

5-17 CHILD INFORMATION PANEL		FS
FS1. Cluster number: _____	FS2. Household number: _____	
FS3. Child's name and line number: NAME _____	FS4. Mother's / Caretaker's name and line number: NAME _____	
FS5. Interviewer's name and number: NAME _____	FS6. Supervisor's name and number: NAME _____	
FS7. Day / Month / Year of interview: ____ / ____ / <u>2</u> <u>0</u> <u>1</u> _8	FS8. Record the time:	HOURS : MINUTES ____ : ____

<p>Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify that adult consent for interview is obtained (HH33 or HH39) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in FS17. The respondent must be at least 15 years old. In the very few cases where a child age 15-17 has no mother or caretaker identified in the household (HL20=90), the respondent will be the child him/herself.</p>		
FS9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY 1 NO, FIRST INTERVIEW 2	1 ⇒ FS10B 2 ⇒ FS10A
FS10A. Hello, my name is (<i>your name</i>). We are from The <i>Gambia Bureau of Statistics</i> . We are conducting a survey about the situation of children, families and households. I would like to talk to you about (<i>child's name from FS3</i>)'s health and well-being. This interview will take about 40 minutes. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	FS10B. Now I would like to talk to you about (<i>child's name from FS3</i>)'s health and well-being in more detail. This interview will take about 40 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	
YES 1 NO / NOT ASKED 2	1 ⇒ CHILD'S BACKGROUND Module 2 ⇒ FS17	

<p>FS17. Result of interview for child age 5-17 years</p> <p><i>Codes refer to the respondent.</i></p> <p><i>Discuss any result not completed with Supervisor.</i></p>	COMPLETED	01
	NOT AT HOME	02
	REFUSED.....	03
	PARTLY COMPLETED	04
	INCAPACITATED (specify) _____	05
	NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17	06
	OTHER (specify) _____	96

CHILD'S BACKGROUND		CB
CB1. Check the respondent's line number (FS4) in 5-17 CHILD INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):	FS4=HH47..... 1 FS4≠HH47..... 2	1 ⇒CB11
CB2. In what month and year was (<i>name</i>) born? <i>Month and year <u>must</u> be recorded.</i>	DATE OF BIRTH MONTH..... __ __ YEAR __ __ __	
CB3. How old is (<i>name</i>)? <i>Probe:</i> How old was (<i>name</i>) at (his/her) last birthday? <i>Record age in completed years.</i> <i>If responses to CB2 and CB3 are inconsistent, probe further and correct.</i>	AGE (IN COMPLETED YEARS) __ __	
CB4. Has (<i>name</i>) ever attended school or any early childhood education programme?	YES..... 1 NO 2	2 ⇒CB11
CB5. What is the highest level and grade or year of school (<i>name</i>) has ever attended?	EARLY CHILDHOOD EDUCATION.....000 PRIMARY 1 __ __ LOWER SECONDARY 2 __ __ UPPER SECONDARY 3 __ __ VOCATIONAL 4 __ __ DIPLOMA 5 __ __ HIGHER 6 __ __	000 ⇒CB7
CB6. Did (he/she) ever complete that (grade/year)?	YES..... 1 NO 2	
CB7. At any time during 2017/2018 school year did (<i>name</i>) attend school or any early childhood education programme?	YES..... 1 NO 2	2 ⇒CB9
CB8. During 2017/2018 school year, which level and grade or year is (<i>name</i>) <u>attending</u> ?	EARLY CHILDHOOD EDUCATION.....000 PRIMARY 1 __ __ LOWER SECONDARY 2 __ __ UPPER SECONDARY 3 __ __ VOCATIONAL 4 __ __ DIPLOMA 5 __ __ HIGHER 6 __ __	
CB9. At any time during the 2016/2017 school year did (<i>name</i>) attend school or any early childhood education programme?	YES..... 1 NO 2	2 ⇒CB11

CB10. During 2016/2017 school year, which level and grade or year did (<i>name</i>) attend?	EARLY CHILDHOOD EDUCATION.....000 PRIMARY 1 ___ LOWER SECONDARY 2 ___ UPPER SECONDARY 3 ___ VOCATIONAL..... 4 ___ DIPLOMA 5 ___ HIGHER 6 ___	
CB11. Is (<i>name</i>) covered by any health insurance?	YES..... 1 NO 2	2 ⇒ End
CB12. What type of health insurance is (<i>name</i>) covered by? <i>Record all mentioned.</i>	HEALTH INSURANCE THROUGH EMPLOYERB OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE..... D OTHER (<i>specify</i>) _____ X	

CHILD LABOUR		CL
<p>CL1. Now I would like to ask about any work (<i>name</i>) may do.</p> <p>Since last (<i>day of the week</i>), did (<i>name</i>) do any of the following activities, even for only one hour?</p> <p>[A] Did (<i>name</i>) do any work or help on (his/her) own or the household's plot, farm, food garden or looked after animals? For example, growing farm produce, harvesting, or feeding, grazing or milking animals?</p> <p>[B] Did (<i>name</i>) help in a family business or a relative's business with or without pay, or run (his/her) own business?</p> <p>[C] Did (<i>name</i>) produce or sell articles, handicrafts, clothes, food or agricultural products?</p> <p>[X] Since last (<i>day of the week</i>), did (<i>name</i>) engage in any <u>other</u> activity in return for income in cash or in kind, even for only one hour?</p>	<p style="text-align: right;">YES NO</p> <p>WORKED ON PLOT, FARM, FOOD GARDEN, LOOKED AFTER ANIMALS 1 2</p> <p>HELPED IN FAMILY / RELATIVE'S BUSINESS / RAN OWN BUSINESS..... 1 2</p> <p>PRODUCE / SELL ARTICLES / HANDICRAFTS / CLOTHES / FOOD OR AGRICULTURAL PRODUCTS 1 2</p> <p>ANY OTHER ACTIVITY 1 2</p>	
<p>CL2. Check CL1, [A]-[X]:</p>	<p>AT LEAST ONE 'YES' 1</p> <p>ALL ANSWERS ARE 'NO' 2</p>	<p>2 ⇒ CL7</p>
<p>CL3. Since last (<i>day of the week</i>) about how many hours did (<i>name</i>) engage in (this activity/these activities), in total?</p> <p><i>If less than one hour, record '00'.</i></p>	<p>NUMBER OF HOURS _ _</p>	
<p>CL4. (Does the activity/Do these activities) require carrying heavy loads?</p>	<p>YES..... 1</p> <p>NO 2</p>	
<p>CL5. (Does the activity/Do these activities) require working with dangerous tools such as knives and similar or operating heavy machinery?</p>	<p>YES..... 1</p> <p>NO 2</p>	

