the basic reading and numeracy skills.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC028Q06NA	Students with disabilities should be taught in <special schools>.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC028Q07NA	Teachers waste their time trying to support teen mothers to remain in school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC028Q08NA	Teachers should adjust the curriculum to the cultural diversity in their classes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC028Q09NA	Students who lag behind should be placed in special classes.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC028Q10NA	Teachers should be able to teach classes with students with differing levels of ability.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC028Q11NA	A student should never have to repeat more than one <grade>.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄



TC029

In your classes, what strategies do you use for teaching students who lack the reading skills to learn the curriculum?
(Please tick one box in each row.)

		Yes	No
TC029Q01NA	I give them separate lessons at school, whenever is possible.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC029Q02NA	I meet them outside of school and offer them extra help.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC029Q03NA	I set lower achievement goals for them.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC029Q04NA	I teach to the rest of the class while they work at their desk.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC029Q05NA	I pair them with stronger students to do group activities.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC029Q06NA	I rely on volunteering parents or members of the community to come to class and work with them.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC029Q07NA	I monitor their progress in reading skills.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC029Q08NA	I vary the learning activities so that all students can learn.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC029Q09NA	I try to enrol them in <remedial classes> outside of regular school hours.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC029Q10NA	I give them extra homework.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC029Q11NA	I suggest to their parents that they find a <private tutor>.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC029Q12NA	I sit them beside stronger students who can help them.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC029Q13NA	I sit them with students at their level and let them work on simpler tasks.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

TC032

To what extent do you agree with the following statements regarding your school?
(Please tick one box in each row.)

		Strongly disagree	Disagree	Agree	Strongly agree
TC032Q01TA	The principal tries to achieve consensus with all staff when defining priorities and goals in school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC032Q02TA	The principal is aware of my needs.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC032Q03TA	The principal inspires new ideas for my professional learning.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC032Q04TA	The principal treats teaching staff as professionals.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC032Q05TA	The principal ensures our involvement in decision making.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

TC033

We would like to know how you generally feel about your job. To what extent do you agree with the following statements?
(Please tick one box in each row.)

		Strongly disagree	Disagree	Agree	Strongly agree
TC033Q01TA	The advantages of being a teacher clearly outweigh the disadvantages.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC033Q02TA	If I could decide again, I would still choose to work as a teacher.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC033Q03TA	I regret that I decided to become a teacher.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC033Q04TA	I enjoy working at this school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC033Q05TA	I wonder whether it would have been better to choose another profession.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC033Q06TA	I would recommend my school as a good place to work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC033Q07TA	I am satisfied with my performance in this school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC033Q08TA	All in all, I am satisfied with my job.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

TC034

We would like to know more about your satisfaction with specific aspects of your job. To what extent do you agree with the following statements?

(Please tick one box in each row.)

		<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
TC034Q01NA	The salary that I receive is fair.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC034Q02NA	For the amount of time that I work every day, the pay is too low.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC034Q03NA	The employment benefits that I receive as a teacher meet my expectations.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC034Q04NA	The working conditions and longer holidays make up for the fact that teachers are not very well paid.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC034Q05NA	<Country specific option>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC034Q06NA	<Country specific option>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
TC034Q07NA	<Country specific option>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

TC016

During the last month, did any of the following situations prevent you from going to work?

(Please tick one box in each row.)

		<i>Yes</i>	<i>No</i>
TC016Q01NA	I experienced a physical illness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC016Q02NA	I experienced emotional or mental health problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC016Q03NA	Someone in my family was sick	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC016Q04NA	Someone in my family needed care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC016Q05NA	I had to run errands	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC016Q06NA	I had an appointment with a doctor or dentist	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC016Q07NA	I was hospitalised	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC016Q08NA	There was a death in my family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC016Q09NA	I had a conflict with the school principal	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC016Q10NA	I had a conflict with the school colleagues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC016Q11NA	There was too much violence in the school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC016Q12NA	There was a strike	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC016Q13NA	There was no public transportation to reach the school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC016Q14NA	I did not have a mean of transportation to reach the school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
TC016Q15NA	There was extreme weather or a hazard (e.g., heavy rain, fire)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂



OUT-OF-SCHOOL YOUTH QUESTIONNAIRE

Main survey version

Youth that are not reflected in the school-based survey, including those out-of-school and those who are in school but enrolled at Grade 6 or below, complete the out-of-school youth questionnaire. The questionnaire takes about 30 minutes to complete and covers information about the youth themselves, their well-being, educational attainment and attitudes towards learning, their homes, and their school and learning experiences.

Technical terms are given in <brackets> and are adapted to the national context by the national data collection centre of the participating country or economy.

Y1001c		On what date were you born?	
<i>[Interviewer starts with the day, then the month, and finally the year. If the respondent does not know, ask how old he/she thinks he/she is].</i>			
Y001CQ01TA	Day	_____	Use software to calculate age. If day is unknown, round to nearest 0.1 years.
Y001CQ02TA	Month	_____	If age < 14 or age > 16, terminate interview.
Y001CQ03TA	Year	_____	If age ≥ 14 or ≤ 16 go to Y1004ab
	Did not know	<input type="checkbox"/> ₉₃	Go to Y1002c
	Refused to answer	<input type="checkbox"/> ₉₄	Go to Y1002c

Y1002c Y002CQ01TA		How old are you?	
	AGE	_____	If age < 14 or age > 16, terminate interview. If age ≥ 14 or ≤ 16 go to Y1004c
	Did not know	<input type="checkbox"/> ₃	Go to Y1003c
	Refused to answer	<input type="checkbox"/> ₄	Go to Y1003c

Y1003c Y003CQ01NA		Even though you don't know your exact age, are you 14, 15, or 16?	
	Yes	<input type="checkbox"/> ₁	Go to Y1004c
	No	<input type="checkbox"/> ₂	Terminate interview
	Did not know	<input type="checkbox"/> ₃	Go to Y1004c
	Refused to answer	<input type="checkbox"/> ₄	Go to Y1004c

Y1004c Y004CQ01NA		Are you formally enrolled in school? By formally enrolled, I mean having paid fees for the year or being on the school register.	
<i>[INTERVIEWER: Help clarify the meaning of school and formal enrollment if the respondent is unsure.]</i>			
	Yes	<input type="checkbox"/> ₁	Go to Y1005a
	No	<input type="checkbox"/> ₂	Go to Part II (Y1007b)
	Did not know	<input type="checkbox"/> ₃	Go to Part II (Y1007b)
	Refused to answer	<input type="checkbox"/> ₄	Go to Part II (Y1007b)

YI005a
Y005AQ01TA**What <grade> are you in?**

[HELP: Being in a <grade> means attending classes or having paid fees for the year and being on the school register for a specific <grade>.]

_____ <grade>		If grade is less than 7, go to Part II (YI010c). If grade is greater or equal to 7, go to YI006a.
School is ungraded	<input type="checkbox"/> ₇	Go to YI010c
Did not know	<input type="checkbox"/> ₉₃	Go to YI010c
Refused to answer	<input type="checkbox"/> ₉₄	Go to YI010c

YI006a
Y006AQ01NA**Did you attend school regularly within the last month?**

[HELP: By going regularly to school I mean that you have been taking courses, attending class, or attending lessons every day or almost every day of the typical school week.]

Yes	<input type="checkbox"/> ₁	Terminate interview
No	<input type="checkbox"/> ₂	Go to YI010c
Did not know	<input type="checkbox"/> ₃	Go to YI010c
Refused to answer	<input type="checkbox"/> ₄	Go to YI010c

YI007b
Y007BQ01NA**Have you ever attended school?**

[HELP: Attending school means attending lessons, taking courses, or being in a class.]

Yes	<input type="checkbox"/> ₁	Go to YI008b
No	<input type="checkbox"/> ₂	Go to YI010c
Did not know	<input type="checkbox"/> ₃	Go to YI010c
Refused to answer	<input type="checkbox"/> ₄	Go to YI010c

YI008b
Y008BQ01NA**When you last attended school, what <grade> were you in?**

[HELP: Being in a <grade> means attending classes or having paid fees for the year and being on the school register for a specific <grade>.]

