

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> _____	FS8. Record the time when the interview started:	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 ALREADY.....1 NO, FIRST INTERVIEW.....2	1 ⇒FS10B 2 ⇒FS10A
FS10A. Hello, my name is (your name). We are from Statistical Office of Montenegro – MONSTAT . In cooperation with UNICEF we are conducting a survey about the situation of children, families and households. I would like to talk to you about (child's name from FS3)'s health and habits. This interview will take about 20 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 (child's name from FS3)'s health and habits in more detail. This interview will take about 20 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	

FS17. Result of interview for child age 5-17 years <i>Codes refer to the respondent.</i> <i>Discuss any questionnaire not completed with Supervisor.</i>	QUESTIONNAIRE COMPLETED..... 01 MOTHER/CARETAKER NOT AT HOME..... 02 MOTHER/CARETAKER REFUSED THE INTERVIEW 03 PARTLY COMPLETED QUESTIONNAIRE 04 INCAPACITATED (specify) _____ 05 NO ADULT CONSENT FOR MOTHER/ CARETAKER AGE 15-17 06 OTHER (specify) _____ 96
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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 ⇒ End
CB2. In what month and year was (name) born? <i>Month and year <u>must</u> be recorded.</i>	MONTH AND YEAR 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 check further and correct.</i>	AGE (IN COMPLETED YEARS) __ __	
CB4. Has (name) ever attended school or any early childhood education programme?	YES 1 NO 2	2 ⇒ End
CB5. What is the highest level and grade or year (name) has ever attended?	ECE 000 PRIMARY (GRADES 1-5) 1 __ __ PRIMARY (GRADES 6-9) 2 __ __ SECONDARY 3 __ __ HIGHER 4 __ __	000 ⇒ CB7
CB6. Did (he/she) ever complete that (grade/year)?	YES 1 NO 2	
CB7. At any time during the current school year did (name) attend school or any early childhood education programme?	YES 1 NO 2	2 ⇒ CB9
CB8. During this current school year, which level and grade or year is (name) <u>attending</u> ?	ECE 000 PRIMARY (GRADES 1-5) 1 __ __ PRIMARY (GRADES 6-9) 2 __ __ SECONDARY 3 __ __ HIGHER 4 __ __	
CB9. At any time during the previous school year did (name) attend school or any early childhood education programme?	YES 1 NO 2	2 ⇒ End
CB10. During that previous school year, which level and grade or year did (name) <u>attend</u> ?	ECE 000 PRIMARY (GRADES 1-5) 1 __ __ PRIMARY (GRADES 6-9) 2 __ __ SECONDARY 3 __ __ HIGHER 4 __ __	

BIRTH REGISTRATION		FBR
FBR0A. Check FSI: Is this cluster selected for the Roma Settlements Survey (cluster numbers ranging from 301 to 333)?	YES.....1 NO2	2 ⇒ End
FBR0B. Before I continue, could you please bring (name)'s Birth Certificate, passport or health card? We will need to refer to these documents.		
FBR1. Does (name) have a birth certificate? If yes, ask: May I see it?	YES, CERTIFICATE SEEN1 YES, CERTIFICATE NOT SEEN2 NO3 DK8	1 ⇒ End 2 ⇒ End
FBR1A. Does (name) have a passport or health card? If yes, ask: May I see it?	YES, PASSPORT / HEALTH CARD SEEN1 YES, PASSPORT / HEALTH CARD NOT SEEN2 NO3 DK8	
FBR2. Has (name)'s birth been registered in the Birth Register?	YES.....1 NO2 DK8	1 ⇒ End
FBR3. Do you know how to register (name)'s birth?	YES.....1 NO2	2 ⇒ End
FBR4. What is the reason for non-registration of (name)'s birth? Probe: Any other reason? Record all mentioned.	ABANDONED BY MOTHER / MOTHER HAS NO PERSONAL DOCUMENTSA NOT BORN IN HEALTH INSTITUTION.....B DOES NOT KNOW ANY INFORMATION/ FACTS ABOUT THE BIRTH.....C CHILD BORN RECENTLY, PLANNING TO REGISTER SOOND OTHER (specify).....X DKZ	

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 produce?</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 ANIMALS1 2</p> <p>HELPED IN FAMILY / RELATIVE'S BUSINESS / RAN OWN BUSINESS1 2</p> <p>PRODUCE / SELL ARTICLES / HANDICRAFTS / CLOTHES / FOOD OR AGRICULTURAL PRODUCE1 2</p> <p>ANY OTHER ACTIVITIES.....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 gases?</p> <p>[B] Is (he/she) exposed to extreme cold, heat or air 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>	2 ⇒ CL9																								
<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>	2 ⇒ CL11																								
<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 chores 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 and sick?</p> <p>[X] Other household tasks?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>SHOPPING FOR HOUSEHOLD.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>COOKING.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>WASHING DISHES / CLEANING HOUSE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>WASHING CLOTHES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CARING FOR CHILDREN.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CARING FOR OLD / SICK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER HOUSEHOLD TASKS.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	SHOPPING FOR HOUSEHOLD.....	1	2	COOKING.....	1	2	WASHING DISHES / CLEANING HOUSE.....	1	2	WASHING CLOTHES.....	1	2	CARING FOR CHILDREN.....	1	2	CARING FOR OLD / SICK.....	1	2	OTHER HOUSEHOLD TASKS.....	1	2	
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<p>CL12. Check CL11, [A]-[X]:</p>	<p>AT LEAST ONE 'YES'..... 1 ALL ANSWERS ARE 'NO'..... 2</p>	2 ⇒ End																								

<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>	
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CHILD DISCIPLINE		FCD
FCD1. Check CB3: Child's age?	AGE 5-14 YEARS 1 AGE 15-17 YEARS 2	2 → End
FCD2. Now I'd like to talk to you about something else. Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used and I would ask you to tell me if <u>you or any other adult in your household</u> has used this method with (name) <u>in the past month</u> . [A] Took away privileges, forbade something (name) liked or did not allow (him/her) to leave the house. [B] Explained why (name)'s behaviour was wrong. [C] Shook (him/her). [D] Shouted, yelled at or screamed at (him/her). [E] Gave (him/her) something else to do. [F] Spanked, hit or slapped (him/her) on the bottom with bare hands. [G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object. [H] Called (him/her) dumb, lazy or other similar names. [I] Hit or slapped (him/her) on the face, head or ears. [J] Hit or slapped (him/her) on the hand, arm, or leg. [K] Beat (him/her) up, that is hit him/her over and over as hard as one could.	<p style="text-align: right;">YES NO</p> <p>TOOK AWAY PRIVILEGES.....1 2</p> <p>EXPLAINED WRONG BEHAVIOUR1 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 HANDS1 2</p> <p>HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT1 2</p> <p>CALLED DUMB, LAZY OR OTHER NAMES.....1 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?	YES 1 NO 2	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 must be physically punished?	YES 1 NO 2 DK / NO OPINION..... 8	

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?</p>	<p>YES 1 NO 2</p>	
<p>FCF2. Does (<i>name</i>) use a hearing aid?</p>	<p>YES 1 NO 2</p>	
<p>FCF3. Does (<i>name</i>) use any equipment or receive assistance for walking?</p>	<p>YES 1 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: Does the child wear glasses or contact lenses?</p>	<p>YES, FCF1=1 1 NO, FCF1=2 2</p>	<p>1 ⇒FCF6A 2 ⇒FCF6B</p>
<p>FCF6A. When wearing (his/her) glasses or contact lenses, does (<i>name</i>) have difficulty seeing?</p> <p>FCF6B. Does (<i>name</i>) have difficulty seeing?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT SEE AT ALL 4</p>	
<p>FCF7. Check FCF2: Does the child use a hearing aid?</p>	<p>YES, FCF2=1 1 NO, FCF2=2 2</p>	<p>1 ⇒FCF8A 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 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT HEAR AT ALL 4</p>	
<p>FCF9. Check FCF3: Does the child use any equipment or receive 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 on level ground?</p> <p><i>Probe:</i> That would be about the length of 1 football field.</p> <p><i>Note that the 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 the 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 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 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 the length of 5 football pitches.</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK 500 M 4</p>	<p>1 ⇒FCF16 2 ⇒FCF16 3 ⇒FCF16 4 ⇒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 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 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 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 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 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 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 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 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 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 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 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 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
PR3. Excluding school text books and religious books, how many books do you have for (<i>name</i>) to read at home?	NONE 00 NUMBER OF BOOKS..... 0 ___ TEN OR MORE BOOKS 10	
PR4. Check CB7: Did the child attend any programme/school? Check ED9 in the EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for child if CB7 was not asked.	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 ⇒PR7A 8 ⇒PR7A
PR5A. Since last (<i>day of the week</i>), about how many hours in total did (<i>name</i>) spend doing homework from any subject? If less than one hour, recode '00'.	NUMBER OF HOURS ___	
PR6. Does anyone help (<i>name</i>) with homework?	YES 1 NO 2 DK 8	
PR7A. Are you aware whether the school (<i>name</i>) is attending has a Parents' Council or not?	YES 1 NO 2 DK 8	2 ⇒PR10 8 ⇒PR10
PR9A. Are you aware whether any of the following topics was discussed at the Parents' Council meetings: [A] A plan for addressing key education issues faced by (<i>name</i>)'s school? [C] School performance reports?	YES NO DK KEY EDUCATION ISSUES 1 2 8 SCHOOL PERFORMANCE REPORTS..... 1 2 8	
PR10. In the last 12 months, have you or any other adult from your household received any school report, report card or record of achievement for (<i>name</i>)?	YES 1 NO 2 DK 8	

<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>[C] Parents' meeting?</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>PERENTS'S MEETING 1 2 8</p>	
<p>PR12. Over the last 12 months, has <i>(name)</i>'s school been closed on a school day for at least one day due to any of the following reasons:</p> <p>[A] Natural disasters, such as floods, snow or extremely high temperatures, 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>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 ⇒ End
<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>	

FS11. <i>Record the time when the interview was completed.</i>	HOUR AND MINUTES ____ : ____	
FS12. <i>Language of the Questionnaire.</i>	MONTENEGRIN/SERBIAN/BOSNIAN/ CROATIAN 1 ALBANIAN 2	
FS13. <i>Language of the Interview.</i>	MONTENEGRIN/SERBIAN/BOSNIAN/ CROATIAN 1 ALBANIAN 2 OTHER LANGUAGE (specify) 6	
FS14. <i>Native language of the Respondent.</i>	MONTENEGRIN/SERBIAN/BOSNIAN/ CROATIAN 1 ALBANIAN 2 OTHER LANGUAGE (specify) 6	
FS15. <i>Was a translator used for any parts of this questionnaire?</i>	YES, THE ENTIRE QUESTIONNAIRE..... 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED..... 3	
FS16. <i>Thank the respondent for her/his cooperation.</i> <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>		

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS