

STUDENT QUESTIONNAIRE

THIRD ETHIOPIA SCHOOL SURVEY WAVE: 1 LANGUAGE: ENGLISH

0.1	YL SCHOOL ID	[ET ____ ____ ____ ____]
0.2	SECTION ID (from SECTION ROSTER)	[S ____ ____]
0.3	STUDENT ID (from relevant STUDENT ROSTER)	[CH ____ ____]
0.4	If this protocol is not completed, what is the reason? 88 = Completed. 01 = Not present. 02 = Refused.	[____ ____]
0.5	Date protocol completed by student (dd/mm/yy). Use E.C.	____ ____ / ____ ____ / ____ ____

	Fieldworker	Data entry clerk
Name		
Code	[____ ____ ____]	[____ ____ ____]
Signature		
Date of check or entry (dd/mm/yy). Use E.C.	____ ____ / ____ ____ / ____ ____	____ ____ / ____ ____ / ____ ____

1. What age are you? (Write number in box)		Years
2. How many older brothers and sisters do you have? (Write number in box)		
3. How many younger brothers and sisters do you have? (Write number in box)		
4. How many people live and sleep in your family home? (Write number in box)		People
5. How old were you when you started Grade 1? (Write number in box)		Years old
6. How many minutes does it usually take you to get to school? (Write number in box)		Minutes

7. Are you a boy or a girl? (Tick one box)	Boy	01	
	Girl	02	

8. What language do you <u>mainly</u> speak at home? (Tick one box)	Afarigna	01	
	Amarigna	02	
	Guraghigna	03	
	Hadiyigna	04	
	Af-Oromo	05	
	Sidamigna	06	
	Silitigna	07	
	Af-Somali	08	
	Tigrigna	09	
	Welaytigna	10	
	English	11	
	Other	12	

9. How many meals a day do you normally eat? (Tick one box)	1 meal	01	
	2 meals	02	
	3 or more meals	03	

10. Do you live in your family home or have you moved to live with other people so that you are close to school? (Tick one box)	I live in my family home	01	
	I have moved and live with other people so that I am close to school	02	

11. Do you sleep in the same home all the year round? (Tick one box)	Yes	01	<input type="checkbox"/>
	No, we move locations with our animals	02	<input type="checkbox"/>
	No, we move locations for another reason	03	<input type="checkbox"/>

12. How long does it take you to collect water at home? (Tick one box)	Less than 5 minutes	01	<input type="checkbox"/>
	5 to 30 minutes	02	<input type="checkbox"/>
	30 minutes or longer	03	<input type="checkbox"/>

13. Do you read books (not including textbooks) outside of school, for example at home? (Tick one box)	Yes, often	01	<input type="checkbox"/>
	Yes, sometimes	02	<input type="checkbox"/>
	No	03	<input type="checkbox"/>

14. How many books are there in your home? (Tick one box)	0	01	<input type="checkbox"/>
	1 – 5	02	<input type="checkbox"/>
	6 – 10	03	<input type="checkbox"/>
	11 – 20	04	<input type="checkbox"/>
	21 – 50	05	<input type="checkbox"/>
	51 or more	06	<input type="checkbox"/>

15. What is the highest grade or level of education you expect to complete? (Tick one box)	Grade 8	01	<input type="checkbox"/>
	Grade 10	02	<input type="checkbox"/>
	Grade 12	03	<input type="checkbox"/>
	TVET	04	<input type="checkbox"/>
	University	05	<input type="checkbox"/>

16. Is your mother alive? (Tick one box)	Yes	01	<input type="checkbox"/>
	No	02	<input type="checkbox"/>

17. Is your father alive? (Tick one box)	Yes	01	<input type="checkbox"/>
	No	02	<input type="checkbox"/>

18. What is your mother's highest level of education? (Tick one box)	Never been to school	01	<input type="checkbox"/>
	Up to Grade 4	02	<input type="checkbox"/>
	Up to Grade 8	03	<input type="checkbox"/>
	Up to Grade 10	04	<input type="checkbox"/>
	TVET or Diploma	05	<input type="checkbox"/>
	Up to Grade 12	06	<input type="checkbox"/>
	University	07	<input type="checkbox"/>
	I don't know	08	<input type="checkbox"/>

19. What is your father's highest level of education? (Tick one box)	Never been to school	01	<input type="checkbox"/>
	Up to Grade 4	02	<input type="checkbox"/>
	Up to Grade 8	03	<input type="checkbox"/>
	Up to Grade 10	04	<input type="checkbox"/>
	TVET or Diploma	05	<input type="checkbox"/>
	Up to Grade 12	06	<input type="checkbox"/>
	University	07	<input type="checkbox"/>
	I don't know	08	<input type="checkbox"/>

20. Do you have people to help with your school work at home? (Tick one box)	Always	01	<input type="checkbox"/>
	Sometimes	02	<input type="checkbox"/>
	Never	03	<input type="checkbox"/>

21. Did you attend pre-school (e.g. kindergarten)? (Tick one box)	Yes	01	<input type="checkbox"/>
	No	02	<input type="checkbox"/>

22. Have you attended <u>this</u> school since Grade 1? (Tick one box)	Yes	01	<input type="checkbox"/>
	No	02	<input type="checkbox"/>

23. How much time each day do you spend on homework outside regular lessons? (Tick one box)	Up to 1 hour	01	<input type="checkbox"/>
	1 – 2 hours	02	<input type="checkbox"/>
	More than 2 hours	03	<input type="checkbox"/>
	None	04	<input type="checkbox"/>

24. Do you use a computer at school? (Tick one box)	Yes, often	01	<input type="checkbox"/>
	Yes, sometimes	02	<input type="checkbox"/>
	No	03	<input type="checkbox"/>

25. Do you use a computer outside school? (Tick one box)	Yes, often	01	<input type="checkbox"/>
	Yes, sometimes	02	<input type="checkbox"/>
	No	03	<input type="checkbox"/>

26. What grade were you in when you started learning English as a subject at school? (Tick one box)	KG	01	<input type="checkbox"/>
	Grade 1	02	<input type="checkbox"/>
	Grade 2	03	<input type="checkbox"/>
	Grade 3	04	<input type="checkbox"/>
	Grade 4	05	<input type="checkbox"/>
	Grade 5	06	<input type="checkbox"/>
	Grade 6	07	<input type="checkbox"/>
	Grade 7	08	<input type="checkbox"/>
	Grade 8	09	<input type="checkbox"/>

<p>27. How many of each of these animals does your family have? (Write number in each box, if none write "0")</p>	Chicken	A	
	Goat	B	
	Sheep	C	
	Donkey	D	
	Horse	E	
	Mule	F	
	Cow	G	
	Camel	H	

		Yes ₀₁	No ₀₂
<p>28. Which of these languages can you have a conversation in? (Tick 'Yes' or 'No' for each option)</p>	Afarigna	A	
	Amarigna	B	
	Guraghigna	C	
	Hadiyigna	D	
	Af-Oromo	E	
	Sidamigna	F	
	Silitigna	G	
	Af-Somali	H	
	Tigrigna	J	
	Welaytigna	K	
	English	L	

		Yes ₀₁	No ₀₂
<p>29. Which of these adults do you live with at home? (Tick 'Yes' or 'No' for each option)</p>	Birth mother	A	
	Birth father	B	
	Other relative	C	
	Non-relative	D	

		Yes ₀₁	No ₀₂
<p>30. Which of the following things do you have at home? (Tick 'Yes' or 'No' for each option)</p>	Table	A	
	Chair	B	
	Bed with mattress	C	
	Radio	D	
	Telephone	E	
	Television	F	
	Fridge	G	
	Bicycle	H	
	Car or Truck	J	

		Yes ₀₁	No ₀₂
31. Can any of these people read and write <u>in any language</u>? (Tick 'Yes' or 'No' for each option)	Mother	A	
	Father	B	
	Brother or Sister	C	
	Other relative	D	

		Yes ₀₁	No ₀₂
32. Do you have any health problems that regularly affect you in school? (Tick 'Yes' or 'No' for each option)	Sight problems	A	
	Hearing problems	B	
	Headaches	C	
	Fever	D	
	Stomach problems	E	

		Yes ₀₁	No ₀₂
33. Which of the following grades have you repeated? (Tick 'Yes' or 'No' for each option)	Grade 1	A	
	Grade 2	B	
	Grade 3	C	
	Grade 4	D	
	Grade 5	E	
	Grade 6	F	
	Grade 7	G	
	Grade 8	H	

		Yes ₀₁	No ₀₂
34. In which of these grades have you dropped out? (Tick 'Yes' or 'No' for each option)	Grade 1	A	
	Grade 2	B	
	Grade 3	C	
	Grade 4	D	
	Grade 5	E	
	Grade 6	F	
	Grade 7	G	
	Grade 8	H	

		Yes ₀₁	No ₀₂
<p>35. What language(s) does your maths teacher use to teach maths in most lessons? (Tick 'Yes' or 'No' for each option)</p>	Afarigna	<input type="checkbox"/>	<input type="checkbox"/>
	Amarigna	<input type="checkbox"/>	<input type="checkbox"/>
	Guraghigna	<input type="checkbox"/>	<input type="checkbox"/>
	Hadiyigna	<input type="checkbox"/>	<input type="checkbox"/>
	Af-Oromo	<input type="checkbox"/>	<input type="checkbox"/>
	Sidamigna	<input type="checkbox"/>	<input type="checkbox"/>
	Silitigna	<input type="checkbox"/>	<input type="checkbox"/>
	Af-Somali	<input type="checkbox"/>	<input type="checkbox"/>
	Tigrigna	<input type="checkbox"/>	<input type="checkbox"/>
	Welaytigna	<input type="checkbox"/>	<input type="checkbox"/>
	English	<input type="checkbox"/>	<input type="checkbox"/>

		Yes ₀₁	No ₀₂
<p>36. Do you regularly speak to any of the following people in English? (Tick 'Yes' or 'No' for each option)</p>	Mother	<input type="checkbox"/>	<input type="checkbox"/>
	Father	<input type="checkbox"/>	<input type="checkbox"/>
	Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>
	Friends	<input type="checkbox"/>	<input type="checkbox"/>