<p>CL6. How would you describe the work environment of (<i>name</i>)?</p> <p>[A] Is (he/she) exposed to dust, fumes or gas?</p> <p>[B] Is (he/she) exposed to extreme cold, heat or humidity?</p> <p>[C] Is (he/she) exposed to loud noise or vibration?</p> <p>[D] Is (he/she) required to work at heights?</p> <p>[E] Is (he/she) required to work with chemicals, such as pesticides, glues and similar, or explosives?</p> <p>[X] Is (<i>name</i>) exposed to other things, processes or conditions bad for (his/her) health or safety?</p>	<p>YES..... 1 NO 2</p> <p>YES..... 1 NO 2</p> <p>YES..... 1 NO 2</p> <p>YES..... 1 NO 2</p> <p>YES..... 1 NO 2</p> <p>YES..... 1 NO 2</p>	
<p>CL7. Since last (<i>day of the week</i>), did (<i>name</i>) fetch water for household use?</p>	<p>YES..... 1 NO 2</p>	<p>2 ⇒ CL9</p>
<p>CL8. In total, how many hours did (<i>name</i>) spend on fetching water for household use, since last (<i>day of the week</i>)?</p> <p><i>If less than one hour, record '00'.</i></p>	<p>NUMBER OF HOURS..... _ _</p>	
<p>CL9. Since last (<i>day of the week</i>), did (<i>name</i>) collect firewood for household use?</p>	<p>YES..... 1 NO 2</p>	<p>2 ⇒ CL11</p>
<p>CL10. In total, how many hours did (<i>name</i>) spend on collecting firewood for household use, since last (<i>day of the week</i>)?</p> <p><i>If less than one hour, record '00'.</i></p>	<p>NUMBER OF HOURS..... _ _</p>	

<p>CL11. Since last (<i>day of the week</i>), did (<i>name</i>) do any of the following for this household?</p> <p>[A] Shopping for the household?</p> <p>[B] Cooking?</p> <p>[C] Washing dishes or cleaning around the house?</p> <p>[D] Washing clothes?</p> <p>[E] Caring for children?</p> <p>[F] Caring for someone old or sick?</p> <p>[X] Other household tasks?</p>	<p style="text-align: right;">YES NO</p> <p>SHOPPING FOR HOUSEHOLD..... 1 2</p> <p>COOKING..... 1 2</p> <p>WASHING DISHES / CLEANING HOUSE..... 1 2</p> <p>WASHING CLOTHES 1 2</p> <p>CARING FOR CHILDREN 1 2</p> <p>CARING FOR OLD / SICK 1 2</p> <p>OTHER HOUSEHOLD TASKS 1 2</p>	
<p>CL12. Check CL11, [A]-[X]:</p>	<p>AT LEAST ONE 'YES'1</p> <p>ALL ANSWERS ARE 'NO'2</p>	<p>2 ⇒ End</p>
<p>CL13. Since last (<i>day of the week</i>), about how many hours did (<i>name</i>) engage in (this activity/these activities), in total?</p> <p><i>If less than one hour, record '00'</i></p>	<p>NUMBER OF HOURS..... _ _</p>	

CHILD DISCIPLINE		FCD
FCD1. Check CB3: Child's age?	AGE 5-14 YEARS1 AGE 15-17 YEARS2	2⇒End
<p>FCD2. Now I'd like to talk to you about something else.</p> <p>Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used. Please tell me if <u>you or any other adult in your household</u> has used this method with <u>(name) in the past month</u>.</p> <p>[A] Took away privileges, forbade something (name) liked or did not allow (him/her) to leave the house.</p> <p>[B] Explained why (name)'s behaviour was wrong.</p> <p>[C] Shook (him/her).</p> <p>[D] Shouted, yelled at or screamed at (him/her).</p> <p>[E] Gave (him/her) something else to do.</p> <p>[F] Spanked, hit or slapped (him/her) on the bottom with bare hand.</p> <p>[G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.</p> <p>[H] Called (him/her) dumb, lazy or another name like that.</p> <p>[I] Hit or slapped (him/her) on the face, head or ears.</p> <p>[J] Hit or slapped (him/her) on the hand, arm, or leg.</p> <p>[K] Beat (him/her) up, that is hit him/her over and over as hard as one could.</p>	<p>YES NO</p> <p>TOOK AWAY PRIVILEGES.....1 2</p> <p>EXPLAINED WRONG BEHAVIOR1 2</p> <p>SHOOK HIM/HER1 2</p> <p>SHOUTED, YELLED, SCREAMED1 2</p> <p>GAVE SOMETHING ELSE TO DO1 2</p> <p>SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND1 2</p> <p>HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT1 2</p> <p>CALLED DUMB, LAZY OR ANOTHER NAME1 2</p> <p>HIT / SLAPPED ON THE FACE, HEAD OR EARS1 2</p> <p>HIT / SLAPPED ON HAND, ARM OR LEG1 2</p> <p>BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD.....1 2</p>	
FCD3. Check FS4: Is this respondent the mother or caretaker of any other children under age 5?	YES1 NO2	2⇒FCD5

FCD4. Check FS4: Has this respondent already responded to the following question (UCD5) for another child?	YES 1 NO 2	1 ⇒ End
FCD5. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	YES 1 NO 2 DK / NO OPINION 8	

CHILD FUNCTIONING		FCF
FCF1. I would like to ask you some questions about difficulties (<i>name</i>) may have. Does (<i>name</i>) wear glasses or contact lenses?	YES 1 NO 2	
FCF2. Does (<i>name</i>) use a hearing aid?	YES 1 NO 2	
FCF3. Does (<i>name</i>) use any equipment or receive assistance for walking?	YES 1 NO 2	
FCF4. In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that (<i>name</i>) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember the four possible answers: Would you say that (<i>name</i>) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all?		
FCF5. Check FCF1: Child wears glasses or contact lenses?	YES, FCF1=1 1 NO, FCF1=2 2	1 ⇒ FCF6A 2 ⇒ FCF6B
FCF6A. When wearing (his/her) glasses or contact lenses, does (<i>name</i>) have difficulty seeing? FCF6B. Does (<i>name</i>) have difficulty seeing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT SEE AT ALL 4	
FCF7. Check FCF2: Child uses a hearing aid?	YES, FCF2=1 1 NO, FCF2=2 2	1 ⇒ FCF8A 2 ⇒ FCF8B

