

5. QUESTIONNAIRE FOR CHILDREN AGE 5-17



QUESTIONNAIRE FOR CHILDREN AGE 5-17
Iraq, 2018



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: _____ / _____ / 2 0 1 8	FS8. Record the time:	HOURS : MINUTES _____ : _____

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.

FS9. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY1 NO, FIRST INTERVIEW2	1 ⇨ FS10B 2 ⇨ FS10A
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FS10A. 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 FS3</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?	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. 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?
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YES..... 1 No / NOT ASKED 2	1 ⇨ CHILD'S BACKGROUND MODULE 2 ⇨ FS17
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FS17. Result of interview for child age 5-17 years <i>CODES REFER TO THE RESPONDENT.</i> <i>DISCUSS ANY RESULT NOT COMPLETED WITH SUPERVISOR.</i>	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 (name) born? <i>Month and year must be recorded.</i>	DATE OF BIRTH MONTH..... __ __ YEAR __ __ __ __	
CB3. How old is (name)? <i>Probe:</i> How old was (name) 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 (NAME) EVER ATTENDED SCHOOL OR ANY EARLY CHILDHOOD EDUCATION (KINDERGARTEN) PROGRAMME?	YES..... 1 NO 2	2 ⇒CB11
CB5. WHAT IS THE HIGHEST LEVEL AND GRADE OR YEAR OF SCHOOL (NAME) HAS EVER ATTENDED?	KINDERGARTEN 0 __ __ PRIMARY 1 __ __ INTERMEDIATE..... 2 __ __ DIPLOMA (5 YRS. AFTER INTERMEDIATE) 3 __ __ SECONDARY 4 __ __ DIPLOMA 5 __ __ BACHELORS DEGREE 6 __ __	
CB6. DID (HE/SHE) EVER COMPLETE THAT (GRADE/YEAR)?	YES..... 1 NO 2	

CB7. AT ANY TIME DURING THE CURRENT SCHOOL YEAR (2017-18) DID (<i>NAME</i>) ATTEND SCHOOL OR ANY EARLY CHILDHOOD EDUCATION PROGRAMME (KINDERGARTEN)?	YES..... 1 NO 2	2 ⇒ <i>CB9</i>
CB8. DURING THIS CURRENT SCHOOL YEAR (2017-18), WHICH LEVEL AND GRADE OR YEAR IS (<i>NAME</i>) <u>ATTENDING</u> ?	KINDERGARTEN 0 ___ PRIMARY 1 ___ INTERMEDIATE..... 2 ___ DIPLOMA (5 YRS. AFTER INTERMEDIATE) 3 ___ SECONDARY 4 ___ DIPLOMA 5 ___ BACHELORS DEGREE 6 ___	
CB9. AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR (2016-17) DID (<i>NAME</i>) ATTEND SCHOOL OR ANY EARLY CHILDHOOD EDUCATION PROGRAMME?	YES..... 1 NO 2	2 ⇒ <i>CB11</i>
CB10. DURING THAT PREVIOUS SCHOOL YEAR (2016-17), WHICH LEVEL AND GRADE OR YEAR DID (<i>NAME</i>) <u>ATTEND</u> ?	KINDERGARTEN 0 ___ PRIMARY 1 ___ INTERMEDIATE..... 2 ___ DIPLOMA (5 YRS. AFTER INTERMEDIATE) 3 ___ SECONDARY 4 ___ DIPLOMA 5 ___ BACHELORS DEGREE 6 ___	
CB11. IS (<i>NAME</i>) COVERED BY ANY HEALTH INSURANCE?	YES..... 1 NO 2	2 ⇒ <i>NEXT MODULE</i>
CB12. WHAT TYPE OF HEALTH INSURANCE IS (<i>NAME</i>) 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	

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 (SPECIFY) _____ 1 2</p>	
<p>CL2. Check CL1, [A]-[X]:</p>	<p>AT LEAST ONE 'YES' 1</p> <p>ALL ANSWERS ARE 'NO' 2</p>	2 ⇒ CL7
<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>	

CHILD FUNCTIONING		FCF
<p>FCF1. I would like to ask you some questions about difficulties (<i>NAME</i>) may have.</p> <p>[A] Shopping for the household?</p> <p>Does (<i>NAME</i>) wear glasses or [B] cooking contact lenses (medical)?</p>	<p>YES NO</p> <p>SHOPPING FOR HOUSEHOLD..... 1 2</p> <p>YES..... 1 COOKING 1 NO 2</p> <p>WASHING DISHES /</p>	
<p>FCF2. Does (<i>NAME</i>) use a hearing aid? the house?</p>	<p>YES..... 1 CLEANING HOUSE 1 NO 2</p>	
<p>FCF3. Does (<i>NAME</i>) use any equipment or receive assistance for walking?</p> <p>[D] Washing clothes?</p>	<p>YES..... 1 WASHING CLOTHES 1 NO 2</p>	
<p>FCF4. In the following questions, I will ask you to answer by [E] Caring for children, 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>[X] Other household tasks?</p>	<p>CARING FOR CHILDREN 1 2</p> <p>CARING FOR OLD / SICK 1 2</p> <p>OTHER HOUSEHOLD TASKS (SPECIFY) 1 2</p>	
<p>CL12. Check CL11, [A]-[X]: (HE/SHE) CANNOT AT ALL.</p> <p>Repeat the categories during the individual questions whenever the respondent does not use an answer</p>	<p>AT LEAST ONE 'YES' 1 ALL ANSWERS ARE 'NO' 2</p>	2 ⇒ Next Module
<p>CL13. Since last (<i>day of the week</i>), about how many hours did (<i>NAME</i>) engage in (his/her) these activities in total? (<i>NAME</i>) HAS: 1) NO DIFFICULTY, 2) SOME DIFFICULTY, 3) A LOT OF DIFFICULTY, OR 4) THAT (HE/SHE) CANNOT AT ALL? use, since last (<i>day of the week</i>)?</p>	<p>NUMBER OF HOURS.....</p>	
<p>FCF5. Check FCF1: Child wears glasses or contact lenses (medical)?</p>	<p>YES, FCF1=1 1 NO, FCF1=2 2</p>	1 ⇒ FCF6A 2 ⇒ FCF6B
<p>FCF6A. When (<i>day of the week</i>) did (<i>NAME</i>) collect firewood for household use? (MEDICAL), DOES (<i>NAME</i>) HAVE DIFFICULTY SEEING?</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>YES 1 NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT SEE AT ALL 4</p> <p>NUMBER OF HOURS.....</p>	2 ⇒ CL11
<p>FCF7. Check FCF2: Child uses a hearing aid?</p>	<p>YES, FCF2=1 1 NO, FCF2=2 2</p>	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 (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
PR1. Check CB3: Child's age?	AGE 5-6 YEARS.....1 AGE 7-14 YEARS.....2 AGE 15-17 YEARS.....3	1 ⇨FS11 3 ⇨FS11
PR3. Excluding school text books and holy books, how many books do you have for (name) to read at home? Check any type of holy books like Quran, Bible, etc.	NONE00 NUMBER OF BOOKS..... 0 ___ TEN OR MORE BOOKS10	
PR4. Check CB7 and ED9 in HH Questionnaire: Did the child attend any school?	YES, CB7/ED9=11 NO, CB7/ED9=2 OR BLANK2	2 ⇨FS11
PR5. Does (name) ever have homework?	YES.....1 NO2 DK8	2 ⇨PR7 8 ⇨PR7
PR6. Does anyone help (name) with homework?	YES1 NO2 DK8	
PR7. Does (name)'s school have a school governing body in which parents can participate (such as parent teacher association or school management committee / parents association)?	YES1 NO2 DK8	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 NO2 DK8	2 ⇨PR10 8 ⇨PR10
PR9. During any of these meetings, was any of the following discussed: [A] A plan for addressing key education issues faced by (name)'s school? [B] School budget or use of funds received by (name)'s school?	YES NO DK PLAN FOR ADDRESSING SCHOOL'S ISSUES1 2 8 SCHOOL BUDGET1 2 8	
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 (name)?	YES1 NO2 DK8	
PR11. In the last 12 months, have you or any adult from your household gone to (name)'s school for any of the following reasons? [A] A school celebration or a sport event?	YES NO DK CELEBRATION OR SPORT EVENT1 2 8 TO DISCUSS PROGRESS	

[B] To discuss (name)'s progress with (his/her) teachers?	WITH TEACHERS1 2 8	
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:	YES NO DK	
[A] Natural disasters, such as flood, cyclone, epidemics or similar?	NATURAL DISASTERS.....1 2 8	
[B] Man-made disasters, such as fire, building collapse, riots or similar?	MAN-MADE DISASTERS.....1 2 8	
[C] Teacher strike?	TEACHER STRIKE.....1 2 8	
[X] Other?	OTHER (SPECIFY) _____1 2 8	
PR13. In the last 12 months, was (name) unable to attend class due to (his/her) teacher being absent?	YES1 NO2 DK8	
PR14. Check PR12[C] and PR13: Any 'Yes' recorded?	YES, PR12[C]=1 OR PR13=1.....1 NO2	2 ⇔ Next Module
PR15. When (teacher strike / teacher absence) happened did you or any other adult member of your household contact any school officials or school governing body representatives?	YES1 NO2 DK8	

FS11. RECORD THE TIME.	HOURS AND MINUTES..... __ : __	
FS12. LANGUAGE OF THE QUESTIONNAIRE.	ARABIC 1 KURDISH (SORANI) 2 KURDISH (BADINI) 3	
FS13. LANGUAGE OF THE INTERVIEW.	ARABIC 1 KURDISH (SORANI) 2 KURDISH (BADINI) 3 TURKMAN 4 ASSERIAN 5 OTHER LANGUAGE (specify) 6	
FS14. NATIVE LANGUAGE OF THE RESPONDENT.	ARABIC 1 KURDISH (SORANI) 2 KURDISH (BADINI) 3 TURKMAN 4 ASSERIAN 5 OTHER LANGUAGE (specify) 6	
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	
<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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