**Girls’ Survey**

# Endline Evaluation of Sister for Sister Education-II Project

## Girls Survey Questionnaire

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Girls School: General Information** | | |
| **S.No** | **Questions** | **Response** |  |
| 1 | Wave: | Endline (Default) |  |
| 2 | Date: | Enter Date |  |
| 3 | Time of Interview: | Enter Time |  |
| 4 | Country: | Nepal (Default) |  |
| 5 | Province of Interview: | Province 1……………….1  Province 2……………….2  Province 3……………….3  Province 4……………….4  Province 5……………….5  Province 6……………….6  Province 7……………….7 |  |
| 6 | District of Interview | Dhading…………………..1  Lamjung…………………..2  Parsa……………………....3  Surkhet…………………….4 |  |
| 7 | Municipal Unit |  |  |
| 8 | Ward Number: |  |  |
| 9 | Urban, Peri urban or Rural area | Urban (Metropolitan and Sub-Metropolitan) ………….1  Peri-Urban (Municiplity)………2  Rural (Gaunpalika)………….3 |  |
| 10 | Language of interview | Nepali………………….1  Gurung………………….2  Tamang………………….3  Bhojpuri………………….4  Abadi………………….5  Maithali………………….6  Tharu………………….7  Other………………….8 |  |
| 11 | Were you enrolled in school before the closure? | Yes……………………1  No…………………….2 |  |
| 11.1 | Which Grade/Class are you in? | Grade………………….1 |  |
| 11.2 | School name |  |  |
| 11.3 | Are you enrolled in the EDGE club? | Yes……………………1  No…………………….2 |  |
| 12 | Girl’s Unique ID |  |  |
| 13 | Hello, I would like to ask for your permission to interview you on behalf of a research program which is aiming to improve girl’s education in lots of countries around the world. We would like to ask you some questions about you, your school and how you feel about education. We would also like you to take a short numeracy and literacy test. If you chose to take part, the results will not be shared with your school and do not affect your grades. We will record your answers to use them in our research but we will not mention you by name or share your personal details with anybody outside of our team. Is that acceptable and do you agree to take part in our research to help improve girl’s education? | Yes………1  No……….2 | If 2 Ask 15  If 1 Ask 15 |
| 14 | Reason for Refusal |  |  |
| 15 | Name of the Respondent |  |  |
| 16 | What is your year of birth? |  |  |
| 17 | What is your month of birth? |  |  |
| 18 | What is your day of birth? |  |  |
| 19 | Could you estimate your age? |  |  |
| 20 | Marital Status | Unmarried……………1  Married……………….2  Separated…………….3  Divorced……………….4  Widowed……………..5  No response………….97 | If 1 and 97 skip to LT1  Anything else ask 20.1 |
| 20.1 | If married, how many years has it been? |  |  |
| 20.2 | If married, do you have children or are you expecting a child? | Yes, I have children……………..1  Yes, I am expecting a child……..2  No………………3 | If 1 ask 20.3 else skip to LT1 |
| 20.3 | If yes, how many? |  |  |
| **Learning and Transition** | | | |
| LT | I will read some things which might be what you feel. Please tell me if they are the same as you feel about yourself. | | |
|  | In the last two years, did you notice any changes in your learning performance at school? \_ | Yes……………..1  No………………2 |  |
|  | If yes, which of the areas did you notice change in your learning | Improvement in examination scores ….1  More active in classroom discussions/ participation…….2  Improved understanding of lessons in the classroom…..3  Increased interest to learn ……4  Others…….5 | Multiple choice |
|  | To what extent do you think you’re learning levels improved in the past two years? | No changes…………………….1  Slight improvement……………..2  Good improvement……………3  High improved……………. |  |
|  | If good and high improvement, what do you think are the reasons? | Increased support from the family…..1  Teachers provided more individual support…..2  Changes in the methods of teaching in classrooms…3  Extra classes available at school….4  Improvement in school environment..5  Others…..6 | Multiple choice |
|  | Prior the CoVID, when the schools were still open, Did you spend time reading at home? | Yes……………..1  No………………2  Refusal…………3  Don’t know……..4 |  |
|  | If yes, how many hours a day did you spend time reading at home? |  |  |
| LT 1 | Since the schools closed, Do you spend time reading at home? | Yes……………..1  No………………2  Refusal…………3  Don’t know……..4 |  |
| LT 2 | If yes, how many hours a day do spend reading at home? | …………………… |  |
| LT 3 | Do you get support you need from your family to study at home? | Yes……………….1  No………………..2  Can’t Say…..97 |  |
|  | If yes, in what ways do you get the support? | Reduced household chores………………..1  Assistance if you have confusion about something you are studying……….2  Seek help on your behalf from teachers, community members or other individuals who can assist you in education………………….3  Family members let you do whatever you deem is necessary for your education……….4  Ensure that you have access to materials and equipment necessary for you to continue studying during closure of schools (e.g. let you use television or mobile phones)…………………..5  Others Please specify……………….6 | Multiple choice |
|  |  |  |  |
| LT 4 | Does anything stop you from reading when you want to read? | Yes……………..1  No………………2  Refusal…………3  Don’t know……..4 | If LT 4 =1 ask LT 4.1 else skip to LT 5 |
| LT 4.1 | What stops you from reading when you want to read?  *(Choose no more than three)* | Lack of things to read (textbooks, story books, newspapers) ……………….1  Lack of leisure time due to other duties inside and outside of home……………2  Lack of quiet space to read……………3  Lack of light/ electricity……………4  Lack of help or support……………5  Lack of motivation/don't like reading……………6  Others please specify………………………7 |  |
| LT 5 | Do you think the amount of time you study at home is enough to ensure that you can perform well when the school reopens? | Yes……………….1  No………………..2  Don't know…..3 |  |
| LT 6 | Have you received any academic guidance or learning suppoer even when the schools are closed due to COVID-19? | Yes……………….1  No………………..2  Don't know…..3 | If 1 ask LT 6.2 else skip to LT 7 |
| LT 6.1 | If yes, who/what provided such guidance? | Teachers ……………….1  Family Members……………2  Community members……………3  Big Sisters……………4  Television……………5  Radio……………6  Internet………….7  Others please specify………………………7 | Multiple Choice  If LT 6.1 = 6 selected ask LT 6.2 through LT 6.5.  Else skip to LT 7 |
| LT 6.2 | If LT 6.1 = Radio: Can you tell me the name of the program? | Sajilo Sikai……………….1  Another program (Please specify) ………….2 |  |
| **LT 6.3** | How regularly do you listen to the program? | Very regular…………………………1  Fairly Regular……………………….2  Not so regular at all………………………3 | If LT 6.3=1 or 2 ask LT 6.4 if LT 6.3 = 3 Skip LT 6.4 |
| **LT 6.4** | how engaging do you find the Radio program? | Very engaging…………….1  Rarely engaging…………..3  Not engaging at all……….4 | As only if Lt 6.3 = 1 or 2 |
| **LT 6.5** | How did you receive the information about the radio program? | Big Sisters……………………1  Peers/Friends………………2  Family members…………..3  Teachers/School staff…………4  SfS Staff/CM………….5  Received call………….6  Received SMS………..7  Others Please Specify…………..8 |  |
| LT7 | Did you have difficulty understanding subject matter when at school?  Who helped you understand it? | Yes……………….1  No………………..2  Don't know…..3 |  |
| LT8 | If yes, did anyone helped you when you had difficulty understanding subject matter | Yes……………….1  No………………..2  Don't know…..3 |  |
| LT9 | If yes, who helped you understand it. | Teachers ……………….1  Family Members……………2  Community members……………3  Big Sisters……………4  Television……………5  Radio……………6  Internet………….7  Others please specify………………………7 |  |
| LT10 | Prior to the closure of schools after CoVID, did you think you would give continuity to schooling? | Yes……………….1  No………………..2  Don't know…..97 |  |
| LT11 | If yes, What were your plans prior to CoVID, after completing SEE? | Continue/ Rejoin education…………………1  Simply stay at home……………………………..2  Engage in formal employment…………………….3  Engage in vocational training……………………………4  Engage in daily wage………………………….5  Initiate business………………………………….6  Go abroad………………………………………………..7  Get married……………………………………..8  Others…….9  Don’t know…………….97 |  |
| LT12 | If LT 10 = yes and LT 11=1 , what level of education did you want to achieve prior to CoVID situation? | Upto grade 12….1  Complete Bachelors……..2  Complete Masters……….3  Doctorate…………..4 |  |
| If LT 13 | When the School reopens, will you continue schooling? | Yes……………….1  No………………..2  Don't know…..97 |  |
| LT13 | If no, why do you think you will not continue schooling? | Loss of interest in education…….1  Have to support family economically….2  Have to support family in care works and household chores…..3  Have to get married……4  Unwillingness from family…..5  Others…..6 |  |
| LT 14 | What would you want to do after completing SEE? | Continue/ Rejoin education…………………1  Simply stay at home……………………………..2  Engage in formal employment…………………….3  Engage in vocational training……………………………4  Engage in daily wage………………………….5  Initiate business………………………………….6  Go abroad………………………………………………..7  Get married……………………………………..8  Others…….9  Don’t know…………….97 |  |
| LT 15 | If LT 13 = 1 and LT 14 =1; What level of education do you want to achieve? | Upto grade 12….1  Complete Bachelors……..2  Complete Masters……….3  Doctorate…………..4 |  |
| **Life Skills** | | | |
|  | Now I would like you to answer few questions about who makes decisions regarding your education or life. Please provide your answer and feel free to ask me if you have any confusion. | |  |
| LS1 | Whether or not you will go to school | I decide……………………………………..1  I decide Jointly with my family……………2  My family decides for me…………………………….3 |  |
| LS2 | Whether or not you will continue in school past this year | I decide……………………………………..1  I decide Jointly with my family……………2  My family decides for me…………………………….3 |  |
| LS3 | When/ at what age you will get married | I decide……………………………………..1  I decide Jointly with my family……………2  My family decides for me…………………………….3 |  |
| LS4 | If you will work after you finish your studies | I decide……………………………………..1  I decide Jointly with my family……………2  My family decides for me…………………………….3 |  |
| LS5 | What type of work you will do after you finish your studies | I decide……………………………………..1  I decide Jointly with my family……………2  My family decides for me…………………………….3 |  |
| LS6 | How you spend your free time | I decide……………………………………..1  I decide Jointly with my family……………2  My family decides for me…………………………….3 |  |
| LS7 | How often you spend time with your friends | I decide……………………………………..1  I decide Jointly with my family……………2  My family decides for me…………………………….3 |  |
|  | Do you feel confident that you are competent enough to engage in employment or engage in entrepreneurship/business? | Yes……………….1  No………………..2  Don't know…..3 |  |
|  | Do you think you can speak up if injustice is happening to you ? (any sort of discrimination such as unequal pay, opportunities, freedom, etc.) | Yes……………….1  No………………..2  Don't know…..3 |  |
|  | Do you think you can speak up if injustice is happening to people around you? (any sort of discrimination such as unequal pay, opportunities, freedom, etc.) | Yes……………….1  No………………..2  Don't know…..3 |  |
|  | Do you think you have equal livelihood opportunity as male with similar skills? | Yes……………….1  No………………..2  Don't know…..3 |  |
|  | Do you set goals for yourself to achieve? (e.g. education, employment) | Yes……………….1  No………………..2  Don't know…..3 |  |
|  | Do you think you will be able to achieve the goals that you have set for yourself? | Yes……………….1  No………………..2  Don't know…..3 |  |
|  | When facing challenges at school and home, do you think you are skilled to address such challenge? | Yes……………….1  No………………..2  Don't know…..3 |  |
|  | Do you think you have skills to accomplish difficult tasks that you might face at home or at school? | Yes……………….1  No………………..2  Don't know…..3 |  |
|  | Do you think you can face challenges that you face at school or at home? | Yes……………….1  No………………..2  Don't know…..3 |  |
|  | Have you received any training from SfS-II project or have the project helped you in any way to enable you to face such challenge? | Yes……………….1  No………………..2  Don't know…..3 |  |
|  | Do you know who or where you can approach if you witness or experience, physical violence/abuse? | Yes……………….1  No………………..2  Don't know…..3 |  |
|  | If yes, who would you approach? | Teacher………………1  Peers………………….2  Seniors or social service providers in community………3  Family Members…….4  Community elders……5  Local government (ward/municipality) ………6  Big Sisters…………………………..7  Parents…………………………8  Siblings or other relatives…………………..9  Other (Please Specify)…………………………..10 |  |
|  | Do you know who or where you can approach if you witness or experience domestic violence? | Yes……………….1  No………………..2  Don't know…..3 |  |
|  | If yes, who would you approach? | Teacher………………1  Peers………………….2  Seniors or social service providers in community………3  Family Members…….4  Community elders……5  Local government (ward/municipality) ………6  Big Sisters…………………………..7  Parents…………………………8  Siblings or other relatives…………………..9  Other (Please Specify)…………………………..10 |  |
|  | Do you know who or where you can approach if you witness or experience, physical violence/abuse? | Yes……………….1  No………………..2  Don't know…..3 |  |
|  | If yes, who would you approach? | Teacher………………1  Peers………………….2  Seniors or social service providers in community………3  Family Members…….4  Community elders……5  Local government (ward/municipality) ………6  Big Sisters…………………………..7  Parents…………………………8  Siblings or other relatives…………………..9  Other (Please Specify)…………………………..10 |  |
|  | Do you know who or where you can approach if you need help for mental wellbeing? | Yes……………….1  No………………..2  Don't know…..3 |  |
|  | If yes, who would you approach? | Teacher………………1  Peers………………….2  Seniors or social service providers in community………3  Family Members…….4  Community elders……5  Local government (ward/municipality) ………6  Big Sisters…………………………..7  Parents…………………………8  Siblings or other relatives…………………..9  Other (Please Specify)…………………………..10 |  |
|  | Do you think the ongoing COVID-19 pandemic has affected or will affect your future aspirations regarding education? | Yes……………..1  No………………2 |  |
|  | If yes, what impact do you think it will have? | Reduced learning outcome……1  Loss of an academic year……..2  Difficulty in continuing schooling………3  Difficulty to enroll in higher education………..4  Increased household responsibility………….5  Others please specify…………………..6 |  |
|  | Do you think you can deal with COVID19 and still be persistent in your dreams and aspirations for the future? | Yes……………..1  No………………2 |  |
|  | Have you received any support from SfS to tackle problems that you faced during COVID19? | Yes……………..1  No………………2 |  |
|  | If yes, what kind of support? | Academic……………………1  Financial……………………..2  Health………………………..3  Mental Wellbeing………….4  Support to family members…………….5  Others (please specify) | Multiple choice |
|  | How effective has the support been? | Not effective………………………….1  Slightly effective…………………….2  Highly effective………………………3 |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Teaching Quality** | | |  |
| TQ1 | Do you feel safe at school? | Yes……………….1  No………………..2  Don't know…..3 |  |
|  |  |  |  |
|  | Please recall your days at schools to provide your response following questions | |  |
| TQ 2 | Do you feel that your teachers treated you with respect | Yes……………….1  No………………..2  Don't know……………….97 |  |
| TQ 3 | Do you feel your teacher treated boys and girls differently in the classroom | Yes……………….1  No………………..2  Don't know……………….97 |  |
|  | If yes, why do you feel that they treated boys and girls differently? | Asked more difficult questions to girls………………1  Asked more difficult questions to boys……………..2  Sought more participation form girls………………..3  Sought more participation form boys………………..4  Girls are punished more often…………………5  Boys are punished more often………………….6  Girls are punished more severely………………..7  Boys are punished more severely………………..8  Rewarded boys more……………………….9  Rewarded girls more………………………..10  Others (Please specify)……………………….11 | Multiple choice |
|  | Were the teachers absent from class? | Often…………………….1  Sometimes……………...2  Rarely…………………....3  Never…………………….4  Don’t know……………….5 |  |
| TQ 4 | Did your teacher(s) encourage students to participate during lessons, for example by answering questions? | Often…………………….1  Sometimes……………...2  Rarely…………………....3  Never…………………….4  Don’t know……………….5 |  |
| TQ 5 | Did your teachers discipline or punish students who get things wrong in a lesson? | Yes…………..1  No……………2  Don’t Know ………3 | If 1 ask TQ 5.1 else skip to HC 1 |
| TQ 5.1 | How do the teachers punish students? | Physical punishment………….1  Shouting……………………….2  Detention………………………3  Other……………………………4 |  |
|  | Did you enjoy your classes at schools? | Yes…………..1  No……………2  Don’t Know ………3 |  |
|  | If yes, why? | Use of visual aids……………………………..1  Classes conducted outside classrooms……..2  More group works……………………………….3  Behavior of teacher……………………………..4  Others please specify…………………………..5 | Multiple choice |
|  | If no, why? | The teaching technique were similar to others…..1  Felt burdened by the assignments……………..2  Could not comprehend the teachers……3  Others please specify………………………..4 | Multiple choice |
|  | Have you received any support form your teachers since the schools closed? | Yes…………….1  No……………..2 |  |
|  | If yes what kind of support? | Academic support………………………..1  Counseling for yourself…………………..2  Counseling for Family…………………….3  Service linkages (e.g. health) ………………….4  Other (please specify)………………………….5 |  |
|  | If no, why haven’t you received any support form teacher? | Did not need any support…………………..1  The teachers were not reachable or available when I needed support…….2  The teachers were not willing to assist when I reached them……….3  The teacher did not know how she/he could assist me…….4  I was not confident enough to seek assistance form teachers…………5  I did not know teachers would provide assistance even when the schools were closed………6  Others please specify……………..7 |  |
|  | If no, do you think, if ever you need, your teachers will be available/willing to support you even during the closure of schools? | Yes…………….1  No……………..2 |  |
|  | Who would you talk to if you faced problems in schools or at home? | Family Member……………………………1  Teacher……………………………………2  School Seniors……………………………3  Peers/Friends…………………………….4  Others (please specify) |  |
| **Household Chores** | | | |
|  | Did you spend time caring for younger or older family members before schools were closed due to CoVID? | Yes……………..1  No………………2  Refusal…………3 |  |
| HC 1 | Do you spend time caring for younger or older family members now? | Yes……………..1  No………………2  Refusal…………3 |  |
|  | Did you spend time doing housework before schools were closed due to CoVID? | Yes……………..1  No………………2  Refusal…………3 |  |
| HC 2 | Do you spend time doing housework (e.g. cooking or cleaning) now? | Yes……………..1  No………………2  Refusal…………3 |  |
|  | Did you help with fetching water before schools were closed due to CoVID? | Yes……………..1  No………………2  Refusal…………3 |  |
| HC 3 | Do you help with fetching water? | Yes……………..1  No………………2  Refusal…………3 |  |
|  | Did you help with agricultural work e.g. guarding livestock; planting, watering or harvesting crops) before schools were closed due to CoVID? | Yes……………..1  No………………2  Refusal…………3 |  |
| HC 4 | Do you help with agricultural work (e.g. guarding livestock; planting, watering or harvesting crops) | Yes……………..1  No………………2  Refusal…………3 |  |
|  | Did you help with family business or work outside the home (non-agricultural) before schools were closed due to CoVID? | Yes……………..1  No………………2  Refusal…………3 |  |
| HC 5 | Do you help with a family business or work outside the home (non-agricultural)? | Yes……………..1  No………………2  Refusal…………3 |  |
|  | How much time did you spent in doing HH chores/care work before schools were closed due to CoVID? | Yes……………..1  No………………2  Refusal…………3 |  |
|  |  |  |  |
| HC 6 | How much time do you spend doing HH chores/care work? |  |  |
|  | Do you have male siblings who are also enrolled in education? |  |  |
|  | Do your male siblings do the same amount of work as you do? | Yes……………..1  No………………2  Refusal…………3 |  |
|  | If No, how many hours do your siblings contribute to HH chores/care work? |  |  |
| HC7 | Are you involved in any form of paid work? | Yes……………..1  No………………2 | If 1 Ask HC7.1 and HC7.2 |
| HC7.1 | What work? | Daily wage……………………………………….1  Formal employment………………………...2  Family business…………………………………3  Informal employment……………………….4  Others (Specify)……………………………….99 |  |
| HC7.2 | How many hours on an average day do you contribute to such work? | 1 hour…………………………..1  2 hours……………………….2  3 hours……………………..3  4 hours………………….. 4  5 hours………………5  6 hours or more…………6  I work only during holidays…………..7  Don’t know/ can’t say…………………..99 |  |
| **EDGE club (Ask only if 11.3 = 1)** | | | |
| As you stated, you are a member of the EDGE club. Now we would like ask you some questions about the club and your view around that. | | | |
| **ED1** | How long has it been since you enrolled in the EDGE club? | Less than 3 months…………………1  3 months to 6 months…………6  6 months to a year……………….7  More than a year…………………8 |  |
| **ED2** | How have you been taking EDGE Virtual classes after the closure of schools? | Face to face as it was before the CoVID-19……………………..1  Through books and learning materials that you have at home or was provide to you (like Meena carton story book)…….2  Radio……………………………….3  Telephone………………………..4  Television (Meena Cartoon)………………………..5  Have not been taking classes………6  Other (Please Specify) ……..7 | Multiple Choice  If ED2 =6 skip to ED6 5 |
| **Ask only if ED 2=2** | | | |
| **ED 3** | How much time do you spend each day accessing such material/books? | Less than half an hour a day………………………1  Between half and hour and an hour a day…..2  Between an hour and two hours a day………..3  More than two hours a day………………………….4 |  |
| **ED99** | How helpful do you find these material in enhancing your English skills? | Very effective…………………………1  Fairly effective……………………….2  Not effective at all…………………3 |  |
|  | **Ask only if ED 2 =3 Radio**  **Else skip to ED 3.4 if ED 3 =5 if not skip to ED 4** |  |  |
| **ED 3.1** | If ED 3 = 3:  Can you name the radio Program? | Sajilo Sikai……………………..1  Radio EDGE……………………2  Others (please specify) ……………………3 | Multiple Choice |
| **ED 3.2** | How regularly do you listen to the program? | Very regular…………………………1  Fairly Regular……………………….2  Not so regular at all………………………3 | If ED 3.2=1 or 2 ask ED 3.3 if ED3.2 = 3 Skip to ED 3.4 |
| **ED 3.3** | how engaging do you find the Radio program? | Very engaging…………….1  Rarely engaging…………..2  Not engaging at all……….3 |  |
| **ED 3.4** | Why are you not regular in the club? | It is not engaging……………………1  Cannot comprehend/understand…………………2  Do not get time due to household chores…………3  Do not get support from family……………………….4  Do not have equipment (TV, radio or mobile phones) to take classes……………5  The activity time of the club is not suitable………….6  Others please specify………………….7 |  |
|  | **Ask** **if ED 2 =5** |  |  |
| **ED 3.5** | Can you name the TV Program? | Meena Cartoon……………………..1  Others (please specify) ……………………2 | Multiple Choice  If ED 3.5 = 1 ask ED 3.6 else skip to ED 4 |
| **ED 3.6** | How regularly do you watch the program? | Very regular…………………………1  Fairly Regular……………………….2  Not so regular at all………………………3 | If ED 3.5=1 or 2 ask ED 3.6 If 3.6= 3, ask 3.8 |
| **ED 3.7** | how engaging do you find the Radio program? | Very engaging…………….1  Rarely engaging…………..2  Not engaging at all……….3 | If ED 3.7 = 1 or 2 skip ED 3.8.  If ED 3.7=3 ask ED 3.8 |
| **ED 3.8** | Why are you not regular in the club? | It is not engaging……………………1  Cannot comprehend/understand…………………2  Do not get time due to household chores…………3  Do not get support from family……………………….4  Do not have equipment (TV, radio or mobile phones) to take classes……………5  The activity time of the club is not suitable………….6  Others please specify………………….7 |  |
|  | **Ask if ED 3 = 2 or 4** |  |  |
| **ED4** | How regular are you engage in the club activity? | Very regular…………………………1  Fairly Regular……………………….2  Not so regular at all………………………3 | If ED4=1 or 2 ask ED4.1 if ED4 = 3 Skip to ED4.2 |
| **ED4.1** | how engaging do you find the classes? | Very engaging…………….1  Rarely engaging…………..2  Not engaging at all……….3 |  |
| **ED4.2** | Why are you not regular in the club? | It is not engaging……………………1  Cannot comprehend/understand…………………2  Do not get time due to household chores…………3  Do not get support from family……………………….4  Do not have equipment (TV, radio or mobile phones) to take classes……………5  The activity time of the club is not suitable………….6  Others please specify………………….7 |  |
|  | **Ask for all in EDGE club** |  |  |
| **ED5** | How do you think the EDGE club will help you in future? | Improved English………………………………1  Improved computer skills………………….2  Will help in future education…………….3  Will help in employment………………….4  Don’t know/can’t say……………………….5  Improved Confidence……………………….6  Other please specify………………………….7 | Multiple Choice |
| **ED6** | Do you get opportunity to practice English and Digital learning at home? | Yes, both……………….1  Yes, only Digital……….2  Yes, only Skill…………….3  No………………………………4  Don’t know can’t say………5 |  |
| **ED7** | We know you have English as a subject in the school. Do you think you will be able to practice digital skill in school? | Yes…………1  No………….2  Don’t know……….3 |  |
| **ED8** | Do you think you will be able to continue practicing English and Digital skills even after the end of the EDGE club? | Yes, both……………….1  Yes, only Digital……….2  Yes, only Skill…………….3  No………………………………4  Don’t know can’t say………5 |  |
| **Washington Group of Questions** | | | |
| WG1 | 1. Do you have difficulty seeing, even if wearing glasses? | No difficulty 1  Some difficulty 2  A lot of difficulty 3  Cannot do at all………………………………………. 4  Refuse…………………….…………………. 7  Don’t Know………………………………….9 |  |
| WG 2. | 2. Do you have difficulty hearing, even if using a hearing aid? | No difficulty 1  Some difficulty 2  A lot of difficulty 3  Cannot do at all………………………………………. 4  Refuse…………………….…………………. 7  Don’t Know………………………………….9 |  |
| WG 3. | 3. Do you have difficulty walking or climbing steps? | No difficulty 1  Some difficulty 2  A lot of difficulty 3  Cannot do at all………………………………………. 4  Refuse…………………….…………………. 7  Don’t Know………………………………….9 |  |
| WG 4. | 4. Do you have difficulty remembering or concentrating? | No difficulty 1  Some difficulty 2  A lot of difficulty 3  Cannot do at all………………………………………. 4  Refuse…………………….…………………. 7  Don’t Know………………………………….9 |  |
| WG 5. | 5. Do you have difficulty (with self-care such as) washing all over or dressing? | No difficulty 1  Some difficulty 2  A lot of difficulty 3  Cannot do at all…………………….…………………. 4  Refuse…………………….…………………. 7  Don’t Know………………………………….9 |  |
| WG 6. | 6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood? | No difficulty 1  Some difficulty 2  A lot of difficulty 3  Cannot do at all…………………….…………………. 4  Refuse…………………….…………………. 7  Don’t Know………………………………….9 |  |