<p>FCF8A. When using (his/her) hearing aid(s), does (<i>name</i>) have difficulty hearing sounds like peoples' voices or music?</p> <p>FCF8B. Does (<i>name</i>) have difficulty hearing sounds like peoples' voices or music?</p>	<p>NO DIFFICULTY..... 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY..... 3 CANNOT HEAR AT ALL 4</p>	
<p>FCF9. Check FCF3: Child uses equipment or receives assistance for walking?</p>	<p>YES, FCF3=1..... 1 NO, FCF3=2..... 2</p>	<p>2⇒FCF14</p>
<p>FCF10. Without (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking 100 meters/yards on level ground?</p> <p><i>Probe:</i> That would be about the length of 1 football field.</p> <p><i>Note that category 'No difficulty' is not available, as the child uses equipment or receives assistance for walking.</i></p>	<p>SOME DIFFICULTY 2 A LOT OF DIFFICULTY..... 3 CANNOT WALK 100 M AT ALL..... 4</p>	<p>3⇒FCF12 4⇒FCF12</p>
<p>FCF11. Without (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking 500 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 5 football fields.</p> <p><i>Note that category 'No difficulty' is not available, as the child uses equipment or receives assistance for walking.</i></p>	<p>SOME DIFFICULTY 2 A LOT OF DIFFICULTY..... 3 CANNOT WALK 500 M AT ALL..... 4</p>	
<p>FCF12. With (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking 100 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 1 football field.</p>	<p>NO DIFFICULTY..... 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY..... 3 CANNOT WALK 100 M AT ALL..... 4</p>	<p>3⇒FCF16 4⇒FCF16</p>
<p>FCF13. With (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking 500 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 5 football fields.</p>	<p>NO DIFFICULTY..... 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY..... 3 CANNOT WALK 500 M AT ALL..... 4</p>	<p>1⇒FCF16</p>
<p>FCF14. Compared with children of the same age, does (<i>name</i>) have difficulty walking 100 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 1 football field.</p>	<p>NO DIFFICULTY..... 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY..... 3 CANNOT WALK 100 M AT ALL..... 4</p>	<p>3⇒FCF16 4⇒FCF16</p>

<p>FCF15. Compared with children of the same age, does (<i>name</i>) have difficulty walking 500 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 5 football fields.</p>	<p>NO DIFFICULTY..... 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY..... 3 CANNOT WALK 500 M AT ALL..... 4</p>	
<p>FCF16. Does (<i>name</i>) have difficulty with self-care such as feeding or dressing (himself/herself)?</p>	<p>NO DIFFICULTY..... 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY..... 3 CANNOT CARE FOR SELF AT ALL 4</p>	
<p>FCF17. When (<i>name</i>) speaks, does (he/she) have difficulty being understood by people inside of this household?</p>	<p>NO DIFFICULTY..... 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY..... 3 CANNOT BE UNDERSTOOD AT ALL 4</p>	
<p>FCF18. When (<i>name</i>) speaks, does (he/she) have difficulty being understood by people outside of this household?</p>	<p>NO DIFFICULTY..... 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY..... 3 CANNOT BE UNDERSTOOD AT ALL 4</p>	
<p>FCF19. Compared with children of the same age, does (<i>name</i>) have difficulty learning things?</p>	<p>NO DIFFICULTY..... 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY..... 3 CANNOT LEARN THINGS AT ALL 4</p>	
<p>FCF20. Compared with children of the same age, does (<i>name</i>) have difficulty remembering things?</p>	<p>NO DIFFICULTY..... 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY..... 3 CANNOT REMEMBER THINGS AT ALL 4</p>	
<p>FCF21. Does (<i>name</i>) have difficulty concentrating on an activity that (he/she) enjoys doing?</p>	<p>NO DIFFICULTY..... 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY..... 3 CANNOT CONCENTRATE AT ALL 4</p>	
<p>FCF22. Does (<i>name</i>) have difficulty accepting changes in (his/her) routine?</p>	<p>NO DIFFICULTY..... 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY..... 3 CANNOT ACCEPT CHANGES AT ALL 4</p>	
<p>FCF23. Compared with children of the same age, does (<i>name</i>) have difficulty controlling (his/her) behaviour?</p>	<p>NO DIFFICULTY..... 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY..... 3 CANNOT CONTROL BEHAVIOUR AT ALL.... 4</p>	

<p>FCF24. Does (<i>name</i>) have difficulty making friends?</p>	<p>NO DIFFICULTY..... 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY..... 3 CANNOT MAKE FRIENDS AT ALL..... 4</p>	
<p>FCF25. The next questions have different options for answers. I am going to read these to you after each question.</p> <p>I would like to know how often (<i>name</i>) seems very anxious, nervous or worried.</p> <p>Would you say: daily, weekly, monthly, a few times a year or never?</p>	<p>DAILY 1 WEEKLY 2 MONTHLY..... 3 A FEW TIMES A YEAR..... 4 NEVER 5</p>	
<p>FCF26. I would also like to know how often (<i>name</i>) seems very sad or depressed.</p> <p>Would you say: daily, weekly, monthly, a few times a year or never?</p>	<p>DAILY 1 WEEKLY 2 MONTHLY..... 3 A FEW TIMES A YEAR..... 4 NEVER 5</p>	

PARENTAL INVOLVEMENT		PR
PR1. Check CB3: Child's age?	AGE 5-6 YEARS 1 AGE 7-14 YEARS 2 AGE 15-17 YEARS 3	1 ⇒ End 3 ⇒ End
PR2. At the end of this interview I will ask you if I can talk to (<i>name</i>). If (he/she) is close, can you please ask (him/her) to stay here. If (<i>name</i>) is not with you at the moment could I ask that you now arrange for (him/her) to return? If that is not possible, we will later discuss a convenient time for me to call back.		
PR3. Excluding school text books and holy books, how many books do you have for (<i>name</i>) to read at home?	NONE 00 NUMBER OF BOOKS <u>0</u> ___ TEN OR MORE BOOKS 10	
PR4. Check CB7: Did the child attend any school? <i>CHECK ED9 IN THE EDUCATION MODULE IN THE HOUSEHOLD QUESTIONNAIRE FOR CHILD IF CB7 WAS NOT ASKED.</i>	YES, CB7/ED9=1 1 NO, CB7/ED9=2 OR BLANK..... 2	2 ⇒ End
PR5. Does (<i>name</i>) ever have homework?	YES 1 NO 2 DK 8	2 ⇒ PR7 8 ⇒ PR7
PR6. Does anyone help (<i>name</i>) with homework?	YES 1 NO 2 DK 8	
PR7. Does (<i>name</i>)'s school have a school governing body in which parents can participate (such as parent teacher association or school management committee)?	YES 1 NO 2 DK 8	2 ⇒ PR10 8 ⇒ PR10
PR8. In the last 12 months, have you or any other adult from your household attended a meeting called by this school governing body?	YES 1 NO 2 DK 8	2 ⇒ PR10 8 ⇒ PR10