_____ <grade>		Go to YI009b
Did not know	<input type="checkbox"/> ₉₃	Go to YI010c
Refused to answer	<input type="checkbox"/> ₉₄	

YI010c
Y010CQ01TA**Are you male or female?**

[INTERVIEWER: Indicate the sex of respondent. Indicate Don't Know if the sex is unclear.]

Female	<input type="checkbox"/> ₁
Male	<input type="checkbox"/> ₂
Did not know	<input type="checkbox"/> ₃



YI011c Y011CQ01NA	We want to know if you have you ever repeated a grade. Did you repeat a grade during <ISCED 1>? If so, was it more than once?					
	<i>[INTERVIEWER: If the youth responds yes, ask "How many times did you repeat a <grade>?"]</i>					
		<i>No, Never</i>	<i>Yes, once</i>	<i>Yes, twice or more</i>	<i>Did not know</i>	<i>Refused to answer</i>
	At <ISCED 1>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
If No, go to YI013c. If Yes, either once or twice or more, go to YI012c. If Did not know or Refused to answer go to Y0012c.						

YI012c	Now I want to ask you in greater detail about your school experience during <ISCED 1>. How many years did you spend in <Grade 1>? How many years did you spend in <Grade 2>? How many years did you spend in <Grade 3>?				
	<i>[INTERVIEWER: Only completed years are to be counted as having been spent in a particular <grade>.]</i>				
				<i>Did not know</i>	<i>Refused to answer</i>
Y012CQ01NA	<Grade 1>	_____ Years		<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y012CQ02NA	<Grade 2>	_____ Years		<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y012CQ03NA	<Grade 3>	_____ Years		<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄

YI013c Y013CQ01NA	We want to know if you have you ever repeated a grade. Did you repeat a grade during <ISCED 2>? If so, was it more than once?					
	<i>[INTERVIEWER: If the youth responds yes, ask "How many times did you repeat a <grade>?"]</i>					
		<i>No, Never</i>	<i>Yes, once</i>	<i>Yes, twice or more</i>	<i>Did not know</i>	<i>Refused to answer</i>
	At <ISCED 2>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄

YI014c Y014CQ01NA	We want to know if you have you ever repeated a grade. Did you repeat a grade during <ISCED 3>? If so, was it more than once?					
	<i>[INTERVIEWER: If the youth responds yes, ask "How many times did you repeat a <grade>?"]</i>					
		<i>No, Never</i>	<i>Yes, once</i>	<i>Yes, twice or more</i>	<i>Did not know</i>	<i>Refused to answer</i>
	At <ISCED 3>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄

YI015c Y015CQ01NA	Have you ever missed school for more than three months in a row? If so, was it more than once?		
	<i>[INTERVIEWER: If the youth responds yes, ask «How many times have you missed school for more than three months in a row?»]</i>		
	No	<input type="checkbox"/> ₁	Type A, Go to YI017a Type B, go to YI018b
	Yes, once	<input type="checkbox"/> ₂	Go to YI016c
	Yes, twice or more	<input type="checkbox"/> ₃	Go to YI016c
	Did not know	<input type="checkbox"/> ₉₃	Type A, Go to YI017a Type B, go to YI018b
	Refused to answer	<input type="checkbox"/> ₉₄	Type A, Go to YI017a Type B, go to YI018b

YI016c

I am now going to ask you about the reasons why you missed school for more than three months. This could have happened to you several times. Please listen as I read a list of reasons and tell me whether you missed school for more than three months for any of these reasons.

[INTERVIEWER: Read each item separately and indicate Yes or No (or Don't know or Refuse).]

		Yes	No	DK	RF
Y016CQ01NA	because you were pregnant? (enter "no" for males)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y016CQ02NA	because you were sick?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y016CQ03NA	because you had to take care of a family member?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y016CQ04NA	because you had to take care of a sick parents or relative?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y016CQ05NA	because you had to help with work at home?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y016CQ06NA	because you had to help with seasonal work on the family land?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y016CQ07NA	because you had to work to bring money home?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y016CQ08NA	because you could not understand the language in which the lessons were given?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y016CQ09NA	because you were no longer interested in school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y016CQ10NA	because you were not doing well at school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y016CQ11NA	because you did not feel safe at school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y016CQ12NA	because you did not have a teacher?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y016CQ13NA	because the teachers or students were on strike?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y016CQ14NA	because the school was closed because of a natural disaster (e.g., flood, earthquake)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y016CQ15NA	because you could not reach school due to transportation problems?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

YI019c

We would like to know whether certain factors would enable you to continue with your schooling. Please listen as I read a list of factors and tell me whether any of these factors would enable you to continue your schooling.

Would you be more likely to continue your schooling if there were

[INTERVIEWER: Read each item separately and indicate Yes or No (or Don't know or Refuse). If required, repeat the stem, "Would you be more likely to continue your schooling if there were ..."]

		Yes	No	DK	RF
Y019CQ01NA	A school that was closer to home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y019CQ02NA	Better quality teaching	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y019CQ03NA	Accessible for students with disabilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y019CQ04NA	A safe school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y019CQ05NA	No discrimination, such as gender, racial, ethnic, religious discrimination	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y019CQ06NA	A school that was more accepting of students' differences	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y019CQ07NA	Financial incentives, such as conditional cash transfers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y019CQ08NA	No school fees or if I did not have to pay them	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y019CQ09NA	A vocational program that would result in a job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y019CQ10NA	Help with improving my reading skills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y019CQ11NA	A school where I could learn at my own pace	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y019CQ12NA	Support for my children while attending school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄



YI020c
Y020CQ01TA

Overall, how satisfied are you with your life as a whole these days? Using this card on which 1 means you are “completely dissatisfied” and 10 means you are “completely satisfied” where would you put your satisfaction with life as a whole?

[INTERVIEWER: Present SHOW CARD 2. The respondent is to indicate the point on the scale that he or she feels best represents his or her level of satisfaction.]

_____ score on 0-10 scale

Did not know	<input type="checkbox"/> ₉₃
Refused to answer	<input type="checkbox"/> ₉₄

YI021c

I would like to ask you about certain feelings you may have at home, at school, or at work. For each of the following statements, please use the categories on the show card and tell me how often you feel this way at home, at school, or at work.

[INTERVIEWER: Present SHOW CARD 3. Read each item one by one and indicate the response based on the SHOW CARD.]

		Never or almost never	About once a week	2 to 3 times a week	Almost every day	DK	RF
Y021CQ01NA	You are too fearful or nervous.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y021CQ02NA	You are afraid that other people will think you are stupid.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y021CQ03NA	You worry more than most people.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y021CQ04NA	You worry about what other people think of you.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y021CQ05NA	You cry without a good reason.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y021CQ06NA	You feel lonely.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y021CQ07NA	Other people seem to have more fun than you.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y021CQ08NA	You feel sad or depressed.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y021CQ09NA	You have trouble falling asleep at night.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y021CQ10NA	A lot of things seem to bother you.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄

YI022c
Y022CQ01NA

In general, how would you rate your health? Using this card on which 1 means you have poor health and 10 means you have excellent health, how would you regard your health?

[INTERVIEWER: Present SHOW CARD 2. Explain that 0 indicates poor health and 10 is excellent health.]

_____ score on 0-10 scale

Did not know	<input type="checkbox"/> ₉₃
Refused to answer	<input type="checkbox"/> ₉₄

YI023c

I am now going to ask you about some common health problems that youth of your age experience. During the past year, have you had any of the following health problems? Please listen while I read a list of health problems.

[INTERVIEWER: Read each item separately and indicate Yes or No (or Don't know or Refuse).]

		Yes	No	DK	RF
Y023CQ01NA	A chronic health problem, such as heart disease, lung or other respiratory problems, cancer, or diabetes.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y023CQ01NA	An infectious health problem, such as cholera, malaria, tuberculosis.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y023CQ02NA	Gastrointestinal problems, such as heartburn, stomach pain, constipation, diarrhoea.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y023CQ03NA	A cold or flu.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y023CQ04NA	An injury that needed treatment.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y023CQ05NA	Pain that was long-lasting or recurring.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y023CQ06NA	Depression.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y023CQ07NA	Panic and anxiety attacks.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y023CQ08NA	Insomnia.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y023CQ09NA	Fatigue that was long-lasting or recurring.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y023CQ10NA	HIV/AIDS	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y023CQ11NA	<country specific>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y023CQ12NA	<country specific>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

YI024c

Y024CQ01NA

Do you have a disability or medical condition that limits your daily activities?

Yes	<input type="checkbox"/> ₁	Go to YI025c
No	<input type="checkbox"/> ₂	Go to YI026c
Did not know	<input type="checkbox"/> ₃	Go to YI026c
Refused to answer	<input type="checkbox"/> ₄	Go to YI026c

YI025c

What is the nature of this disability or medical condition? Is it a . . .

[INTERVIEWER: Read the item for each disability and indicate whether the respondent has it or not.]

		Yes	No	DK	RF
Y025CQ01NA	Physical disability?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y023CQ02NA	Visual impairment?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y023CQ03NA	Hearing impairment?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y023CQ04NA	Speech impairment?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y023CQ05NA	Learning disability?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y023CQ06NA	Chronic medical condition (e.g., asthma, allergies, diabetes)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄



YI026c
Y026CQ01TA

I would like to ask you few questions concerning the language that you speak at home and in other places, such as at school or at work. What language do you speak most of the time?

<Language of out-of-school test>	<input type="checkbox"/> ₁
<Language 2>	<input type="checkbox"/> ₂
<Language 3>	<input type="checkbox"/> ₃
<Language 4>	<input type="checkbox"/> ₄
<Language 5>	<input type="checkbox"/> ₅
<Language 6>	<input type="checkbox"/> ₆
<Language 7>	<input type="checkbox"/> ₇
Other language	<input type="checkbox"/> ₉₃
Refused to answer	<input type="checkbox"/> ₉₄

YI027c
Y027CQ01NA

When did you begin learning <language of out-of-school achievement test >? Did you learn it at home before you started school, did you learn it at school, or did you never learn it?

At home before I started school	<input type="checkbox"/> ₁
At school	<input type="checkbox"/> ₂
I never learned it	<input type="checkbox"/> ₃
Did not know	<input type="checkbox"/> ₉₃
Refused to answer	<input type="checkbox"/> ₉₄

YI028c
Y028CQ01NA

In which language did you first begin learning how to read?

<Language of out-of-school test>	<input type="checkbox"/> ₁
<Language 2>	<input type="checkbox"/> ₂
<Language 3>	<input type="checkbox"/> ₃
<Language 4>	<input type="checkbox"/> ₄
<Language 5>	<input type="checkbox"/> ₅
<Language 6>	<input type="checkbox"/> ₆
<Language 7>	<input type="checkbox"/> ₇
Other language	<input type="checkbox"/> ₉₃
Refused to answer	<input type="checkbox"/> ₉₄



YI030c
Y030CQ01NA

When you entered school for the first time, what language did most of your teachers use for instruction?

[HELP: The language used for instruction refers to the language used by the teachers to discuss topics, to test, to probe, to read books or textbooks.]

<Language of out-of-school test>	<input type="checkbox"/>	1
<Language 2>	<input type="checkbox"/>	2
<Language 3>	<input type="checkbox"/>	3
<Language 4>	<input type="checkbox"/>	4
<Language 5>	<input type="checkbox"/>	5
<Language 6>	<input type="checkbox"/>	6
<Language 7>	<input type="checkbox"/>	7
Other language	<input type="checkbox"/>	93
Refused to answer	<input type="checkbox"/>	94

YI032c
Y032CQ01TA

I would like to ask you a few questions concerning the country where you and your parents were born. In what country were you born?

<Country of test>	<input type="checkbox"/>	1	Go to YI034c
<Country B>	<input type="checkbox"/>	2	Go to YI033c
<Country C>	<input type="checkbox"/>	3	Go to YI033c
<Country D>	<input type="checkbox"/>	4	Go to YI033c
<etc.>	<input type="checkbox"/>	5	Go to YI033c
Other countries	<input type="checkbox"/>	6	Go to YI033c
Did not Know	<input type="checkbox"/>	93	Go to YI034c
Refused to answer	<input type="checkbox"/>	94	Go to YI034c

YI034c
Y034CQ01TA

In what country was your mother born?

<Country of test>	<input type="checkbox"/>	1
<Country B>	<input type="checkbox"/>	2
<Country C>	<input type="checkbox"/>	3
<Country D>	<input type="checkbox"/>	4
<etc.>	<input type="checkbox"/>	5
Other countries	<input type="checkbox"/>	6
Did not Know	<input type="checkbox"/>	93
Refused to answer	<input type="checkbox"/>	94



YI035c Y035CQ01TA	In what country was your father born?	
	<Country of test>	<input type="checkbox"/> ₁
	<Country B>	<input type="checkbox"/> ₂
	<Country C>	<input type="checkbox"/> ₃
	<Country D>	<input type="checkbox"/> ₄
	<etc>	<input type="checkbox"/> ₅
	Other countries	<input type="checkbox"/> ₆
	Did not Know	<input type="checkbox"/> ₉₃
Refused to answer	<input type="checkbox"/> ₉₄	

YI036c Y036CQ01NA	This next question is about your daily life and whether you or your family have been able to afford the food you need. In the past 30 days, how often were you hungry because there was not enough food?					
	<i>[Interviewer hands over the SHOW CARD]</i>					
	<i>Never or almost never</i>	<i>About once a week</i>	<i>2 to 3 times a week</i>	<i>Almost every day</i>	<i>DK</i>	<i>RF</i>
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄

YI040c	How many of the following items are there in your home?			
	<i>[INTERVIEWER: Read the list, item by item, and indicate the number of items per category.]</i>			
		<i>Number</i>	<i>DK</i>	<i>RF</i>
Y040CQ01TA	Televisions	____ (drop-down 0 to 5)	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y040CQ02TA	Cars, vans or trucks	____ (drop-down 0 to 5)	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y040CQ03TA	Rooms with a bath or shower	____ (drop-down 0 to 5)	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y040CQ04TA	<Cell phones> with internet access (e.g., smartphones)	____ (drop-down 0 to 5)	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y040CQ05TA	<Cell phones> without internet access	____ (drop-down 0 to 5)	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y040CQ06TA	Computers (desktop computer, portable laptop, or notebook)	____ (drop-down 0 to 5)	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y040CQ07TA	Musical instruments (e.g., guitar, piano, <country-specific example>)	____ (drop-down 0 to 5)	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄

YI041c

Which of the following items are in your home?

[INTERVIEWER: Read the list, item by item, and indicate whether each item is available in the home.]

		Yes	No	DK	RF
Y041CQ01NA	A table to have meals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y041CQ02NA	A fixed telephone (phone line)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y041CQ03NA	A washer	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y041CQ04NA	A refrigerator or freezer	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y041CQ05NA	A vacuum cleaner	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y041CQ06NA	A stove or burner for cooking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

YI042c

Y042CQ01NA

How many books are there in your home? Please, do not include magazines, newspapers, or schoolbooks.

[INTERVIEWER: To help respondents give an estimate, indicate that «a stack of 30 books is about this high» (with your hand, indicate about one metre from the floor).]

There are no books	<input type="checkbox"/> ₁
There are fewer than 10 books	<input type="checkbox"/> ₂
There are 10 - 50 books	<input type="checkbox"/> ₃
There are more than 50 books	<input type="checkbox"/> ₄
Did not know	<input type="checkbox"/> ₉₃
Refused to answer	<input type="checkbox"/> ₉₄

YI243c

Y243CQ01NA

What is the floor of your home mostly made of?

[INTERVIEWER: If the respondent does not provide a clear answer, read the following options, one by one. Stop when the respondent indicates the type of flooring.]

Earth, mud, sand or dung	<input type="checkbox"/> ₁
Wood planks, palm or bamboo	<input type="checkbox"/> ₂
Parquet, polished wood	<input type="checkbox"/> ₃
Vinyl or asphalt strips or PVC tiles	<input type="checkbox"/> ₄
Ceramic, porcelain tiles	<input type="checkbox"/> ₅
Cement	<input type="checkbox"/> ₆
Did not know	<input type="checkbox"/> ₉₃
Refused to answer	<input type="checkbox"/> ₉₄



YI044c Y044CQ01NA	Do you have access to a <flush toilet> at your home?	
	Yes	<input type="checkbox"/> ₁
	No	<input type="checkbox"/> ₂
	Did not know	<input type="checkbox"/> ₃
	Refused to answer	<input type="checkbox"/> ₄

YI045c Y045CQ01NA	Do you share a toilet facility with others who are not members of your household? <i>[HELP: A shared toilet is one that other families or people who do not live in the same household, and are unrelated to the respondent, have access to.]</i>	
	Yes	<input type="checkbox"/> ₁
	No	<input type="checkbox"/> ₂
	Did not know	<input type="checkbox"/> ₃
	Refused to answer	<input type="checkbox"/> ₄

YI049c Y049CQ01NA	Do you have children of your own? These can include biological, adoptive, or step children.	
	Yes	<input type="checkbox"/> ₁
	No	<input type="checkbox"/> ₂
	Did not know	<input type="checkbox"/> ₃
	Refused to answer	<input type="checkbox"/> ₄

The next set of questions are about your mother or those persons who are like a mother to you, such as a guardian, step-mother, or foster parent.

If you share your time with more than one set of parents or guardians, please answer the following questions for those parents or guardians you spend the most time with.

YI050c Y050CQ01NA	Where is your mother living now?		
	She is living in the same home as me	<input type="checkbox"/> ₁	Go to YI051c
	She is living alone or with another family	<input type="checkbox"/> ₂	Go to YI051c
	She is working outside of the <country of test>	<input type="checkbox"/> ₃	Go to YI052c
	She is deceased	<input type="checkbox"/> ₄	Go to YI057c
	Don't know	<input type="checkbox"/> ₉₃	Go to YI051c
	Refused to answer	<input type="checkbox"/> ₉₄	Go to YI051c

YI051c
Y051CQ01NA**What is your mother's main activity?***[INTERVIEWER: Present SHOW CARD 4. Read each option to the respondent and ask the respondent to say what the main activity is.]*

Caring for our family	<input type="checkbox"/> ₁
Working to earn money	<input type="checkbox"/> ₂
Caring for our family and working to earn money	<input type="checkbox"/> ₃
Working on our family land	<input type="checkbox"/> ₄
Going to school	<input type="checkbox"/> ₅
Recovering from illness	<input type="checkbox"/> ₆
Looking for work	<input type="checkbox"/> ₇
Other	<input type="checkbox"/> ₈
Did not know	<input type="checkbox"/> ₉₃
Refused to answer	<input type="checkbox"/> ₉₄

YI052c
Y052CQ01TA**The following two questions concern your mother's job. If she is not working now, please tell us her last main job. What is your mother's main job? (e.g., school teacher, kitchen-hand, sales manager)***[INTERVIEWER: Please write the job title.]*

YI252c
Y252CQ01TA**What does your mother do in her main job? (e.g., teaches high school students, helps the cook prepare meals in a restaurant, manages a sales team) Please use a sentence to describe the kind of work she does or did in that job.***[INTERVIEWER: Please write the description.]*

YI053c
Y053CQ01NA**I am now going to ask you a few questions about your mother's reading and writing skills.***[INTERVIEWER: Present SHOW CARD 5. Read each response option separately and ask which one applies.]*

She cannot read or write	<input type="checkbox"/> ₁
She can read and write her name	<input type="checkbox"/> ₂
She can read but not write	<input type="checkbox"/> ₃
She can read and write simple sentences	<input type="checkbox"/> ₄
She can read and write well	<input type="checkbox"/> ₅
Did not know	<input type="checkbox"/> ₉₃
Refused to answer	<input type="checkbox"/> ₉₄



YI055c
Y055CQ01TA

What is the <highest level of schooling> completed by your mother?

[INTERVIEWER: Present SHOW CARD 6. Read each of the response options and ask the respondent to indicate the highest level.]

<ISCED level 3A>	<input type="checkbox"/> ₁
<ISCED level 3B, 3C>	<input type="checkbox"/> ₂
<ISCED level 2>	<input type="checkbox"/> ₃
<ISCED level 1>	<input type="checkbox"/> ₄
She did not complete <ISCED level 1>	<input type="checkbox"/> ₅
Did not know	<input type="checkbox"/> ₉₃
Refused to answer	<input type="checkbox"/> ₉₄

YI056c

Does your mother have any of the following qualifications?

[INTERVIEWER: Present SHOW CARD 7. Read each of the options and ask the respondent to indicate whether or not the qualification is attained.]

		Yes	No	DK	RF
Y056CQ01TA	<ISCED level 6>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y056CQ02TA	<ISCED level 5A> Master's degree	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y056CQ03TA	<ISCED level 5A> Bachelor's degree	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y056CQ04TA	<ISCED level 5B>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y056CQ05TA	<ISCED level 4>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

The next set of questions are about your father or those persons who are like a father to you, such as a guardian, step-father, or foster parent.

If you share your time with more than one set of parents or guardians, please answer the following questions for those parents or guardians you spend the most time with.

YI057c
Y057CQ01NA

Where is your father living now?

He is living in the same home as me	<input type="checkbox"/> ₁	Go to YI058c
He is living alone or with another family	<input type="checkbox"/> ₂	Go to YI058c
He is working outside of the <country of test>	<input type="checkbox"/> ₃	Go to YI059c
He is deceased	<input type="checkbox"/> ₄	Go to YI064c
Don't know	<input type="checkbox"/> ₉₃	Go to YI058c
Refused to answer	<input type="checkbox"/> ₉₄	Go to YI058c



YI058c
Y058CQ01NA

What is your father's main activity?

[INTERVIEWER: Present SHOW CARD 4. Read each option to the respondent and ask the respondent to say what the main activity is.]

Caring for our family	<input type="checkbox"/> ₁
Working to earn money	<input type="checkbox"/> ₂
Caring for our family and working to earn money	<input type="checkbox"/> ₃
Working on our family land	<input type="checkbox"/> ₄
Going to school	<input type="checkbox"/> ₅
Recovering from illness	<input type="checkbox"/> ₆
Looking for work	<input type="checkbox"/> ₇
Other	<input type="checkbox"/> ₈
Did not know	<input type="checkbox"/> ₉₃
Refused to answer	<input type="checkbox"/> ₉₄

YI059c
Y059CQ01TA

The following two questions concern your father's job. If she is not working now, please tell us his last main job. What is your father's main job? (e.g., school teacher, kitchen-hand, sales manager)

[INTERVIEWER: Please write the job title.]

YI259c
Y259CQ01TA

What does your father do in his main job? (e.g., teaches high school students, helps the cook prepare meals in a restaurant, manages a sales team) Please use a sentence to describe the kind of work he does or did in that job.

[INTERVIEWER: Please write the description.]

YI060c
Y060CQ01NA

I am now going to ask you a few questions about your father's reading and writing skills.

[INTERVIEWER: Present SHOW CARD 8. Read each response separately and ask which one applies.]

He cannot read or write	<input type="checkbox"/> ₁
He can read and write her name	<input type="checkbox"/> ₂
He can read but not write	<input type="checkbox"/> ₃
He can read and write simple sentences	<input type="checkbox"/> ₄
He can read and write well	<input type="checkbox"/> ₅
Did not know	<input type="checkbox"/> ₉₃
Refused to answer	<input type="checkbox"/> ₉₄



YI062c
Y062CQ01TA

What is the <highest level of schooling> completed by your father?

