



PISA-D Student Questionnaire

April 30 2017

Produced by The Learning Bar



ST001 What <grade> are you in?

ST001Q01TA

<grade>

ST003 On what date were you born?

(Please write in the day, month and year you were born.)

ST003Q01TA

Day _____

ST003Q02TA

Month _____

ST003Q03TA

Year _____

ST004 Are you female or male?

ST004Q01TA

(Please tick only one box.)

Female

Male

ST021 What language do you speak at home most of the time?

ST021Q01TA

(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"/>

ST026 In what country were you and your parents born?

(Please tick only one box in each column.)

	You ST026Q01TA	Mother ST026Q02TA	Father ST026Q03TA
<Country A>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<Country B>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<Country C>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<Country D>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<...etc.>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ST015 Overall, how satisfied are you with your life as a whole these days?

ST015Q01TA *(Please tick only one box.)*

<input type="checkbox"/>										
0	1	2	3	4	5	6	7	8	9	10
<i>Not at all</i>					<i>Completely</i>					
<i>satisfied</i>					<i>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"/>	<input type="checkbox"/>
ST016Q02NA	I can hear the teacher's voice clearly when he or she is giving a lesson.	<input type="checkbox"/>	<input type="checkbox"/>
ST016Q03NA	I have a physical disability that makes it difficult for me to walk or use stairs.	<input type="checkbox"/>	<input type="checkbox"/>
ST016Q04NA	I have a physical disability that makes it difficult for me to grasp small objects like a pencil or scissors.	<input type="checkbox"/>	<input type="checkbox"/>
ST016Q05NA	I often get so sick I cannot play, work or go to school.	<input type="checkbox"/>	<input type="checkbox"/>

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST017Q02NA	I am afraid that other students think I am stupid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST017Q04NA	I worry about a teacher asking me a question.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST017Q05NA	I worry about what other students think of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST017Q06NA	I cry without a good reason.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST017Q07NA	I feel lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST017Q08NA	Other students seem to have more fun than me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST017Q09NA	I feel sad or depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST017Q10NA	I have trouble falling asleep at night.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST017Q11NA	A lot of things seem to bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ST018 In general, would you say your health is:

ST018Q01NA (Please tick only one box.)

<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"/>	<input type="checkbox"/>
ST019Q02NA	An infectious disease (e.g., cholera, malaria, tuberculosis)	<input type="checkbox"/>	<input type="checkbox"/>
ST019Q03NA	Gastrointestinal problems (e.g., heartburn, stomach pain, constipation, diarrhoea)	<input type="checkbox"/>	<input type="checkbox"/>
ST019Q04NA	A cold or flu	<input type="checkbox"/>	<input type="checkbox"/>
ST019Q05NA	An injury that needed treatment	<input type="checkbox"/>	<input type="checkbox"/>
ST019Q06NA	Pain that was long-lasting or recurring	<input type="checkbox"/>	<input type="checkbox"/>
ST019Q07NA	Depression	<input type="checkbox"/>	<input type="checkbox"/>
ST019Q08NA	Panic and anxiety attacks	<input type="checkbox"/>	<input type="checkbox"/>
ST019Q09NA	Insomnia	<input type="checkbox"/>	<input type="checkbox"/>
ST019Q10NA	Fatigue that was long-lasting or recurring	<input type="checkbox"/>	<input type="checkbox"/>

ST005 Did you attend <ISCED 0>?

ST005Q01TA *(Please tick only one box.)*

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

ST007 What language did most of your teachers use for instruction in <ISCED 1>?

ST007Q01NA *(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"/>

ST023 When did you begin learning <language of instruction>?

ST023Q01NA

(Please tick only one box.)

At home before I started school.

In <ISCED 0>

When I started <ISCED 1>

When I started <ISCED 2>

ST024 Which language did you first learn to read?

ST024Q01NA

(Please tick only one box.)

<Language 1>

<Language 2>

<Language 3>

< ...etc. >

Other language

ST009 Have you ever repeated a <grade>?

(Please tick one box in each row.)

		<i>No, never</i>	<i>Yes, once</i>	<i>Yes, twice or more</i>
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 Have you ever missed school for more than three months in a row?

ST011Q01NA *(Please tick only one box.)*

No	<input type="checkbox"/>	Please go to Question 13.
Yes, once	<input type="checkbox"/>	Please go to Question 12.
Yes, twice or more	<input type="checkbox"/>	Please go to Question 12.

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST067Q04TA	School has taught me things which could be useful in a job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST067Q05TA	Trying hard at school will help me get a good job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST067Q06TA	Trying hard at school will help me get into a good <college>.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST067Q07TA	I enjoy receiving good <grades>.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST067Q08TA	Trying hard at school is important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST068Q02TA	I make friends easily at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST068Q03TA	I feel like I belong at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST068Q04TA	I feel awkward and out of place in my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST068Q05TA	Other students seem to like me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST068Q06TA	I feel lonely at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST069Q02NA	I feel safe on my way to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST069Q03NA	I feel safe on my way home from school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>	<input type="checkbox"/>
ST070Q02NA	I stayed away home from school because I felt unsafe.	<input type="checkbox"/>	<input type="checkbox"/>
ST070Q03NA	Our school was vandalized.	<input type="checkbox"/>	<input type="checkbox"/>
ST070Q04NA	I gave money to someone at school because they have threatened to hurt me.	<input type="checkbox"/>	<input type="checkbox"/>
ST070Q05NA	I witnessed a fight on school property in which someone got hurt.	<input type="checkbox"/>	<input type="checkbox"/>
ST070Q06NA	I saw gangs in and around the school.	<input type="checkbox"/>	<input type="checkbox"/>
ST070Q07NA	I heard a student threaten to hurt another student.	<input type="checkbox"/>	<input type="checkbox"/>
ST070Q08NA	Someone stole something of mine at school.	<input type="checkbox"/>	<input type="checkbox"/>
ST070Q09NA	I saw a student carrying a gun or a knife at school.	<input type="checkbox"/>	<input type="checkbox"/>

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

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.)

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

ST074 How often do these things happen in your classroom?

(Please tick one box in each row.)

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

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST075Q02NA	The teacher reviews what we learned in previous lessons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During a lesson:					
ST075Q03NA	The teacher shows us how to solve problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST075Q04NA	The teacher provides examples of successful work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST075Q05NA	The teacher gives clear answers to students' questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST075Q06NA	The teacher gives a formal lecture on the topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST075Q07NA	The teacher explains mathematical concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST075Q08NA	The teacher gives us work to do at our desk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST075Q09NA	The teacher talks with students about their work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At the end of the lesson:					
ST075Q11NA	The teacher summarizes what we have done that day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST075Q12NA	The teacher gives us homework to practice what we have learned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST078Q02TA	I <skipped> some classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST078Q03TA	I arrived late for school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ST061 How long does it usually take you to get from your home to school?

ST061Q01NA *(Please tick only one box.)*

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

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"/>	<input type="checkbox"/>
ST079Q02NA	School was cancelled.	<input type="checkbox"/>	<input type="checkbox"/>
ST079Q03NA	One of my teachers was late for class.	<input type="checkbox"/>	<input type="checkbox"/>
ST079Q04NA	One of my teachers did not come for class.	<input type="checkbox"/>	<input type="checkbox"/>
ST079Q05NA	There was a teacher strike.	<input type="checkbox"/>	<input type="checkbox"/>
ST079Q06NA	My teacher worked at the computer during class time.	<input type="checkbox"/>	<input type="checkbox"/>
ST079Q07NA	My teacher answered personal calls during class time.	<input type="checkbox"/>	<input type="checkbox"/>
ST079Q08NA	My teacher attended a meeting during class time.	<input type="checkbox"/>	<input type="checkbox"/>

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.)

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

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"/>	<input type="checkbox"/>
ST020Q02NA	I fetched water for household use.	<input type="checkbox"/>	<input type="checkbox"/>
ST020Q03NA	I collected firewood for household use.	<input type="checkbox"/>	<input type="checkbox"/>
ST020Q04NA	I worked on our family farm, in our family business, or selling goods on the street.	<input type="checkbox"/>	<input type="checkbox"/>
ST020Q05NA	I helped in the care of children, or an elderly or sick person.	<input type="checkbox"/>	<input type="checkbox"/>
ST020Q06NA	I helped with other household chores such as shopping, cleaning, washing clothes, or cooking.	<input type="checkbox"/>	<input type="checkbox"/>

ST029 Who do you live with at home?

(Please tick one box in each row.)

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

ST062 Which of the following are in your home?

(added64)

(Please tick one box in each row.)

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

ST063 **How many of these are there in your home?**

(Please tick one box in each row.)

		<i>None</i>	<i>One</i>	<i>Two</i>	<i>Three or more</i>
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 **How many books are there in your home?**

ST066Q01NA *Do not include magazines, newspapers, or your schoolbooks.*

(Please tick only one box.)

- There are no books.
- There are fewer than 10 books.
- There are 10 - 50 books.
- There are more than 50 books.

ST049 Do you share a toilet facility with others who are not members of your family? Yes No
ST049Q01NA

ST051 What is the floor of your home mostly made of?
(Please tick only one box.)
ST051Q01NA

- Earth, sand or dung
- Wood planks, palm, or bamboo
- Parquet, polished wood
- Vinyl or asphalt strips
- Ceramic tiles
- Cement
- Stone

ST048 Do you have a <flush toilet> at your house? Yes No
ST048Q01NA

ST057

ST057Q01NA

Does any member of your household have a bank account?

Yes

No

ST059

ST059Q01NA

In the past 30 days, how often were you hungry because there was not enough food?

(Please tick only one box.)

*Never
or
almost
never*

*About once
a week*

*2 to 3 times
a week*

*Almost
every day*

ST031 What is the <highest level of schooling> completed by your mother?

ST031Q01TA

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

ST032 Can your mother read and write?

ST032Q01NA

(Please tick only one box.)

My mother cannot read or write.	<input type="checkbox"/>
My mother can read but not write.	<input type="checkbox"/>
My mother can read and write well.	<input type="checkbox"/>
I do not know.	<input type="checkbox"/>

ST034 Does your mother 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
ST034Q01TA <ISCED level 6>	<input type="checkbox"/>	<input type="checkbox"/>
ST034Q02TA <ISCED level 5A>	<input type="checkbox"/>	<input type="checkbox"/>
ST034Q03TA <ISCED level 5B>	<input type="checkbox"/>	<input type="checkbox"/>
ST034Q04TA <ISCED level 4>	<input type="checkbox"/>	<input type="checkbox"/>

ST037 **What kind of job does your mother have?**

ST037Q01NA

(Please tick only one box.)

No Job (i.e., she is not working for pay)	<input type="checkbox"/>
Armed forces (e.g., captain, lieutenant, sergeant, corporal, private)	<input type="checkbox"/>
Labourer (e.g., hotel or office cleaner, farm labourer, mining labourer, factory labourer, kitchen helper, newspaper vendor, mail carrier)	<input type="checkbox"/>
Machine Operator (e.g., miner, paper products machine operator, sewing machine operator, dry-cleaning machine operator)	<input type="checkbox"/>
Craft and Trades Worker (e.g., house builder, dress maker, jewelry maker, building painter, mechanic, handicraft worker)	<input type="checkbox"/>
Skilled Worker (e.g., cattle or dairy farmer, fisher, gardener)	<input type="checkbox"/>
Services and Sales Worker (e.g., cook, waitress, hairdresser, street food vendor, grocer, store cashier, hospital orderly)	<input type="checkbox"/>
Clerical Worker (e.g., secretary, data entry clerk, bank teller, hotel receptionist)	<input type="checkbox"/>
Technical Worker (e.g., building inspector, nursing aide, bookkeeper, chef)	<input type="checkbox"/>
Professional (e.g., engineer, nurse, doctor, school teacher, accountant, computer programmer, lawyer)	<input type="checkbox"/>
Manager (e.g., government official, sales manager, building construction supervisor, hotel or restaurant manager)	<input type="checkbox"/>

ST036 **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)

ST036Q01TA *Please write the job title.* _____

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)

ST036Q02TA *Please use a sentence to describe the kind of work she does or did in that job.*

ST038 What is the <highest level of schooling> completed by your father?

ST038Q01TA

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

ST039 Can your father read and write?

ST039Q01NA

(Please tick only one box.)

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

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 **What kind of job does your father have?**

ST044Q01NA

(Please tick only one box.)

No Job (i.e., he is not working for pay)	<input type="checkbox"/>
Armed forces (e.g., captain, lieutenant, sergeant, corporal, private)	<input type="checkbox"/>
Labourer (e.g., hotel or office cleaner, farm labourer, mining labourer, factory labourer, kitchen helper, newspaper vendor, mail carrier)	<input type="checkbox"/>
Machine Operator (e.g., miner, paper products machine operator, sewing machine operator, dry-cleaning machine operator)	<input type="checkbox"/>
Craft and Trades Worker (e.g., house builder, bricklayer, carpenter, building painter, mechanic, handicraft worker)	<input type="checkbox"/>
Skilled Worker (e.g., cattle or dairy farmer, fisher, gardener)	<input type="checkbox"/>
Services and Sales Worker (e.g., cook, waiter, hairdresser, street food vendor, grocer, store cashier, hospital orderly)	<input type="checkbox"/>
Clerical Worker (e.g., secretary, data entry clerk, bank teller, hotel receptionist)	<input type="checkbox"/>
Technical Worker (e.g., building inspector, nursing aide, bookkeeper, chef)	<input type="checkbox"/>
Professional (e.g., engineer, nurse, doctor, school teacher, accountant, computer programmer, lawyer)	<input type="checkbox"/>
Manager (e.g., government official, sales manager, building construction supervisor, hotel or restaurant manager)	<input type="checkbox"/>

ST043 The following two questions concern your father's job.

(If he 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)

ST043Q01TA

Please write the job title. _____

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)

ST043Q02TA

Please use a sentence to describe the kind of work he does or did in that job.
