

OECD Programme for International Student Assessment (PISA) for Development



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<country>

Date of Interview (PISA 2018)		
_____	_____	2018
Day	Month	

Questionnaire for Person Most Knowledgeable About Youth

Youth ID

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Interviewer ID

<Language of test> <ISO code>



Project Consortium

- cApStAn Linguistic Quality Control Inc. (USA)
- Educational Testing Service (USA)
- The Learning Bar (Canada)
- Westat (USA)

Dear <parent/care-giver>,

Thank you for participating in this study.

What is this questionnaire about?

The youth we interviewed was selected to participate in the Programme for International Student Assessment (PISA), a research study which mainly focuses on the literacy of young people. This study is organised by the Organisation for Economic Co-operation and Development (OECD) and it surveys young people from over 80 different countries.

As part of the study, we are also surveying the youth's <parent/caregiver> on a number of topics including:

- Background information
- Information about the youth and the family
- The youth's early years
- The youth's educational experience
- Your educational expectations for the youth

The information you provide will be extremely valuable in increasing <name of country>'s use of PISA assessments for monitoring progress towards nationally-set targets for improvement, for the analysis of factors associated with student learning outcomes, particularly for poor and marginalised populations, for institutional capacity-building and for tracking international educational targets.

Who should complete this questionnaire?

This questionnaire should be completed by a parent (or jointly by both parents) or other <primary caregiver> of the youth.

We ask you to respond to all the questions you feel comfortable answering. There are no right or wrong answers and we assure you that your responses to this questionnaire will be kept confidential.

More information on the PISA study can be found on the Internet at <http://www.pisa.oecd.org/>

Q01**What is your relationship to the youth we interviewed? You are his or her:**HH001
HH001Q01NA*(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

Q02**What is your main activity?**HH002
HH002Q01NA*(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 |

Q03**What is your main job? (e.g., school teacher, kitchen-hand, sales manager)**HH003
HH003Q01TA*(If you are not working now, what was your last main job?)**Please write the job title.* _____

Q04

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)

HH004
HH004Q01TA

Please describe the kind of work you do or did in that job.

Q05

What is the highest level of schooling that you have completed?

HH005
HH005Q01NA

(Please select one response.)

- | | |
|--|--|
| 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 |

The next three questions ask about the past educational experiences of the youth we interviewed. If you do not know or cannot remember, please check the box “I don’t know”.

Q06 Did he or she receive <formal ECEC>?

HH006
HH006Q01NA

(Please tick only one box.)

No ₁

Yes, for one year or less ₂

Yes, for more than one year ₃

I don’t know ₉₃

I refuse to answer ₉₄

Q07 Did the youth we interviewed attend <ISCED 0>?

HH007
HH007Q01NA

(Please tick only one box.)

No ₁

Yes, for one year or less ₂

Yes, for more than one year ₃

I don’t know ₉₃

I refuse to answer ₉₄

Q08

When the youth we interviewed attended the first year of <ISCED 1>, how often did you or someone else in your home do the following activities with him or her?

HH008 (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

The following seven questions inquire about the mother’s pregnancy and birth and the early years of life of the youth we interviewed. If you do not know or cannot remember, please check the box “I don’t know”.

Q09 While pregnant with the youth we interviewed, did the mother experience any of the following events?

HH009 (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"/> | 1 |
| HH009Q01NO | I refuse to answer | <input type="checkbox"/> | 1 |

Q10 Under what conditions was he or she born?

HH010
HH010Q01NA

(Please tick only one box.)

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

Q11 Was he or she...

HH011

(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>
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

Q12 How was he or she fed during the first six months?

HH013 (Please tick one box in each row.)

	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

Q13 During the first two years of life, about how often was he or she hungry because there was not enough food in the house?

HH014 (Please tick only one box.)
HH014Q01NA

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

Q14 During the first two years of life, about how many times a day was he or she fed?

HH015
HH015Q01NA

(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

Q15 During the first five years of life, did he or she experience any of the following health problems?

HH016 (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"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _93	<input type="checkbox"/> _94
HH016Q02NA	Allergies	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _93	<input type="checkbox"/> _94
HH016Q03NA	Infectious disease (e.g., cholera, tuberculosis)	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _93	<input type="checkbox"/> _94
HH016Q04NA	Respiratory infection or pneumonia	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _93	<input type="checkbox"/> _94
HH016Q05NA	Anemia	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _93	<input type="checkbox"/> _94
HH016Q06NA	Viral disease such as measles, rubella, chickenpox, polio, or yellow fever	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _93	<input type="checkbox"/> _94
HH016Q07NA	<malaria>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _93	<input type="checkbox"/> _94
HH016Q08NA	<dengue>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _93	<input type="checkbox"/> _94
HH016Q09NA	<HIV/AIDS>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _93	<input type="checkbox"/> _94

Q16 Which of the following factors do you think may prevent the youth we interviewed from completing <compulsory education>?

HH019 (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

Q17 Thinking about school, to what extent do you agree with the following statements?

HH020 (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

Q18 Did the youth we interviewed or his or her family, receive any of the following benefits from government or local authorities?

HH021 (Please tick one box in each row.)

	Yes	No	I don't know	I refuse to answer
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

Q19 Did you have help in completing this questionnaire?

HH022 (Please tick only one box.)
HH022Q01NA

- No, I completed it myself. _1
- Yes, the interviewer helped me. _2
- Yes, the youth that was interviewed helped me. _3
- Yes, another person helped me. _4

Thank you very much for your co-operation in completing this questionnaire!