[INTERVIEWER: Present SHOW CARD 6. Read each of the response options and ask the respondent to indicate the highest level.]

<ISCED level 3A>	<input type="checkbox"/>	1
<ISCED level 3B, 3C>	<input type="checkbox"/>	2
<ISCED level 2>	<input type="checkbox"/>	3
<ISCED level 1>	<input type="checkbox"/>	4
He did not complete <ISCED level 1>	<input type="checkbox"/>	5
Did not know	<input type="checkbox"/>	93
Refused to answer	<input type="checkbox"/>	94

YI063c

Does your father have any of the following qualifications?

[INTERVIEWER: Present SHOW CARD 7. Read each of the options and ask the respondent to indicate whether or not the qualification is attained.]

		Yes	No	DK	RF
Y063CQ01TA	<ISCED level 6>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y063CQ02TA	<ISCED level 5A> Master's degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y063CQ03TA	<ISCED level 5A> Bachelor's degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y063CQ04TA	<ISCED level 5B>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y063CQ05TA	<ISCED level 4>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YI066c

I am going to ask you about the work that you did last week in your household.

[INTERVIEWER: Ask each question separately.]

		Yes	No	DK	RF
Y066CQ01NA	In the past week, did you look after young children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y066CQ02NA	In the past week, did you look after elderly adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y066CQ03NA	In the past week, did you take care of sick family members and relatives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y066CQ04NA	In the past week, did you cook a family meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y066CQ05NA	In the past week, did you do house cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y066CQ06NA	In the past week, did you wash clothes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y066CQ07NA	In the past week, did you fetch water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y066CQ08NA	In the past week, did you chop or collect fire wood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y066CQ09NA	In the past week, did you do the family grocery shopping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y066CQ10NA	In the past week, did you work in the family <garden>?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y066CQ11NA	In the past week, did you take care of livestock?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y066CQ12NA	In the past week, did you help with the family business without pay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YI067c

In general, how often do your parents or someone in your family do the following things with you?

[INTERVIEWER: Present SHOW CARD 9.]

		Never or hardly ever	A few times a year	About once a month	Several times a month	Several times a week	DK	RF
Y067CQ01NA	Discuss political or social issues with you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y067CQ01NA	Discuss books, films, or television programmes with you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y067CQ02NA	Eat <the main meal> with you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y067CQ03NA	Spend time just talking with you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y067CQ04NA	Talk to you about the importance of completing <secondary school>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y067CQ05NA	Talk to you about your future education	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄

YI068c
Y068CQ01NA**Please, think about the last time you were in school. Although you may have used a variety of means of transportation, think about the one you used most often. When you went to school, how did you usually travel?**

[INTERVIEWER: If the respondent does not provide a mode of transportation, present SHOW CARD 10, read each of the options and indicate one response.]

Did not need to travel as boarded at the school	<input type="checkbox"/> ₁	Go to YI070c
Walked or ran	<input type="checkbox"/> ₂	
By bicycle	<input type="checkbox"/> ₃	
By motorcycle or scooter	<input type="checkbox"/> ₄	
By boat or canoe	<input type="checkbox"/> ₅	
By car	<input type="checkbox"/> ₆	
By <school bus, truck, or van>	<input type="checkbox"/> ₇	
By <train or metro>	<input type="checkbox"/> ₈	
<Country specific>	<input type="checkbox"/> ₉	
<Country specific>	<input type="checkbox"/> ₁₀	
Other	<input type="checkbox"/> ₁₁	
Did not know	<input type="checkbox"/> ₉₃	
Refused to answer	<input type="checkbox"/> ₉₄	

YI069c
Y069CQ01NA**How long would it usually take you to get from your home to school?**

[INTERVIEWER: If the youth does not provide the travel time, present SHOW CARD 11, read each of the options and indicate one response.]

15 minutes or less	<input type="checkbox"/> ₁
More than 15 minutes but less than 30 minutes	<input type="checkbox"/> ₂
30 minutes or more, but less than 60 minutes	<input type="checkbox"/> ₃
60 minutes or more, but less than 90 minutes	<input type="checkbox"/> ₄
90 minutes or more	<input type="checkbox"/> ₅
Did not know	<input type="checkbox"/> ₉₃
Refused to answer	<input type="checkbox"/> ₉₄



YI070c

I am now going to ask you about your overall experience with being in school and learning from it. Please, tell me to what extent do you agree with the following statements?

[INTERVIEWER: Present SHOW CARD 12.]

		Strongly agree	Agree	Disagree	Strongly disagree	DK	RF
Y070CQ01NA	School has done little to prepare you for adult life	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y070CQ02NA	School is a waste of time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y070CQ03NA	School gave you confidence to make decisions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y070CQ04NA	School taught you things which could be useful in a job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y070CQ05NA	Trying hard at school helps you get a good job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄

YI071c

Still thinking about your experience at school, to what extent do you agree with the following statements?

[INTERVIEWER: Present SHOW CARD 12.]

		Strongly agree	Agree	Disagree	Strongly disagree	DK	RF
Y071CQ01NA	You felt safe at your school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y071CQ02NA	You felt safe on your way to school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y071CQ03NA	You felt safe on your way home from school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄

YI072a

I want you to think about your last four weeks in school and whether particular events occurred?

[INTERVIEWER: Read each of the following options and indicate one response in each row.]

		Yes	No	DN	RF
Y072AQ01NA	Were you in a physical fight on school property?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y072AQ02NA	Did you stay home from school because you felt unsafe?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y072AQ03NA	Was your school vandalized?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y072AQ04NA	Did you give money to someone at school because they threatened to hurt you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y072AQ05NA	Did you witness a fight on school property in which someone got hurt?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y072AQ06NA	Did you see gangs in and around the school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y072AQ07NA	Did you hear a student threaten to hurt another student?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y072AQ08NA	Did someone steal something of yours at school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Y072AQ09NA	Did you see a student carrying a gun or a knife at school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

YI073a

I am going to ask you about your recent experience in school, and especially about your thoughts in relation to other students and to teachers. To what extent do you agree with the following statements?

[INTERVIEWER: Present SHOW CARD 12.]

		Strongly agree	Agree	Disagree	Strongly disagree	DK	RF
Y073AQ01NA	Students socialize in groups based on their culture.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y073AQ02NA	Rich or poor, teachers treat us all equally.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y073AQ03NA	Students who struggle in school are treated fairly by your teachers.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y073AQ04NA	Teachers treat students differently depending on their cultural background.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
Y073AQ05NA	Teachers care less about girls than boys.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄

YI074b

Y074BQ01NA

Do you work for at least ten hours per week for pay in a regular job? By regular job, I mean a job in which you worked for a company or for someone outside of your family to earn money?

Yes	<input type="checkbox"/> ₁	Go to YI075b
No	<input type="checkbox"/> ₂	
Did not know	<input type="checkbox"/> ₃	Go to YI086b
Refused to answer	<input type="checkbox"/> ₄	

YI075b

Y075BQ01NA

The following two questions concern your current job. What is your main job? (e.g., school teacher, kitchen-hand, sales manager)

[INTERVIEWER: Please write the job title.]

YI275b

Y075BQ02NA

What do you do in your main job? (e.g., teach high school students, help the cook prepare meals in a restaurant, manage a sales team) Please use a sentence to describe the kind of work you do in that job.

[INTERVIEWER: Please write the description.]

YI076b

Y076BQ01NA

How many hours do you usually work per week in this job?

[INTERVIEWER: If the number of hours per week varies, ask the respondent for the average over the last 4 weeks. Present SHOW CARD 13 and indicate the response that applies.]

10 – 20 hours	<input type="checkbox"/> ₁	Go to YI077b
21 – 30 hours	<input type="checkbox"/> ₂	Go to YI077b
31 – 40 hours	<input type="checkbox"/> ₃	Go to YI077b
41 – 50 hours	<input type="checkbox"/> ₄	Go to YI077b
More than 50 hours	<input type="checkbox"/> ₅	Go to YI077b
Did not know	<input type="checkbox"/> ₉₃	Go to YI086b
Refused to answer	<input type="checkbox"/> ₉₄	Go to YI086b



YI077b
Y077BQ01NA

What is the easiest way for you to tell us how much you are paid for your current job? Would it be ...

[INTERVIEWER: Read the response options to the respondent.]

Per hour	<input type="checkbox"/> ₁	Go to YI078b
Per day	<input type="checkbox"/> ₂	Go to YI079b
Per week	<input type="checkbox"/> ₃	Go to YI080b
Per two-week period	<input type="checkbox"/> ₄	Go to YI081b
Per month	<input type="checkbox"/> ₅	Go to YI082b
Per year	<input type="checkbox"/> ₆	Go to YI083b
Piece rate	<input type="checkbox"/> ₇	Go to YI084b
I get no salary or wage at all	<input type="checkbox"/> ₈	Go to YI085b
Did not know	<input type="checkbox"/> ₉₃	Go to YI078b
Refused to answer	<input type="checkbox"/> ₉₄	Go to YI078b

YI078b
Y078BQ01NA

About how much are you paid per hour at this job? If you are unsure, please try to tell me an approximate amount.

[INTERVIEWER: Enter the amount in the <country currency>.]

_____ per hour		Go to YI086b
Did not know	<input type="checkbox"/> ₉₃	Go to YI079b
Refused to answer	<input type="checkbox"/> ₉₄	Go to YI079b

YI079b
Y079BQ01NA

About how much are you paid per day at this job? If you are unsure, please try to tell me an approximate amount.

[INTERVIEWER: Enter the amount in the <country currency>.]

_____ per day		Go to YI086b
Did not know	<input type="checkbox"/> ₉₃	Go to YI080b
Refused to answer	<input type="checkbox"/> ₉₄	Go to YI080b

YI080b
Y080BQ01NA

About how much are you paid per week at this job? If you are unsure, please try to tell me an approximate amount.

[INTERVIEWER: Enter the amount in the <country currency>.]

_____ per week		Go to YI086b
Did not know	<input type="checkbox"/> ₉₃	Go to YI081b
Refused to answer	<input type="checkbox"/> ₉₄	Go to YI081b

YI081b
Y081BQ01NA

About how much are you paid per two-week period at this job? If you are unsure, please try to tell me an approximate amount.

[INTERVIEWER: Enter the amount in the <country currency>.]

_____ per two-week period		Go to YI086b
Did not know	<input type="checkbox"/> ₉₃	Go to YI082b
Refused to answer	<input type="checkbox"/> ₉₄	Go to YI082b

YI082b
Y082BQ01NA

About how much are you paid per month at this job? If you are unsure, please try to tell me an approximate amount.

[INTERVIEWER: Enter the amount in the <country currency>.]

_____ per month		Go to YI086b
Did not know	<input type="checkbox"/> ₉₃	Go to YI083b
Refused to answer	<input type="checkbox"/> ₉₄	Go to YI083b

YI083b
Y083BQ01NA

About how much are you paid per year at this job? If you are unsure, please try to tell me an approximate amount.

[INTERVIEWER: Enter the amount in the <country currency>.]

_____ per year		Go to YI086b
Did not know	<input type="checkbox"/> ₉₃	Go to YI084b
Refused to answer	<input type="checkbox"/> ₉₄	Go to YI084b

YI084b

About how long does it take you to make one piece?

[INTERVIEWER: Fill in one category only, depending on whether the respondent replies in minutes or hours.]

Y084BQ01NA	_____ minutes		Go to YI085b
Y084BQ02NA	_____ hours		Go to YI085b
	Does not know	<input type="checkbox"/> ₉₃	Go to YI085b
	Refused to answer	<input type="checkbox"/> ₉₄	Go to YI085b

YI085b
Y085BQ01NA

About how much are you paid per piece at this job? If you are unsure, please try to tell me an approximate amount.

[INTERVIEWER: Enter the amount in the <country currency>.]

_____ per piece		
Did not know	<input type="checkbox"/> ₉₃	
Refused to answer	<input type="checkbox"/> ₉₄	

YI086b
Y086BQ01NA

During the past month, have you worked on your own to earn money?

Yes	<input type="checkbox"/> ₁	Go to YI087b
No	<input type="checkbox"/> ₂	
Did not know	<input type="checkbox"/> ₃	Go to YI093b
Refused to answer	<input type="checkbox"/> ₄	



YI087b
Y087BQ01NA

How many hours do you usually work per week in this job?

[INTERVIEWER: If the number of hours per week varies, ask the youth for the average over the last 4 weeks. Present SHOW CARD 13 and indicate the response that applies.]

10 – 20 hours	<input type="checkbox"/> ₁	Go to YI088b
21 – 30 hours	<input type="checkbox"/> ₂	Go to YI088b
31 – 40 hours	<input type="checkbox"/> ₃	Go to YI088b
41 – 50 hours	<input type="checkbox"/> ₄	Go to YI088b
More than 50 hours	<input type="checkbox"/> ₅	Go to YI088b
Does not know	<input type="checkbox"/> ₉₃	Go to YI093b
Refused to answer	<input type="checkbox"/> ₉₄	Go to YI093b

YI093b
Y093BQ01NA

During the past month, have you worked in a family business or on the family farm?

Yes	<input type="checkbox"/> ₁	Go to YI094b
No	<input type="checkbox"/> ₂	
Did not know	<input type="checkbox"/> ₃	Go to YI101b
Refused to answer	<input type="checkbox"/> ₄	

YI094b
Y094BQ01NA

How many hours do you usually work per week in this job?

[INTERVIEWER: If the number of hours per week varies, ask the youth for the average over the last 4 weeks. Present SHOW CARD 13 and indicate the response that applies.]

10 – 20 hours	<input type="checkbox"/> ₁	Go to YI095b
21 – 30 hours	<input type="checkbox"/> ₂	Go to YI095b
31 – 40 hours	<input type="checkbox"/> ₃	Go to YI095b
41 – 50 hours	<input type="checkbox"/> ₄	Go to YI095b
More than 50 hours	<input type="checkbox"/> ₅	Go to YI095b
Does not know	<input type="checkbox"/> ₉₃	Go to YI101b
Refused to answer	<input type="checkbox"/> ₉₄	Go to YI101b

YI101b

How often do you do each of the following?

[INTERVIEWER: Present SHOW CARD 3.]

		Never or almost never	About once a week	2 to 3 times a week	Almost every day	DK	RF
YI01BQ01NA	Read a newspaper or magazine	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
YI01BQ02NA	Read a book	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
YI01BQ03NA	Write a text (SMS) or email message	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
YI01BQ04NA	Write a note to a family member or friend	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄



OUT-OF-SCHOOL YOUTH PARENT QUESTIONNAIRE

Main survey version

The parent or person most knowledgeable about the out-of-school youth completes the parent questionnaire. The questionnaire takes about 20 minutes to complete and covers information about the parent or caregiver's background, the youth and the family, the youth's early years and educational experience, and the parent or caregiver's educational expectations for the youth.

Technical terms are given in <brackets> and are adapted to the national context by the national data collection centre of the participating country or economy.