<p>PR9. During any of these meetings, was any of the following discussed:</p> <p>[A] A plan for addressing key education issues faced by <i>(name)</i>'s school?</p> <p>[B] School budget or use of funds received by <i>(name)</i>'s school?</p>	<p style="text-align: right;">YES NO DK</p> <p>PLAN FOR ADDRESSING SCHOOL'S ISSUES..... 1 2 8</p> <p>SCHOOL BUDGET 1 2 8</p>	
<p>PR10. In the last 12 months, have you or any other adult from your household received a school or student report card for <i>(name)</i>?</p>	<p>YES1</p> <p>NO2</p> <p>DK.....8</p>	
<p>PR11. In the last 12 months, have you or any adult from your household gone to <i>(name)</i>'s school for any of the following reasons?</p> <p>[A] A school celebration or a sport event?</p> <p>[B] To discuss <i>(name)</i>'s progress with (his/her) teachers?</p>	<p style="text-align: right;">YES NO DK</p> <p>CELEBRATION OR SPORT EVENT 1 2 8</p> <p>TO DISCUSS PROGRESS WITH TEACHERS..... 1 2 8</p>	
<p>PR12. In the last 12 months, has <i>(name)</i>'s school been closed on a school day due to any of the following reasons:</p> <p>[A] Natural disasters, such as flood, cyclone, epidemics or similar?</p> <p>[B] Man-made disasters, such as fire, building collapse, riots or similar?</p> <p>[C] Teacher strike?</p> <p>[X] Other?</p>	<p style="text-align: right;">YES NO DK</p> <p>NATURAL DISASTERS 1 2 8</p> <p>MAN-MADE DISASTERS 1 2 8</p> <p>TEACHER STRIKE 1 2 8</p> <p>OTHER 1 2 8</p>	
<p>PR13. In the last 12 months, was <i>(name)</i> unable to attend class due to (his/her) teacher being absent?</p>	<p>YES1</p> <p>NO2</p> <p>DK.....8</p>	
<p>PR14. Check PR12[C] and PR13: Any 'Yes' recorded?</p>	<p>YES, PR12[C]=1 OR PR13=1 1</p> <p>NO.....2</p>	<p>2⇒End</p>

<p>PR15. When (<i>teacher strike / teacher absence</i>) happened did you or any other adult member of your household contact any school officials or school governing body representatives?</p>	<p>YES1 NO2 DK.....8</p>	
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FOUNDATIONAL LEARNING SKILLS

FL

FL0. Check CB3: Child's age?	AGE 5-6 YEARS 1	1 ⇨ End
	AGE 7-14 YEARS 2	
	AGE 15-17 YEARS 3	3 ⇨ End

FL1. Now I would like to talk to (*name*). I will ask (him/her) a few questions about (himself/herself) and about reading, and then ask (him/her) to complete a few reading and number activities.

These are not school tests and the results will not be shared with anyone, including other parents or the school.

You will not benefit directly from participating and I am not trained to tell you how well (*name*) has performed.

The activities are to help us find out how well children in this country are learning to read and to use numbers so that improvements can be made.

This will take about 20 minutes. Again, all the information we obtain will remain strictly confidential and anonymous.

May I talk to (<i>name</i>)?	YES, PERMISSION IS GIVEN 1	2 ⇨ FL28
	NO, PERMISSION IS NOT GIVEN 2	

FL2. Record the time.	Hours and minutes..... ___ : ___	
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FL3. My name is (*your name*). I would like to tell you a bit about myself.

Could you tell me a little bit about yourself?

When the child is comfortable, continue with the verbal consent:

Let me tell you why I am here today. I am from The **Gambia Bureau of Statistics**. I am part of a team trying to find out how children are learning to read and to use numbers. We are also talking to some of the children about this and asking them to do some reading and number activities. (Your mother/*Name of caretaker*) has said that you can decide if you want to help us. If you wish to help us, I will ask you some questions and give you some activities to do. I will explain each activity, and you can ask me questions any time. You do not have to do anything that you do not want to do. After we begin, if you do not want to answer a question or you do not want to continue that is alright.

Are you ready to get started?	Yes 1	1 ⇨ FL4
	No / NOT ASKED 2	2 ⇨ FL28

FL4. Before you start with the reading and number activities, tick each box to show that:

- You are not alone with the child unless they are at least visible to an adult known to the child.
- You have engaged the child in conversation and built rapport, e.g. using an Icebreaker.
- The child is sat comfortably, able to use the Reading & Numbers Book without difficulty while you can see which page is open.

FL5. Remember you can ask me a question at any time if there is something you do not understand. You can ask me to stop at any time.		
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	YES	NO	
<p>FL6. First we are going to talk about reading.</p> <p>[A] Do you read books at home?</p> <p>[B] Does someone read to you at home?</p>	<p>READS BOOKS AT HOME1</p> <p>READ TO AT HOME.....1</p>	<p>2</p> <p>2</p>	
<p>FL7. Which language do you speak most of the time at home?</p> <p><i>Probe if necessary and read the listed languages.</i></p>	<p>ENGLISH01</p> <p>FRENCH02</p> <p>ARABIC03</p> <p>MANDINKA.....04</p> <p>WOLLOF05</p> <p>FULA.....06</p> <p>JOLA07</p> <p>SARAHULE.....08</p> <p>SERERE09</p> <p>MANJAGO.....10</p> <p>CREOLE/AKU MARABOUT11</p> <p>BAMBARA12</p> <p>OTHER (<i>specify</i>)..... 96</p>		
<p>FL8. Check CB7: Did the child attend any school?</p> <p><i>CHECK ED9 IN THE EDUCATION MODULE IN THE HOUSEHOLD QUESTIONNAIRE FOR CHILD IF CB7 WAS NOT ASKED.</i></p>	<p>YES, CB7/ED9=1.....1</p> <p>NO, CB7/ED9=2 OR BLANK.....2</p>		1 ⇒FL9
<p>FL8AA. Check CB4 and CB5: Has the child ever attend primary school or higher?</p> <p><i>CHECK ED4 IN THE EDUCATION MODULE IN THE HOUSEHOLD QUESTIONNAIRE FOR CHILD IF CB4 WAS NOT ASKED.</i></p>	<p>YES, CB4=1 AND CB5 >0.....1</p> <p>NO, CB5=000 OR BLANK.....2</p>		1 ⇒FL9
<p>FL8AB: Has the child ever attended any other form of education even if not a formal school such as “Dara” or other literacy program?</p>	<p>YES.....1</p> <p>NO2</p>		1 ⇒FL9
<p>FL8A. Check FL7: Is READING & NUMBER BOOK available in the language spoken at home?</p>	<p>YES, FL7=1,2.....1</p> <p>NO, FL7=3 TO 12 OR 96.....2</p>		1 ⇒FL10B 2 ⇒FL23

