

4. QUESTIONNAIRE FOR CHILDREN UNDER FIVE



QUESTIONNAIRE FOR CHILDREN UNDER FIVE

Iraq, 2018



UNDER-FIVE CHILD INFORMATION PANEL		UF
UF1. Cluster number: _____	UF2. Household number: _____	
UF3. Child's name and line number: NAME _____	UF4. Mother's / Caretaker's name and line number: NAME _____	
UF5. Interviewer's name and number: NAME _____	UF6. Supervisor's name and number: NAME _____	
UF7. Day / Month / Year of interview: ____ / ____ / <u>2 0 1 8</u>	UF8. Record the time:	HOUR : S MINUTE S ____ : ____

<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 UF17. The respondent must be at least 15 years old.</p>		
<p>UF9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?</p>	<p>YES, INTERVIEWED ALREADY.....1 NO, FIRST INTERVIEW.....2</p>	<p>1 ⇨ UF10 B 2 ⇨ UF10 A</p>
<p>UF10A. HELLO, MY NAME IS (<i>YOUR NAME</i>). WE ARE FROM CENTRAL STATISTICAL OFFICE (CSO) AND MINISTRY OF HEALTH. 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 UF3</i>)'S HEALTH AND WELL-BEING. 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?</p>	<p>UF10B. NOW I WOULD LIKE TO TALK TO YOU ABOUT (<i>CHILD'S NAME FROM UF3</i>)'S HEALTH AND WELL-BEING IN MORE DETAIL. 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?</p>	
<p>YES..... 1 No / NOT ASKED..... 2</p>	<p>1 ⇨ UNDER FIVE'S BACKGROUND MODULE 2 ⇨ UF17</p>	

UF17. Result of interview for children under 5 Codes refer to mother/caretaker. Discuss any result not completed with Supervisor.	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	

UNDER-FIVE'S BACKGROUND		UB
UB0. BEFORE I BEGIN THE INTERVIEW, COULD YOU PLEASE BRING (NAME)'S BIRTH CERTIFICATE, NATIONAL CHILD IMMUNISATION RECORD, AND ANY IMMUNISATION RECORD FROM A PRIVATE HEALTH PROVIDER? WE WILL NEED TO REFER TO THOSE DOCUMENTS.		
UB1. ON WHAT DAY, MONTH AND YEAR WAS (NAME) BORN? <i>PROBE:</i> WHAT IS (HIS/HER) BIRTHDAY? If the mother/caretaker knows the exact date of birth, also record the day; otherwise, record '98' for day. Month and year <u>must</u> be recorded.	DATE OF BIRTH DAY ____ DK DAY..... 98 MONTH ____ YEAR <u>2 0 1</u> ____	
UB2. HOW OLD IS (NAME)? <i>PROBE:</i> HOW OLD WAS (NAME) AT (HIS/HER) LAST BIRTHDAY? Record age in completed years. Record '0' if less than 1 year. If responses to UB1 and UB2 are inconsistent, probe further and correct.	AGE (IN COMPLETED YEARS)..... ____	
UB3. Check UB2: Child's age?	AGE 0, 1, OR 2 1 AGE 3 OR 4 2	1 ⇨ UB9
UB4. Check the respondent's line number (UF4) and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):	RESPONDENT IS THE SAME, UF4=HH47 1 RESPONDENT IS NOT THE SAME, UF4≠HH47 2	2 ⇨ UB6

UB5. Check ED10 in the EDUCATION MODULE in the HOUSEHOLD QUESTIONNAIRE: Is the child attending ECE in the current academic year 2017-18?	YES, ED10=0..... 1 NO, ED10≠0 OR BLANK..... 2	1 ⇨UB8B 2 ⇨UB9
UB6. HAS (NAME) EVER ATTENDED ANY EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS CHILD DEVELOPMENT PROGRAMME EARLY CHILD DEVELOPMENT & KINDERGARTEN.	YES 1 NO 2	2 ⇨UB9
UB7. AT ANY TIME SINCE OCTOBER 2017, DID (HE/SHE) ATTEND (PROGRAMMES MENTIONED IN UB6)?	YES 1 NO 2	1 ⇨UB8A 2 ⇨UB9
UB8A. DOES (HE/SHE) CURRENTLY ATTEND (PROGRAMMES MENTIONED IN UB6)? UB8B. YOU HAVE MENTIONED THAT (NAME) HAS ATTENDED AN EARLY CHILDHOOD EDUCATION PROGRAMME THIS SCHOOL YEAR. DOES (HE/SHE) CURRENTLY ATTEND THIS PROGRAMME?	YES 1 NO 2	
UB9. IS (NAME) COVERED BY ANY HEALTH INSURANCE EXCEPT THE PUBLIC HEALTH SERVICES?	YES 1 NO 2	2 ⇨NEXT MODULE
UB10. WHAT TYPE OF HEALTH INSURANCE IS (NAME) COVERED BY? <i>Record all mentioned.</i>	MUTUAL HEALTH ORGANIZATION / COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER..... B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE..... D OTHER (<i>specify</i>) X	

BIRTH REGISTRATION	BR	
BR1. DOES (NAME) HAVE A BIRTH CERTIFICATE? <i>If YES, ASK:</i> MAY I SEE IT?	YES, SEEN 1 YES, NOT SEEN 2 NO 3 DK 8	1 ⇨NEXT MODULE 2 ⇨NEXT MODULE
BR2. HAS (NAME)'S BIRTH BEEN REGISTERED WITH THE CIVIL REGISTRATION OFFICE FOR REGISTERING BIRTHS AND DEATHS?	YES 1 NO 2 DK 8	1 ⇨NEXT MODULE
BR3. DO YOU KNOW HOW TO REGISTER (NAME)'S BIRTH?	YES 1 NO 2	

CHILD DISCIPLINE		UCD
UCD1. CHECK UB2: CHILD'S AGE?	AGE 0 1 AGE 1, 2, 3 OR 4..... 2	1 ⇨NEXT MODULE
<p>UCD2. Adults use certain ways to teach children the right behavior or to address a behavior 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 (name) in the <u>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 behavior 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 style="text-align: right;">YES NO</p> <p>TOOK AWAY PRIVILEGES..... 1 2</p> <p>EXPLAINED WRONG BEHAVIOR 1 2</p> <p>SHOOK HIM/HER 1 2</p> <p>SHOUTED, YELLED, SCREAMED 1 2</p> <p>GAVE SOMETHING ELSE TO DO 1 2</p> <p>SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND 1 2</p> <p>HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT 1 2</p> <p>CALLED DUMB, LAZY OR ANOTHER NAME 1 2</p> <p>HIT / SLAPPED ON THE FACE, HEAD OR EARS 1 2</p> <p>HIT / SLAPPED ON HAND, ARM OR LEG 1 2</p> <p>BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD..... 1 2</p>	
UCD3. CHECK UF4: IS THIS RESPONDENT THE MOTHER OR CARETAKER OF ANY OTHER CHILDREN UNDER AGE 5 OR A CHILD AGE 5-14 SELECTED FOR THE QUESTIONNAIRE FOR CHILDREN AGE 5-17?	YES..... 1 NO..... 2	2 ⇨UCD5

CHILD FUNCTIONING		FCF
<p>FCF1. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DIFFICULTIES (<i>NAME</i>) MAY HAVE.</p> <p>DOES (<i>NAME</i>) WEAR GLASSES OR CONTACT LENSES (MEDICAL)?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>FCF2. DOES (<i>NAME</i>) USE A HEARING AID?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>FCF3. DOES (<i>NAME</i>) USE ANY EQUIPMENT OR RECEIVE ASSISTANCE FOR WALKING?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>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.</p> <p><i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i></p> <p>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?</p>		
<p>FCF5. Check FCF1: Child wears glasses or contact lenses (medical)?</p>	<p>YES, FCF1=1 1</p> <p>NO, FCF1=2 2</p>	<p>1 ⇒ FCF6A</p> <p>2 ⇒ FCF6B</p>
<p>FCF6A. WHEN WEARING (HIS/HER) GLASSES OR CONTACT LENSES (MEDICAL), DOES (<i>NAME</i>) HAVE DIFFICULTY SEEING?</p> <p>FCF6B. DOES (<i>NAME</i>) HAVE DIFFICULTY SEEING?</p>	<p>NO DIFFICULTY 1</p> <p>SOME DIFFICULTY 2</p> <p>A LOT OF DIFFICULTY 3</p> <p>CANNOT SEE AT ALL 4</p>	
<p>FCF7. Check FCF2: Child uses a hearing aid?</p>	<p>YES, FCF2=1 1</p> <p>NO, FCF2=2 2</p>	<p>1 ⇒ FCF8A</p> <p>2 ⇒ FCF8B</p>
<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</p> <p>SOME DIFFICULTY 2</p> <p>A LOT OF DIFFICULTY 3</p> <p>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 (NAME) 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/Y AT ALL 4</p>	<p>3⇒FCF12 4⇒FCF12</p>
<p>FCF11. WITHOUT (HIS/HER) EQUIPMENT OR ASSISTANCE, DOES (NAME) 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><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/Y AT ALL 4</p>	
<p>FCF12. WITH (HIS/HER) EQUIPMENT OR ASSISTANCE, DOES (NAME) 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 DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK 100 M/Y AT ALL 4</p>	<p>3⇒FCF16 4⇒FCF16</p>
<p>FCF13. WITH (HIS/HER) EQUIPMENT OR ASSISTANCE, DOES (NAME) 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 DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK 500 M/Y AT ALL 4</p>	<p>1⇒FCF16</p>
<p>FCF14. COMPARED WITH CHILDREN OF THE SAME AGE, DOES (NAME) 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 DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK 100 M/Y 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/YARDS 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/Y 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</p> <p>WEEKLY 2</p> <p>MONTHLY 3</p> <p>A FEW TIMES A YEAR 4</p> <p>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</p> <p>WEEKLY 2</p> <p>MONTHLY 3</p> <p>A FEW TIMES A YEAR 4</p> <p>NEVER..... 5</p>	

PARENTAL INVOLVEMENT		PR
<p>PR1. Check CB3: Child's age?</p>	<p>AGE 5-6 YEARS 1</p> <p>AGE 7-14 YEARS 2</p> <p>AGE 15-17 YEARS 3</p>	<p>1 ⇒ FS11</p> <p>3 ⇒ FS11</p>
<p>PR3. Excluding school text books and holy books, how many books do you have for (<i>name</i>) to read at home?</p> <p>Check any type of holy books like Quran, Bible, etc.</p>	<p>NONE 00</p> <p>NUMBER OF BOOKS..... <u>0</u></p> <p>TEN OR MORE BOOKS..... 10</p>	
<p>PR4. Check CB7 and ED9 in HH Questionnaire: Did the child attend any school?</p>	<p>YES, CB7/ED9=1 1</p> <p>NO, CB7/ED9=2 OR BLANK 2</p>	<p>2 ⇒ FS11</p>
<p>PR5. Does (<i>name</i>) ever have homework?</p>	<p>YES 1</p> <p>NO..... 2</p> <p>DK 8</p>	<p>2 ⇒ PR7</p> <p>8 ⇒ PR7</p>
<p>PR6. DOES ANYONE HELP (<i>NAME</i>) WITH HOMEWORK?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	

<p>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 / PARENTS ASSOCIATION)?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2 ⇨ PR10 8 ⇨ PR10</p>
<p>PR8. In the last 12 months, have you or any other adult from your household attended a meeting called by this school governing body?</p>	<p>YES 1 NO 2 DK 8</p>	<p>2 ⇨ PR10 8 ⇨ PR10</p>
<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 (MARK SHEET) FOR (<i>NAME</i>)’?</p>	<p>YES 1 NO 2 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 (SPECIFY) _____ 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>YES 1</p> <p>NO 2</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>	2 ⇒ Next Module
<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>YES 1</p> <p>NO 2</p> <p>DK 8</p>	

<p>FS11. RECORD THE TIME.</p>	<p>HOURS AND MINUTES __ : __</p>	
<p>FS12. LANGUAGE OF THE QUESTIONNAIRE.</p>	<p>ARABIC.....1</p> <p>KURDISH (SORANI).....2</p> <p>KURDISH (BADINI).....3</p>	
<p>FS13. LANGUAGE OF THE INTERVIEW.</p>	<p>ARABIC.....1</p> <p>KURDISH (SORANI).....2</p> <p>KURDISH (BADINI).....3</p> <p>TURKMAN4</p> <p>ASSERIAN5</p> <p style="text-align: right;">OTHER LANGUAGE</p> <p>(specify)6</p>	

FS14. NATIVE LANGUAGE OF THE RESPONDENT.	ARABIC.....1 KURDISH (SORANI).....2 KURDISH (BADINI).....3 TURKMAN4 ASSERIAN5 OTHER LANGUAGE <i>(specify)</i>6	
FS15. WAS A TRANSLATOR USED FOR ANY PARTS OF THIS QUESTIONNAIRE?	YES, THE ENTIRE QUESTIONNAIRE..... 1 YES, PARTS OF THE QUESTIONNAIRE2 NO, NOT USED.....3	
<p>FS16. Thank the respondent and the child for her/his cooperation.</p> <p><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></p> <p><i>Make arrangements for the administration of the remaining questionnaire(s) in this household.</i></p>		

INTERVIEWER'S OBSERVATIONS

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SUPERVISOR'S OBSERVATIONS

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