About the parent or person most knowledgeable about the youth

HH001 HH001Q01NA	What is your relationship to the youth we interviewed? You are his or her: (Please tick only one box.)	
	Mother	<input type="checkbox"/> ₁
	Father	<input type="checkbox"/> ₂
	Grandmother	<input type="checkbox"/> ₃
	Grandfather	<input type="checkbox"/> ₄
	A brother or a sister (including adoptive brother, adoptive sister)	<input type="checkbox"/> ₅
	A husband or wife	<input type="checkbox"/> ₆
	Other relative (e.g., <aunt, uncle>, or <cousin>)	<input type="checkbox"/> ₇
	Friend	<input type="checkbox"/> ₈
	Member of another family living in the same household	<input type="checkbox"/> ₉
	A caregiver (e.g., <keeper or legal tutor>)	<input type="checkbox"/> ₁₀
	I refuse to answer	<input type="checkbox"/> ₉₄

HH002 HH002Q01NA	What is your main activity? (Please tick only one box.)	
	Caring for my family	<input type="checkbox"/> ₁
	Working to earn money	<input type="checkbox"/> ₂
	Caring for my family <i>and</i> working to earn money	<input type="checkbox"/> ₃
	Working on my family land	<input type="checkbox"/> ₄
	Going to school	<input type="checkbox"/> ₅
	Recovering from illness	<input type="checkbox"/> ₆
	Looking for work	<input type="checkbox"/> ₇
	Other (please specify) _____	<input type="checkbox"/> ₈
	I refuse to answer	<input type="checkbox"/> ₉₄



HH003 HH003Q01TA	What is your main job? (e.g., school teacher, kitchen-hand, sales manager) <i>(If you are not working now, what was your last main job?)</i>
<i>Please write the job title.</i> _____	

HH004 HH004Q01TA	What do you do in your main job? (e.g., I teach high school students, I help the cook prepare meals in a restaurant, I manage a sales team)
<i>Please describe the kind of work you do or did in that job.</i> _____	

HH005 HH005Q01NA	What is the highest level of schooling that you have completed? <i>(Please select one response.)</i>	
	I never went to school	<input type="checkbox"/> ₁
	I started <ISCED 1> but never completed it	<input type="checkbox"/> ₂
	<ISCED level 1>	<input type="checkbox"/> ₃
	<ISCED level 2>	<input type="checkbox"/> ₄
	<ISCED level 3>	<input type="checkbox"/> ₅
	<ISCED level 4>	<input type="checkbox"/> ₆
	<ISCED level 5>	<input type="checkbox"/> ₇
	<ISCED level 6>	<input type="checkbox"/> ₈
	I don't know	<input type="checkbox"/> ₉₃
	I refuse to answer	<input type="checkbox"/> ₉₄

About the youth's educational experience

HH006 HH006Q01NA	Did he or she receive <formal ECEC>? <i>(Please tick only one box.)</i>	
	No	<input type="checkbox"/> ₁
	Yes, for one year or less	<input type="checkbox"/> ₂
	Yes, for more than one year	<input type="checkbox"/> ₃
	I don't know	<input type="checkbox"/> ₉₃
	I refuse to answer	<input type="checkbox"/> ₉₄

HH007 HH007Q01NA	Did the youth we interviewed attend <ISCED 0>? <i>(Please tick only one box.)</i>	
	No	<input type="checkbox"/> ₁
	Yes, for one year or less	<input type="checkbox"/> ₂
	Yes, for more than one year	<input type="checkbox"/> ₃
	I don't know	<input type="checkbox"/> ₉₃
	I refuse to answer	<input type="checkbox"/> ₉₄

HH008

When the youth we interviewed was a child (from 0 to 6 years old), how often did you or someone else in your home do the following activities with him or her?

(Please tick one box in each row.)

		<i>Never or hardly ever</i>	<i>Once or twice a month</i>	<i>Once or twice a week</i>	<i>Every day or almost every day</i>	<i>I don't know</i>	<i>I refuse to answer</i>
HH008Q01NA	Read books	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH008Q02NA	Tell stories	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH008Q03NA	Sing songs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH008Q04NA	Play with alphabet toys (for example, blocks with letters of the alphabet)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH008Q06NA	Talk about what he or she had read	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH008Q07NA	Play word games	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH008Q08NA	Write letters or words	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH008Q09NA	Read aloud signs and labels	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH008Q11NA	Identify sounds or letters	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄

About the youth's early years of life

HH009

While pregnant with the youth we interviewed, did the mother experience any of the following events?

(Please tick all that apply.)

HH009Q01NA	She had pregnancy diabetes	<input type="checkbox"/> ₁
HH009Q01NB	She had high blood pressure (e.g. <preeclampsia>)	<input type="checkbox"/> ₁
HH009Q01NC	She had an infection (e.g. <toxoplasmosis, dengue>)	<input type="checkbox"/> ₁
HH009Q01ND	She had rubella	<input type="checkbox"/> ₁
HH009Q01NE	She had chickenpox	<input type="checkbox"/> ₁
HH009Q01NF	She had mental health problems	<input type="checkbox"/> ₁
HH009Q01NG	She was exposed to environmental toxins or toxic wastes	<input type="checkbox"/> ₁
HH009Q01NH	She was malnourished	<input type="checkbox"/> ₁
HH009Q01NI	She had anemia	<input type="checkbox"/> ₁
HH009Q01NJ	She had scarlet fever or seizures	<input type="checkbox"/> ₁
HH009Q01NK	She smoked	<input type="checkbox"/> ₁
HH009Q01NL	She drank alcohol daily	<input type="checkbox"/> ₁
HH009Q01NM	She used drugs	<input type="checkbox"/> ₁
HH009Q01NN	I don't know	<input type="checkbox"/> ₉₃
HH009Q01NO	I refuse to answer	<input type="checkbox"/> ₉₄



HH010 HH010Q01NA	Under what conditions was he or she born? <i>(Please tick only one box.)</i>	
	In a hospital, under the care of a specialist (doctor or specialized nurse)	<input type="checkbox"/> ₁
	In a hospital, under the care of a midwife	<input type="checkbox"/> ₂
	In a health centre, under the care of a specialist (doctor or specialized nurse)	<input type="checkbox"/> ₃
	In a health centre, under the care of a midwife	<input type="checkbox"/> ₄
	At home, under the care of a midwife	<input type="checkbox"/> ₅
	At home, under the care of a family member or other person	<input type="checkbox"/> ₆
	At home, without any help	<input type="checkbox"/> ₇
	I don't know	<input type="checkbox"/> ₉₃
	I refuse to answer	<input type="checkbox"/> ₉₄

HH011	Was he or she... <i>(Please tick one box in each row.)</i>	Yes	No	I don't know	I refuse to answer
HH011Q01NA	Born prematurely?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH011Q02NA	Born underweight?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH011Q03NA	Delivered with a birthing aide <e.g. suction, clamps>?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄

HH013	How was he or she fed during the first six months? <i>(Please tick one box in each row.)</i>	Yes	No	I don't know	I refuse to answer
HH013Q01NA	Breast fed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH013Q02NA	Fed with <formula>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH013Q03NA	Fed with animal milk (e.g., cow's milk or goat milk)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH013Q04NA	Fed with vegetal milk (e.g. soya, almond)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH013Q05NA	Fed with alternative beverage (e.g. <corn beverage>)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄

HH014
HH014Q01NA

During the first two years of life, about how often was he or she hungry because there was not enough food in the house?

(Please tick only one box.)

Never	<input type="checkbox"/>	1
Once a month	<input type="checkbox"/>	2
About once a week	<input type="checkbox"/>	3
Two or three times a week	<input type="checkbox"/>	4
Almost every day	<input type="checkbox"/>	5
I don't know	<input type="checkbox"/>	93
I refuse to answer	<input type="checkbox"/>	94

HH015
HH015Q01NA

During the first two years of life, about how many times a day was he or she fed?

(Please tick only one box.)

Once	<input type="checkbox"/>	1
Twice	<input type="checkbox"/>	2
Three times	<input type="checkbox"/>	3
Four times	<input type="checkbox"/>	4
More than four times	<input type="checkbox"/>	5
I don't know	<input type="checkbox"/>	93
I refuse to answer	<input type="checkbox"/>	94

HH016

During the first five years of life, did he or she experience any of the following health problems?

(Please tick one box in each row.)

		Yes	No	I don't know	I refuse to answer
HH016Q01NA	Parasite infection (e.g. hookworm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HH016Q02NA	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HH016Q03NA	Infectious disease (e.g., cholera, tuberculosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HH016Q04NA	Respiratory infection or pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HH016Q05NA	Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HH016Q06NA	Viral disease such as measles, rubella, chickenpox, polio, or yellow fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HH016Q07NA	<malaria>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HH016Q08NA	<dengue>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HH016Q09NA	<HIV/AIDS>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



About the parent or caregiver's educational expectations for the youth

HH019

Which of the following factors do you think may prevent the youth we interviewed from completing <compulsory education>?

(Please tick one box in each row.)

		Yes	No	I don't know	I refuse to answer
HH019Q01NA	Distance that he or she would need to travel to school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH019Q02NA	Lack of motivation for further studies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH019Q03NA	Poor grades	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH019Q04NA	Difference in the language of instruction	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH019Q05NA	Being expelled from school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH019Q06NA	Alcohol or drug addiction	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH019Q07NA	Migration to another country	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH019Q08NA	Parents relocating for work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH019Q09NA	Not having enough money	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH019Q10NA	Wanting to start earning money in a full-time job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH019Q11NA	Caring for his or her children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH019Q12NA	Caring for parents or other relatives	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH019Q13NA	His or her beliefs that school will not pay off in the long run	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH019Q14NA	Not knowing what he or she wants to do later on	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH019Q15NA	Fear of violence in the school he or she would attend	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH019Q16NA	Inability to enrol in school because of <racial or ethnic discrimination>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH019Q17NA	Inability to enrol in school because of <gender discrimination>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH019Q18NA	Inability to enrol in school because of <religious discrimination>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH019Q19NA	A health problem or disability	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄

HH020

Thinking about school, to what extent do you agree with the following statements?*(Please tick one box in each row.)*

		<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>	<i>I don't know</i>	<i>I refuse to answer</i>
HH020Q01NA	School does little to prepare youth for adult life	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH020Q02NA	School helps getting a job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH020Q03NA	School is a waste of time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH020Q04NA	School teaches how to be a citizen	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH020Q05NA	School ignores native languages and cultures	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH020Q06NA	School is a waste of money	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH020Q07NA	School integrates people into society	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH020Q08NA	School builds confidence to make decisions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH020Q09NA	School teaches useful work skills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH020Q10NA	Top-of-their class graduates get very good jobs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH020Q11NA	School is the only way to get better life opportunities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH020Q12NA	School helps overcoming ignorance	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄

HH021

Did the youth we interviewed or his or her family, receive any of the following benefits from government or local authorities?*(Please tick one box in each row.)*

		<i>Yes</i>	<i>No</i>	<i>I don't know</i>	<i>I refuse to answer</i>
HH021Q01NA	Child or family <benefits>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH021Q02NA	Child or family grants to attend school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH021Q03NA	Cash transfer to attend school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH021Q04NA	Scholarships	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH021Q05NA	School meals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH021Q06NA	Vouchers or coupons for food	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH021Q07NA	Waiver of school fees	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH021Q08NA	School books or notebooks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH021Q09NA	<Solidarity bags>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄
HH021Q10NA	<Country specific>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₃	<input type="checkbox"/> ₉₄

HH022

HH022Q01NA

Did you have help in completing this questionnaire?*(Please tick only one box.)*

No, I completed it myself.	<input type="checkbox"/> ₁
Yes, the interviewer helped me.	<input type="checkbox"/> ₂
Yes, the youth that was interviewed helped me.	<input type="checkbox"/> ₃
Yes, another person helped me.	<input type="checkbox"/> ₄



HOUSEHOLD OBSERVATION QUESTIONNAIRE

Main study version

The interviewer conducting the out-of-school youth survey completes the household observation questionnaire. The questionnaire takes about 15 minutes to complete and covers information about the location and surrounding characteristics of the youth's household.

Technical terms are given in <brackets> and are adapted to the national context by the national data collection centre of the participating country or economy.

HO004 HO004Q01NA	What is the main road to the dwelling made of? (Select the most common material.)		
	Tar	<input type="checkbox"/>	1
	Dirt	<input type="checkbox"/>	2
	Trail or path	<input type="checkbox"/>	3
	There is no road	<input type="checkbox"/>	4
	Other: _____	<input type="checkbox"/>	5
	Unable to determine	<input type="checkbox"/>	93

HO005 HO005Q01NA	Does the area surrounding the dwelling have street lights?		
		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		1	2

HO006 HO006Q01NA	Are there visible signs that security is a concern for the inhabitants of the area (e.g., barriers, security guards, barbwire, guns, etc.)?		
		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		1	2

HO007 HO007Q01NA	Kind of dwelling (Select the dwelling's best fitting description.)		
	Single family house/semi-detached house	<input type="checkbox"/>	1
	Part of a house/part of an apartment (e.g., private bedrooms with access to a common kitchen and bathroom)	<input type="checkbox"/>	2
	Apartment in a building with less than 10 dwellings	<input type="checkbox"/>	3
	School	<input type="checkbox"/>	4
	Other: _____	<input type="checkbox"/>	5
	Unable to determine	<input type="checkbox"/>	93

HO008
HO008Q01NA

Main roofing material

(Select the roof's most noticeable material.)

No roof	<input type="checkbox"/>	1
Natural roofing (e.g., thatch, palm leaf, or sod)	<input type="checkbox"/>	2
Rudimentary roofing (e.g., rustic mat, rough wood planks, or cardboard)	<input type="checkbox"/>	3
Finished roofing (e.g., metal, asbestos, finished wood, calamine or cement fibre, ceramic tiles, cement, or roofing shingles)	<input type="checkbox"/>	4
Other: _____	<input type="checkbox"/>	5
Unable to determine	<input type="checkbox"/>	93

HO009
HO009Q01NA

Main material of the exterior walls

(Select the exterior walls' most noticeable material.)

No walls	<input type="checkbox"/>	1
Natural walls (e.g., cane, palm, trunks or dirt)	<input type="checkbox"/>	2
Rudimentary walls (e.g., bamboo with mud, stone with mud, uncovered adobe, plywood cardboard, or reused wood)	<input type="checkbox"/>	3
Finished walls (e.g., cement, stone with lime or cement, bricks, cement blocks, covered adobe, finished wood planks, or shingles)	<input type="checkbox"/>	4
Other: _____	<input type="checkbox"/>	5
Unable to determine	<input type="checkbox"/>	93

HO010
HO010Q01NA

Does this dwelling have electricity?

Yes	No	Unable to determine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3

HO011
HO011Q01NA

Besides the respondent, was anyone else present during the interview?

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2

HO012
HO012Q01NA

Did this/these person(s) assist the respondent in answering the background questionnaire (youth interview)?

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2



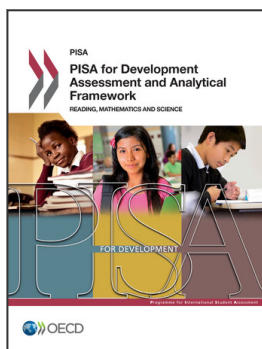
HO013 HO013Q01NA	Did this/these person(s) assist the respondent in answering the skills assessment?	
	Yes	<input type="checkbox"/> ₁
	No	<input type="checkbox"/> ₂

HO014 HO014Q01NA	Overall, how often did you feel that the respondent understood the questions in the interview?	
	Never	<input type="checkbox"/> ₁
	Rarely	<input type="checkbox"/> ₂
	About half the time	<input type="checkbox"/> ₃
	Often	<input type="checkbox"/> ₄
	Always	<input type="checkbox"/> ₅

HO015 HO015Q01NA	Did the respondent ask for clarification on any questions while undertaking the interview?	
	Yes	No
	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

HO016 HO016Q01NA	Where did the interview mainly take place?	
	Living/dining room	<input type="checkbox"/> ₁
	Kitchen	<input type="checkbox"/> ₂
	Bedroom	<input type="checkbox"/> ₃
	Entrance	<input type="checkbox"/> ₄
	Hallway or corridor	<input type="checkbox"/> ₅
	Office	<input type="checkbox"/> ₆
	Other space in the household	<input type="checkbox"/> ₇
	Other space outside of the household (e.g., near the house, <library>, etc.)	<input type="checkbox"/> ₈

HO017 HO017Q01NA	Additional comments on the interview:
	<hr/>
	<hr/>
	<hr/>
	<hr/>



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