<p>FL9. What language (do/did) your teachers use most of the time when teaching you in class?</p> <p><i>Probe if necessary and name the listed languages.</i></p>	<p>ENGLISH 1 FRENCH 2 OTHER (SPECIFY) 6 DK 8</p>	<p>1⇒FL10A 2⇒FL10A 6⇒ FL23 8⇒ FL23</p>
<p>FL10A. Now I am going to give you a short story to read in (Language recorded in FL9). Would you like to start reading the story?</p> <p>FL10B. Now I am going to give you a short story to read in (Language recorded in FL7). Would you like to start reading the story?</p>	<p>YES 1 NO 2</p>	<p>2⇒FL23</p>
<p>FL11. Check CB3: Child's age?</p>	<p>AGE 7-9 YEARS 1 AGE 10-14 YEARS 2</p>	<p>1 ⇒FL13</p>
<p>FL12. Check CB7: Did the child attend any school?</p> <p><i>CHECK ED9 IN THE EDUCATION MODULE IN THE HOUSEHOLD QUESTIONNAIRE FOR CHILD IF CB7 WAS NOT ASKED.</i></p>	<p>YES, CB7/ED9=1..... 1 NO, CB7/ED9=2 OR BLANK 2</p>	<p>1 ⇒FL19</p>
<p>FL13. Give the child the READING & NUMBER BOOK.</p> <p><i>Open the page showing the reading practice item and say:</i></p> <p>Now we are going to do some reading. <i>Point to the sentence.</i> I would like you to read this aloud. Then I may ask you a question.</p> <p><i>Sam is a boy. Tina is a girl. Sam is 5. Tina is 6.</i></p>		
<p>FL14. Did the child read every word in the practice correctly?</p>	<p>YES..... 1 NO 2</p>	<p>2 ⇒FL23</p>
<p>FL15. Once the reading is done, ask: How old is Sam?</p>	<p>SAM IS 5 YEARS OLD 1 OTHER ANSWERS 2 NO ANSWER AFTER 5 SECONDS 3</p>	<p>1 ⇒FL17</p>
<p>FL16. Say: Sam is 5 years old. and go to FL23.</p>		<p>⇒FL23</p>
<p>FL17. Here is another question: Who is older: Sam or Tina?</p>	<p>TINA IS OLDER (THAN SAM) 1 OTHER ANSWERS 2 NO ANSWER AFTER 5 SECONDS 3</p>	<p>1 ⇒FL19</p>

<p>FL18. <i>Say:</i> Tina is older than Sam. Tina is 6 and Sam is 5. <i>and go to FL23.</i></p>		<p>$\Rightarrow FL23$</p>
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<p>FL19. Turn the page to reveal the reading passage.</p> <p>Thank you. Now I want you to try this.</p> <p>Here is a story. I want you to read it aloud as carefully as you can.</p> <p>You will start here (<i>point to the first word on the first line</i>) and you will read line by line (<i>point to the direction for reading each line</i>).</p> <p>When you finish I will ask you some questions about what you have read.</p> <p>If you come to a word you do not know, go onto the next word.</p> <p>Put your finger on the first word. Ready? Begin.</p>	Lamin	is	in	class	two.	One	day,
	1	2	3	4	5	6	7
	Lamin	was	going	home	from	school.	He
	8	9	10	11	12	13	14
	saw	some	red	flowers	on	the	way.
	15	16	17	18	19	20	21
	The	flowers	were	near	a	farm	. Lamin
	22	23	24	25	26	27	28
	wanted	to	get	some	flowers	for	his
	29	30	31	32	33	34	35
	mother	. Lamin	ran	fast	across	the	farm
	36	37	38	39	40	41	42
	to	get	the	flowers	He	fell	down
	43	44	45	46	47	48	49
	near	a	banana	tree	. Lamin	started	crying
	50	51	52	53	54	55	56
	the.	farmer	saw	him	and	came	He
	57	58	59	60	61	62	63
	gave	Lamin	many	flowers	Lamin	was	very
64	65	66	67	68	69	70	
happy	.						
71							
<p>FL20. Results of the child's reading.</p>	LAST WORD ATTEMPTEDNUMBER __ __						
	TOTAL NUMBER OF WORDS INCORRECT OR MISSED.....NUMBER __ __						
<p>FL21. How well did the child read the story?</p>	THE CHILD READ AT LEAST ONE WORD CORRECT..... 1						
	THE CHILD DID NOT READ ANY WORD CORRECTLY 2					2 ⇒FL23	
	THE CHILD DID NOT TRY TO READ THE STORY 3					3 ⇒FL23	

<p>FL22. Now I am going to ask you a few questions about what you have read.</p> <p><i>If the child does not provide a response after a few seconds, repeat the question. If the child seems unable to provide an answer after repeating the question, mark 'No response' and say: Thank you. That is ok. We will move on.</i></p> <p><i>Make sure the child can still see the passage and ask:</i></p> <p>[A] What class is Lamin in?</p> <p>[B] What did Lamin see on the way home?</p> <p>[C] Why did Lamin start crying?</p> <p>[D] Where did Lamin fall (down)?</p> <p>[E] Why was Lamin very happy?</p>	<p>CORRECT ((LAMIN IS) IN CLASS TWO) 1 INCORRECT 2 NO RESPONSE / SAYS 'I DON'T KNOW' 3</p> <p>CORRECT (HE SAW SOME FLOWERS) 1 INCORRECT 2 NO RESPONSE / SAYS 'I DON'T KNOW' 3</p> <p>CORRECT (BECAUSE HE FELL) 1 INCORRECT 2 NO RESPONSE / SAYS 'I DON'T KNOW' 3</p> <p>CORRECT ((LAMIN FELL DOWN) NEAR A BANANA TREE)..... 1 INCORRECT 2 NO RESPONSE / SAYS 'I DON'T KNOW' 3</p> <p>CORRECT (BECAUSE THE FARMER GAVE HIM MANY FLOWERS. / BECAUSE HE HAD FLOWERS TO GIVE TO HIS MOTHER)..... 1 INCORRECT 2 NO RESPONSE / SAYS 'I DON'T KNOW' 3</p>	
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<p>FL23. Turn the page in the Reading & Numbers Book so the child is looking at the list of numbers. Make sure the child is looking at this page.</p> <p>Now here are some numbers. I want you to point to each number and tell me what the number is.</p> <p><i>Point to the first number and say:</i></p> <p>Start here.</p> <p><i>If the child stops on a number for a while, tell the child what the number is, mark the number as 'No Attempt', point to the next number and say:</i></p> <p>What is this number?</p> <p>STOP RULE <i>If the child does not attempt to read 2 consecutive numbers, say:</i></p> <p>Thank you. That is ok. We will go to the next activity.</p>	<p>9 CORRECT..... 1 INCORRECT..... 2 NO ATTEMPT 3</p> <p>12 CORRECT..... 1 INCORRECT..... 2 NO ATTEMPT 3</p> <p>30 CORRECT..... 1 INCORRECT..... 2 NO ATTEMPT 3</p> <p>48 CORRECT..... 1 INCORRECT..... 2 NO ATTEMPT 3</p> <p>74 CORRECT..... 1 INCORRECT..... 2 NO ATTEMPT 3</p> <p>731 CORRECT..... 1 INCORRECT..... 2 NO ATTEMPT 3</p>	
<p>FL23A. Check FL23: Did the child correctly identify two of the first three numbers (9, 12 and 30)?</p>	<p>YES, AT LEAST TWO CORRECT1 NO, AT LEAST 2 INCORRECT OR WITH NO ATTEMPT.....2</p>	<p>2 ⇒ FL28</p>

<p>FL24. Turn the page so the child is looking at the first pair of numbers. Make sure the child is looking at this page. Say:</p> <p>Look at these numbers. Tell me which one is bigger.</p> <p><i>Record the child's answer before turning the page in the book and repeating the question for the next pair of numbers.</i></p> <p><i>If the child does not provide a response after a few seconds, repeat the question. If the child seems unable to provide an answer after repeating the question, mark a 'Z' for the answer on the appropriate row on the questionnaire, turn the booklet page and show the child the next pair of numbers.</i></p> <p><i>If the child does not attempt 2 consecutive pairs, say:</i></p> <p>Thank you. That is ok. We will go to the next activity.</p>	<p>7 5 _____</p> <p>11 24 _____</p> <p>58 49 _____</p> <p>65 67 _____</p> <p>146 154 _____</p>	
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FL25. Give the child a pencil and paper. Turn the page so the child is looking at the first addition. Make sure the child is looking at this page. Say:

Look at this sum. How much is (**number plus number**)? Tell me the answer. You can use the pencil and paper if it helps you.

Record the child's answer before turning the page in the book and repeating the question for the next sum.

If the child does not provide a response after a few seconds, repeat the question. If the child seems unable to provide an answer after repeating the question, mark a 'Z' for the answer on the appropriate row on the questionnaire, turn the booklet page and show the child the next addition.

If the child does not attempt 2 consecutive pairs, say:

Thank you. That is ok. We will go to the next activity.

$$3 + 2 = \underline{\quad}$$

$$8 + 6 = \underline{\quad}$$

$$7 + 3 = \underline{\quad}$$

$$13 + 6 = \underline{\quad}$$

$$12 + 24 = \underline{\quad}$$

FL26. Turn the page to the practice sheet for missing numbers. Say:

Here are some numbers. 1, 2, and 4. What number goes here?

If the child answers **correctly** say:

That's correct, 3. Let's do another one.

If the child answers **incorrectly**, do not explain the child how to get the correct answer. Just say:

The number 3 goes here. Say the numbers with me. (Point to each number) 1, 2, 3, 4.
3 goes here. Let's do another one.

Now turn the page to the next practice sheet. Say:

Here are some more numbers. 5, 10, 15 and _____. What number goes here?

If the child answers **correctly** say:

That's correct, 20. Now I want you to try this on your own

If the child answers **incorrectly** say:

The number 20 goes here. Say the numbers with me. (Point to each number) 5, 10, 15, 20.
20 goes here. Now I want you to try this on your own.

FL27. Now turn the page in the Reading & Numbers Book with the first missing number activity. Say:

Here are some more numbers. Tell me what number goes here (pointing to the missing number).

Record the child's answer before turning the page in the book and repeating the question.

If the child does not provide a response after a few seconds, repeat the question. If the child seems unable to provide an answer after repeating the question, mark a 'Z' for the answer on the appropriate row on the questionnaire.

If the child does not attempt 2 consecutive activities, say:

Thank you. That is ok.

5	6	7	_____
14	15	_____	17
20	_____	40	50
2	4	6	_____
5	8	11	_____

<p>FL28. Result of interview with child.</p> <p>Discuss any result not completed with Supervisor.</p>	<p>COMPLETED.....01</p> <p>NOT AT HOME02</p> <p>MOTHER / CARETAKER REFUSED03</p> <p>CHILD REFUSED.....04</p> <p>PARTLY COMPLETED05</p> <p>INCAPACITATED.....06</p> <p>OTHER (<i>specify</i>) _____ 96</p>	
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FS11. Record the time.	HOURS AND MINUTES _ _ : _ _	
FS12. Language of the Questionnaire.	ENGLISH 1	
FS13. Language of the Interview.	ENGLISH.....01 MANDINKA02 WOLLOF03 FULA.....04 JOLA05 SARAHULE.....06 SERERE07 MANJAGO.....08 CREOLE/AKU MARABOUT09 BAMBARA.....10 OTHER LANGUAGE (specify) 96	
FS14. Native language of the Respondent.	ENGLISH.....01 MANDINKA02 WOLLOF03 FULA.....04 JOLA05 SARAHULE.....06 SERERE07 MANJAGO.....08 CREOLE/AKU MARABOUT09 BAMBARA.....10 OTHER LANGUAGE (specify) 96	
FS15. Was a translator used for any parts of this questionnaire?	YES, THE ENTIRE QUESTIONNAIRE..... 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED..... 3	
FS16. Thank the respondent and the child for her/his cooperation. <i>Proceed to complete the result in FS17 in the 5-17 CHILD INFORMATION PANEL and then go to the HOUSEHOLD QUESTIONNAIRE and complete HH56.</i> <i>Make arrangements for the administration of the remaining questionnaire(s) in this household.</i>		

CB0A. Check HL20 in HOUSEHOLD QUESTIONNAIRE for the selected child's line number (HL1=FS3).	HL20≠90 1 HL20=90, EMANCIPATED 2	1 <input type="checkbox"/> CB1
CB0B. Check the respondent's line number (FS3) in 5-17 CHILD INFORMATION PANEL and the respondent to the completed individual questionnaires (WM3 and MWM3) in this household: Have you or another member of your team interviewed this respondent for an individual questionnaire?	YES, INTERVIEWED 1 NO, NOT INTERVIEWED 2	1 <input type="checkbox"/> CHILD LABOR (EMANCIPATED) Module 2 <input type="checkbox"/> CHILD'S BACKGROUND (EMANCIPATED) Module
FL28. Result of interview with child. Discuss any result not completed with Supervisor.	COMPLETED 01 NOT AT HOME 02 MOTHER / CARETAKER REFUSED 03 CHILD REFUSED 04 PARTLY COMPLETED 05 INCAPACITATED 06 OTHER (specify) _____ 96	01 <input type="checkbox"/> FS11 02 <input type="checkbox"/> FS11 03 <input type="checkbox"/> FS11 04 <input type="checkbox"/> FS11 05 <input type="checkbox"/> FS11 06 <input type="checkbox"/> FS11 96 <input type="checkbox"/> FS11

CHILD'S BACKGROUND (EMANCIPATED) ECB

<p>ECB2. In what month and year were you born?</p> <p><i>Month and year <u>must</u> be recorded.</i></p>	<p>DATE OF BIRTH</p> <p>MONTH..... __ __</p> <p>YEAR..... _ _ _ _</p>	
<p>ECB3. How old are you?</p> <p><i>Probe:</i></p> <p>How old were you at your last birthday?</p> <p><i>Record age in completed years.</i></p>	<p>AGE (IN COMPLETED YEARS)..... __ __</p>	

<p>ECB4. Have you ever attended school or any early childhood education programme?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 <input type="checkbox"/> ECB11</p>
<p>ECB5. What is the highest level and grade or year of school you have attended?</p>	<p>EARLY CHILDHOOD EDUCATION..... 000</p> <p>PRIMARY..... 1 __ __</p> <p>LOWER SECONDARY 2 __ __</p> <p>UPPER SECONDARY 3 __ __</p> <p>VOCATIONAL..... 4 __ __</p> <p>DIPLOMA..... 5 __ __</p> <p>HIGHER..... 6 __ __</p>	<p>000 <input type="checkbox"/> ECB7</p>
<p>ECB6. Did you complete that (grade/year)?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>ECB7. At any time during the 2017/18 school year did you attend school or any early childhood education programme?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 <input type="checkbox"/> ECB9</p>

<p>ECB8. During 2017/18 school year, which level and grade or year are you <u>attending</u>?</p>	<p>EARLY CHILDHOOD EDUCATION.....000</p> <p>PRIMARY..... 1 __ __</p> <p>LOWER SECONDARY 2 __ __</p> <p>UPPER SECONDARY 3 __ __</p> <p>VOCATIONAL.....4 __ __</p> <p>DIPLOMA.....5 __ __</p> <p>HIGHER..... 6 __ __</p>	
<p>ECB9. At any time during the 2016/17 school year did you attend school or any early childhood education programme?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 <input type="checkbox"/> <i>ECB11</i></p>
<p>ECB10. During the 2016/17 school year, which level and grade or year did you <u>attend</u>?</p>	<p>EARLY CHILDHOOD EDUCATION.....000</p> <p>PRIMARY..... 1 __ __</p> <p>LOWER SECONDARY 2 __ __</p> <p>UPPER SECONDARY 3 __ __</p> <p>VOCATIONAL.....4 __ __</p> <p>DIPLOMA.....5 __ __</p> <p>HIGHER..... 6 __ __</p>	
<p>ECB11. Are you covered by any health insurance?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 <input type="checkbox"/> <i>End</i></p>
<p>ECB12. What type of health insurance are you covered by?</p> <p><i>Record all mentioned.</i></p>	<p>HEALTH INSURANCE THROUGH EMPLOYER B</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER (specify) X</p>	

CHILD LABOUR (EMANCIPATED) ECL

<p>ECL1. Now I would like to ask about any work that you may do.</p> <p>Since last (<i>day of the week</i>), did you do any of the following activities, even for only one hour?</p> <p>[A] Did you do any work or help on your own or the household's plot, farm, food garden or looked after animals? For example, growing farm produce, harvesting, or feeding, grazing or milking animals?</p> <p>[B] Did you help in a family business or a relative's business with or without pay, or run your own business?</p> <p>[C] Did you produce or sell articles, handicrafts, clothes, food or agricultural products?</p>	<p style="text-align: right;">YES NO</p> <p>WORKED ON PLOT, FARM, FOOD GARDEN, LOOKED AFTER ANIMALS 1 2</p> <p>HELPED IN FAMILY / RELATIVE'S BUSINESS / RAN OWN BUSINESS..... 1 2</p> <p>PRODUCE / SELL ARTICLES / HANDICRAFTS / CLOTHES / FOOD OR AGRICULTURAL PRODUCTS 1 2</p>	
<p>ECL2. Check ECL1, [A]-[X]:</p>	<p>AT LEAST ONE 'YES' 1</p> <p>ALL ANSWERS ARE 'NO' 2</p>	<p>2 <input type="checkbox"/> ECL7</p>
<p>ECL3. Since last (<i>day of the week</i>) about how many hours did you engage in (this activity/these activities), in total?</p>	<p>NUMBER OF HOURS..... _ _</p>	
<p>ECL4. (Does the activity/Do these activities) require carrying heavy loads?</p>	<p>YES..... 1</p> <p>NO 2</p>	
<p>ECL5. (Does the activity/Do these activities) require working with dangerous tools such as knives and similar or operating heavy machinery?</p>	<p>YES..... 1</p> <p>NO 2</p>	

<p>ECL6. How would you describe your work environment?</p> <p>[A] Are you exposed to dust, fumes or gas?</p> <p>[B] Are you exposed to extreme cold, heat or humidity?</p> <p>[C] Are you exposed to loud noise or vibration?</p> <p>[D] Are you required to work at heights?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>YES..... 1</p> <p>NO 2</p> <p>YES..... 1</p> <p>NO 2</p> <p>YES..... 1</p> <p>NO 2</p>	
<p>ECL7. Since last (<i>day of the week</i>), did you fetch water for household use?</p>	<p>YES..... 1</p> <p>NO 2</p>	<p>2 <input type="checkbox"/> <i>ECL9</i></p>
<p>ECL8. In total, how many hours did you spend on fetching water for household use, since last (<i>day of the week</i>)?</p>	<p>NUMBER OF HOURS..... _ _</p>	
<p>ECL9. Since last (<i>day of the week</i>), did you collect firewood for household use?</p>	<p>YES..... 1</p> <p>NO 2</p>	<p>2 <input type="checkbox"/> <i>ECL11</i></p>
<p>ECL10. In total, how many hours did you spend on collecting firewood for household use, since last (<i>day of the week</i>)?</p>	<p>NUMBER OF HOURS..... _ _</p>	

<p>ECL11. Since last (<i>day of the week</i>), did you do any of the following for this household?</p> <p>[A] Shopping for the household?</p> <p>[B] Cooking?</p> <p>[C] Washing dishes or cleaning around the house?</p> <p>[D] Washing clothes?</p> <p>[E] Caring for children?</p> <p>[F] Caring for someone old or sick?</p> <p>[X] Other household tasks?</p>	<p style="text-align: right;">YES NO</p> <p>SHOPPING FOR HOUSEHOLD.....1 2</p> <p>COOKING1 2</p> <p>WASHING DISHES /CLEANING HOUSE1 2</p> <p>WASHING CLOTHES1 2</p> <p>CARING FOR CHILDREN1 2</p> <p>CARING FOR OLD / SICK1 2</p> <p>OTHER HOUSEHOLD TASKS 1 2</p>	
<p>ECL12. Check CL11, [A]-[X]:</p>	<p>AT LEAST ONE 'YES' 1</p> <p>ALL ANSWERS ARE 'NO' 2</p>	<p>2 <input type="checkbox"/> End</p>
<p>ECL13. Since last (<i>day of the week</i>), about how many hours did you engage in (this activity/these activities), in total?</p>	<p>NUMBER OF HOURS..... _ _</p>	

CHILD FUNCTIONING (EMANCIPATED)	ECF
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ECF1. I would like to ask you some questions about difficulties you may have.		
ECF2. Do you use a hearing aid?	YES 1 NO 2	
ECF3. Do you use any equipment or receive assistance for walking?	YES 1 NO 2	

ECF4. In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that you have: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that you cannot at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember the four possible answers: Would you say that you have: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that you cannot at all?		
ECF5. Check ECF1: Child wears glasses or contact lenses?	YES, ECF1=1 1 NO, ECF1=2 2	1 <input type="checkbox"/> ECF6A 2 <input type="checkbox"/> ECF6B
ECF6A. When wearing your glasses or contact lenses, do you have difficulty seeing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 ECF6B. Do you have difficulty seeing? A LOT OF DIFFICULTY 3 CANNOT SEE AT ALL 4	

<p>ECF7. Check ECF2: Child uses a hearing aid?</p>	<p>YES, ECF2=11</p> <p>NO, ECF2=22</p>	<p>1 <input type="checkbox"/> ECF8A</p> <p>2 <input type="checkbox"/> ECF8B</p>
<p>ECF8A. When using your hearing aid(s), do you have difficulty hearing sounds like peoples' voices or music?</p> <p>ECF8B. Do you have difficulty hearing sounds like peoples' voices or music?</p>	<p>NO DIFFICULTY1</p> <p>SOME DIFFICULTY2</p> <p>A LOT OF DIFFICULTY3</p> <p>CANNOT HEAR AT ALL4</p>	
<p>ECF9. Check ECF3: Child uses equipment or receives assistance for walking?</p>	<p>YES, ECF3=11</p> <p>NO, ECF3=22</p>	<p>1 <input type="checkbox"/> ECF10</p> <p>2 <input type="checkbox"/> ECF14</p>
<p>ECF10. Without your equipment or assistance, do you have difficulty walking 100 meters/yard on level ground?</p> <p><i>Probe:</i> That would be about the length of 1 football field.</p> <p><i>Note that category 'No difficulty' is not available, as the child uses equipment or receives assistance for walking.</i></p>	<p>SOME DIFFICULTY2</p> <p>A LOT OF DIFFICULTY3</p> <p>CANNOT WALK 100 M/Y AT ALL.....4</p>	<p>3 <input type="checkbox"/> ECF12</p> <p>4 <input type="checkbox"/> ECF12</p>

<p>ECF11. Without your equipment or assistance, do you have difficulty walking 500 meters/yards on level ground?</p> <p><i>Probe:</i> That would be about the length of 5 football fields.</p>	<p>SOME DIFFICULTY2</p> <p>A LOT OF DIFFICULTY3</p> <p>CANNOT WALK 500 M/Y AT ALL.....4</p>	
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<p>ECF12. With your equipment or assistance, do you have difficulty walking 100 meters/yards on level ground?</p> <p><i>Probe:</i> That would be about the length of 1 football field.</p>	<p>NO DIFFICULTY1</p> <p>SOME DIFFICULTY2</p> <p>A LOT OF DIFFICULTY3</p> <p>CANNOT WALK 100 M/Y AT ALL.....4</p>	<p>3 <input type="checkbox"/> ECF16</p> <p>4 <input type="checkbox"/> ECF16</p>
<p>ECF13. With your equipment or assistance, do you have difficulty walking 500 meters/yards on level ground?</p> <p><i>Probe:</i> That would be about the length of 5 football fields.</p>	<p>NO DIFFICULTY1</p> <p>SOME DIFFICULTY2</p> <p>A LOT OF DIFFICULTY3</p> <p>CANNOT WALK 500 M/Y AT ALL.....4</p>	<p>1 <input type="checkbox"/> ECF16</p>
<p>ECF14. Compared with people of your age, do you have difficulty walking 100 meters/yards on level ground?</p> <p><i>Probe:</i> That would be about the length of 1 football field.</p>	<p>NO DIFFICULTY1</p> <p>SOME DIFFICULTY2</p> <p>A LOT OF DIFFICULTY3</p> <p>CANNOT WALK 100 M/Y AT ALL.....4</p>	<p>3 <input type="checkbox"/> ECF16</p> <p>4 <input type="checkbox"/> ECF16</p>
<p>ECF15. Compared with people of your age, do you have difficulty walking 500 meters/yards on level ground?</p> <p><i>Probe:</i> That would be about the length of 5 football fields.</p>	<p>NO DIFFICULTY1</p> <p>SOME DIFFICULTY2</p> <p>A LOT OF DIFFICULTY3</p> <p>CANNOT WALK 500 M/Y AT ALL.....4</p>	

<p>ECF16. Do you have difficulty with self-care such as feeding or dressing yourself?</p>	<p>NO DIFFICULTY1</p> <p>SOME DIFFICULTY2</p>	
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<p>ECF17. When you speak, do you have difficulty being understood by people inside of this household?</p>	<p>NO DIFFICULTY1</p> <p>SOME DIFFICULTY2</p> <p>A LOT OF DIFFICULTY3</p> <p>CANNOT BE UNDERSTOOD AT ALL4</p>	
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<p>ECF18. When you speak, do you have difficulty being understood by people outside of this household?</p>	<p>NO DIFFICULTY1</p> <p>SOME DIFFICULTY2</p> <p>A LOT OF DIFFICULTY3</p> <p>CANNOT BE UNDERSTOOD AT ALL4</p>	
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<p>ECF19. Compared with people of your age, do you have difficulty learning things?</p>	<p>NO DIFFICULTY1</p> <p>SOME DIFFICULTY2</p> <p>A LOT OF DIFFICULTY3</p> <p>CANNOT LEARN THINGS AT ALL4</p>	
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<p>ECF20. Compared with people of your age, do you have difficulty remembering things?</p>	<p>NO DIFFICULTY1</p> <p>SOME DIFFICULTY2</p> <p>A LOT OF DIFFICULTY3</p> <p>CANNOT REMEMBER THINGS AT ALL4</p>	
<p>ECF21. Do you have difficulty concentrating on an activity that you enjoy doing?</p>	<p>NO DIFFICULTY1</p> <p>SOME DIFFICULTY2</p> <p>A LOT OF DIFFICULTY3</p> <p>CANNOT CONCENTRATE AT ALL4</p>	
<p>ECF22. Do you have difficulty accepting changes in your routine?</p>	<p>NO DIFFICULTY1</p> <p>SOME DIFFICULTY2</p> <p>A LOT OF DIFFICULTY3</p> <p>CANNOT ACCEPT CHANGES AT ALL4</p>	
<p>ECF23. Compared with people of your age, do you have difficulty controlling your behaviour?</p>	<p>NO DIFFICULTY1</p> <p>SOME DIFFICULTY2</p> <p>A LOT OF DIFFICULTY3</p> <p>CANNOT CONTROL BEHAVIOUR AT ALL..4</p>	

<p>ECF24. Do you have difficulty making friends?</p>	<p>NO DIFFICULTY1</p> <p>SOME DIFFICULTY2</p> <p>A LOT OF DIFFICULTY3</p> <p>CANNOT MAKE FRIENDS AT ALL.....4</p>	
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<p>ECF25. The next questions have different options for answers. I am going to read these to you after each question.</p> <p>I would like to know how often you are very anxious, nervous or worried.</p> <p>Would you say: daily, weekly, monthly, a few times a year or never?</p>	<p>DAILY1</p> <p>WEEKLY2</p> <p>MONTHLY.....3</p> <p>A FEW TIMES A YEAR.....4</p> <p>NEVER5</p>	
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<p>ECF26. I would also like to know how often you are very sad or depressed.</p> <p>Would you say: daily, weekly, monthly, a few times a year or never?</p>	<p>DAILY1</p> <p>WEEKLY2</p> <p>MONTHLY.....3</p> <p>A FEW TIMES A YEAR.....4</p> <p>NEVER5</p>	
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INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS