| INFORMATION PANEL |  | FS |
| :---: | :---: | :---: |
| FS1. Cluster number: | FS2. Household number: |  |
| FS3. Child's name and line number: <br> NAME | FS4. Mother's / Caretaker's name and line number: <br> NAME |  |
| FS5. Interviewer's name and number: <br> NAME | FS6. Supervisor's name and number: <br> NAME |  |
| FS7. Date of interview (Year / Month / Day): $\underline{2} \underline{0} \underline{1} 1$ | FS8. Record the time: | HOUR : MINUTES $\qquad$ |


| Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: <br> 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 | $\begin{aligned} & 1 \Rightarrow F S 10 B \\ & 2 \Rightarrow F S 10 A \end{aligned}$ |
| FS10A. Hello, my name is (your name). We are from National Statistical Office. 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 well-being. 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 well-being 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 | 1ヶCHILD'S BACKGROUND Module $2 \Rightarrow$ FSI 7 |  |
| O / NOT ASKED............................................................... 2 |  |  |


| FS17. Result of interview for child age 5-17 years | COMPLETED................................................................... 01 |
| :---: | :---: |
|  | NOT AT HOME ................................................................ 02 |
| Codes refer to the respondent. | REFUSED ......................................................................... 03 |
|  | PARTLY COMPLETED ..................................................... 04 |
| Discuss any result not completed with Supervisor. | INCAPACITATED <br> (specify) $\qquad$ $05$ |
|  | NO ADULT CONSENT FOR MOTHER/ <br> CARETAKER AGE 15-17 |
|  | 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): | $\begin{aligned} & \text { FS4=HH47................................................................................................................... } \\ & \text { FS4\#HH47....... } \end{aligned}$ | $1 \Rightarrow$ End |
| CB2. In what month and year was (name) born? Month and year must be recorded. | DATE OF BIRTH <br> YEAR <br> MONTH |  |
| CB3. How old is (name)? <br> Probe: <br> How old was (name) at (his/her) last birthday? <br> Record age in completed years. <br> If responses to CB2 and CB3 are inconsistent, probe further and correct. | AGE (IN COMPLETED YEARS) ...............- - |  |
| CB4. Has (name) ever attended school or any early childhood education programme? | YES........................................................................................................................................ NO ....... | $2 \Rightarrow$ End |
| CB5. What is the highest level and grade or year of school (name) has ever attended? | EARLY CHILDHOOD EDUCATION ............ 000 SECONDARY SCHOOL .......................... 1 $\qquad$ VOCATIONAL TRAINING CENTERS, <br> TECHNICUM $\qquad$ $\qquad$ UNIVERSITY, INSTITUTE, COLLEGE .. 4 $\qquad$ | $000 \Rightarrow C B 7$ |
| CB6. Did (name) ever complete that (grade/year)? | YES......................................................................................................................................... |  |
| CB6A. Did (name) ever complete that school? | YES...................................................................................................................................... NO |  |
| CB7. At any time during the 2018/2019 school year did (name) attend school or any early childhood education programme? | YES..................................................................................................................................... NO | $2 \Rightarrow C B 9$ |
| CB8. During 2018/2019 school year, which level and grade or year is (name) attending? | EARLY CHILDHOOD EDUCATION $\qquad$ 000 SECONDARY SCHOOL $\qquad$ 1 $\qquad$ VOCATIONAL TRAINING CENTERS, TECHNICUM. $\qquad$ $\qquad$ UNIVERSITY, INSTITUTE, COLLEGE .. 4 $\qquad$ |  |
| CB9. At any time during the 2017/2018 school year did (name) attend school or any early childhood education programme? | YES................................................................................................................................... | $2 \Rightarrow$ End |
| CB10. During 2017/2018 school year, which level and grade or year did (name) attend? | EARLY CHILDHOOD EDUCATION ............ 000 SECONARY SCHOOL ............................. 1 $\qquad$ VOCATIONAL TRAINING CENTERS, <br> TECHNICUM $\qquad$ $\qquad$ UNIVERSITY, INSTITUTE, COLLEGE . 4 $\qquad$ |  |


| CHILD LABOUR |  | CL |
| :---: | :---: | :---: |
| CL1. Now I would like to ask about any work (name) may do. |  |  |
| Since last (day of the week), did (name) do any of the following activities, even for only one hour? | YES NO |  |
| [A] Did (name) 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? | WORKED ON PLOT, FARM, FOOD GARDEN, LOOKED AFTER ANIMALS .................. 1 2 |  |
| [B] Did (name) help in a family business or a relative's business with or without pay, or run (his/her) own business? | HELPED IN FAMILY / RELATIVE'S <br> BUSINESS / RAN OWN BUSINESS....... $1 \quad 2$ |  |
| [C] Did (name) produce or sell articles, handicrafts, clothes, food or agricultural products? | PRODUCE / SELL ARTICLES / HANDICRAFTS / CLOTHES / FOOD OR AGRICULTURAL PRODUCTS. $\qquad$ |  |
| [X] Since last (day of the week), did (name) engage in any other activity in return for income in cash or in kind, even for only one hour? | ANY OTHER ACTIVITY ........................ 1 2 |  |
| CL2. Check CL1, [A]-[X]: | AT LEAST ONE ‘YES’ ................................................ 1 ALL ANSWERS ARE 'NO’................... 2 | $2 \Rightarrow C L 7$ |
| CL3. Since last (day of the week) about how many hours did (name) engage in (this activity/these activities), in total? <br> If less than one hour, record ' 00 '. | NUMBER OF HOURS ............................. - - |  |
| CL4. (Does the activity/Do these activities) require carrying heavy loads? | $\begin{aligned} & \text { YES ....................................................................................................................................... } \end{aligned}$ |  |
| CL5. (Does the activity/Do these activities) require working with dangerous tools such as knives and similar or operating heavy machinery? | YES ..................................................................................................................................... |  |


| CL6. How would you describe the work environment of (name)? Particarly: <br> [A] Is (he/she) exposed to dust, fumes or gas? <br> [B] Is (he/she) exposed to extreme cold, heat or humidity? <br> [C] Is (he/she) exposed to loud noise or vibration? <br> [D] Is (he/she) required to work at heights? <br> [E] Is (he/she) required to work with chemicals, such as pesticides, glues and similar, or explosives? <br> [X] Is (name) exposed to other things, processes or conditions bad for (his/her) health or safety? | YES $\qquad$ $\qquad$ <br> YES $\qquad$ $\qquad$ <br> YES $\qquad$ $\qquad$ <br> YES $\qquad$ $\qquad$ <br> YES $\qquad$ $\qquad$ $\begin{aligned} & \text { YES ........................................................................................................................................... } \end{aligned}$ <br> YES $\qquad$ |  |
| :---: | :---: | :---: |
| CL7. Since last (day of the week), did (name) fetch water for household use? | $\begin{aligned} & \text { YES .............................................................................................................................................. } \end{aligned}$ | $2 \Rightarrow C L 9$ |
| CL8. In total, how many hours did (name) spend on fetching water for household use, since last (day of the week)? <br> If less than one hour, record ' 00 '. | NUMBER OF HOURS ..............................-_ |  |
| CL9. Since last (day of the week), did (name) collect firewood for household use? | YES ...................................................................................................................................... NO | $2 \leftrightharpoons C L 11$ |
| CL10. In total, how many hours did (name) spend on collecting firewood for household use, since last (day of the week)? <br> If less than one hour, record ' 00 '. | NUMBER OF HOURS ..............................-_ |  |
| CL11. Since last (day of the week), did (name) do any of the following for this household? <br> [A] Shopping for the household? <br> [B] Cooking? <br> [C] Washing dishes or cleaning around the house? <br> [D] Washing clothes? <br> [E] Caring for children? <br> [F] Caring for someone old or sick? <br> [X] Other household tasks? | YES NO <br> SHOPPING FOR HOUSEHOLD................. 1 2 <br> COOKING .................................................. 1 2 <br> WASHING DISHES /  <br> CLEANING HOUSE............................... 1 2 <br> WASHING CLOTHES ............................... 1 2 <br> CARING FOR CHILDREN......................... 1 2 <br> CARING FOR OLD / SICK......................... 1 2 <br> OTHER HOUSEHOLD TASKS.................. 1 2 |  |
| CL12. Check CL11, [A]-[X]: | AT LEAST ONE ‘YES' ....................................................................... | $2 \Rightarrow$ End |


| CL13. Since last (day of the week), about how many <br> hours did (name) engage in (this activity/these <br> activities), in total? | NUMBER OF HOURS ................................-_- |
| :--- | :--- | :--- |
| Ifless than one hour, record '00' |  |


| CHILD DISCIPLINE |  | FCD |
| :---: | :---: | :---: |
| FCD1. Check CB3: Child's age? | AGE 5-14 YEARS ...................................................... 1 AGE 15-17 YEARS ......................................... 2 | $2 \Rightarrow$ End |
| FCD2. Now I'd like to talk to you about something else. <br> 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 you or any other adult in your household has used this method with (name) in the past month. | YES NO |  |
| [A] Took away privileges, forbade something (name) liked or did not allow (him/her) to leave the house. | TOOK AWAY PRIVILEGES....................... 112 |  |
| [B] Explained why (name)'s behaviour was wrong. | EXPLAINED WRONG <br> BEHAVIOR $\qquad$ 12 |  |
| [C] Shook (him/her)? | SHOOK HIM/HER .................................... 12 |  |
| [D] Shouted, yelled at or screamed at (him/her). | SHOUTED, YELLED, <br> SCREAMED $\qquad$ 12 |  |
| [E] Gave (him/her) something else to do. | GAVE SOMETHING ELSE <br> TO DO $\qquad$ |  |
| [F] Spanked, hit or slapped (him/her) on the bottom with bare hand. | SPANKED, HIT, SLAPPED ON <br> BOTTOM WITH BARE HAND $\qquad$ 1 |  |
| [G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object. | HIT WITH BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT $\qquad$ . 1 |  |
| [H] Called (him/her) dumb, lazy or another name like that. | CALLED DUMB, LAZY OR <br> ANOTHER NAME $\qquad$ 12 |  |
| [I] Hit or slapped (him/her) on the face, head or ears. | HIT / SLAPPED ON THE FACE, HEAD OR EARS $\qquad$ 12 |  |
| [J] Hit or slapped (him/her) on the hand, arm, or leg. | HIT / SLAPPED ON HAND, <br> ARM OR LEG $\qquad$ 12 |  |
| [K] Beat (him/her) up, that is hit him/her over and over as hard as one could. | BEAT UP, HIT OVER AND OVER <br> AS HARD AS ONE COULD.. $\qquad$ |  |
| FCD3. Check FS4: Is this respondent the mother or caretaker of any other children under age 5? | $\begin{aligned} & \hline \text { YES ......................................................................................................................................................... } \\ & \text { NO ....... } \end{aligned}$ | $2 \Rightarrow F C D 5$ |
| FCD4. Check FS4: Has this respondent already responded to the following question (UCD5) for another child? | $\begin{aligned} & \text { YES ...................................................................................................................................................... } \\ & \text { NO ....... } \end{aligned}$ | $1 \Rightarrow$ End |
| FCD5. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished? | $\qquad$ <br> DK / NO OPINION $\qquad$ |  |


| CHILD FUNCTIONING |  | FCF |
| :---: | :---: | :---: |
| FCF1. I would like to ask you some questions about difficulties (name) may have. <br> Does (name) wear glasses or contact lenses? | YES ................................................................................................................................................... NO |  |
| FCF2. Does (name) use a hearing aid? | YES .................................................................................................................................................. NO |  |
| FCF3. Does (name) use any equipment or receive assistance for walking? | YES ................................................................................................................................................... NO....... |  |
| 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 (name) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all. <br> Repeat the categories during the individual questions whenever the respondent does not use an answer category: <br> Remember the four possible answers: Would you say that (name) 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? |  | $\begin{aligned} & 1 \Rightarrow F C F 6 A \\ & 2 \Rightarrow F C F 6 B \end{aligned}$ |
| FCF6A. When wearing (his/her) glasses or contact lenses, does (name) have difficulty seeing? <br> FCF6B. Does (name) have difficulty seeing? |  |  |
| FCF7. Check FCF2: Child uses a hearing aid? |  | $\begin{aligned} & 1 \Rightarrow F C F 8 A \\ & 2 \Rightarrow F C F 8 B \end{aligned}$ |
| FCF8A. When using (his/her) hearing aid(s), does (name) have difficulty hearing sounds like peoples' voices or music? <br> FCF8B. Does (name) have difficulty hearing sounds like peoples' voices or music? | NO DIFFICULTY.................................................................................................................................................................................... |  |
| FCF9. Check FCF3: Child uses equipment or receives assistance for walking? | YES, FCF3 $=1$............................................................................................................................... | $2 \Rightarrow F C F 14$ |
| FCF10. Without (his/her) equipment or assistance, does (name) have difficulty walking 100 meters on level ground? <br> Probe: That would be about the length of 1 football field. <br> Note that category 'No difficulty' is not available, as the child uses equipment or receives assistance for walking. | SOME DIFFICULTY ............................................................................................................ | $\begin{aligned} & 3 \Rightarrow F C F 12 \\ & 4 \Rightarrow F C F 12 \end{aligned}$ |


| FCF11. Without (his/her) equipment or assistance, does (name) have difficulty walking 500 meters on level ground? <br> Probe: That would be about the length of 5 football fields. <br> Note that category 'No difficulty' is not available, as the child uses equipment or receives assistance for walking. | SOME DIFFICULTY ................................................................................................. 4 |  |
| :---: | :---: | :---: |
| FCF12. With (his/her) equipment or assistance, does (name) have difficulty walking 100 meters on level ground? <br> Probe: That would be about the length of 1 football field. |  | $\begin{aligned} & 3 \Rightarrow F C F 16 \\ & 4 \Rightarrow F C F 16 \end{aligned}$ |
| FCF13. With (his/her) equipment or assistance, does (name) have difficulty walking 500 meters on level ground? <br> Probe: That would be about the length of 5 football fields. | NO DIFFICULTY ......................................................................................................................................................................................... | $1 \Rightarrow F C F 16$ |
| FCF14. Compared with children of the same age, does (name) have difficulty walking 100 meters on level ground? <br> Probe: That would be about the length of 1 football field. |  | $\begin{aligned} & 3 \Rightarrow F C F 16 \\ & 4 \Rightarrow F C F 16 \end{aligned}$ |
| FCF15. Compared with children of the same age, does (name) have difficulty walking 500 meters/half kilometer on level ground? <br> Probe: That would be about the length of 5 football field. | NO DIFFICULTY ................................................................................................................................................................................................. |  |
| FCF16. Does (name) have difficulty with self-care such as feeding or dressing (himself/herself)? | NO DIFFICULTY....................................................... 1 <br> SOME DIFFICULTY ................................................. 2 <br> A LOT OF DIFFICULTY........................................... 3 <br> CANNOT CARE FOR SELF AT ALL........................ 4 |  |
| FCF17. When (name) speaks, does (he/she) have difficulty being understood by people inside of this household? | NO DIFFICULTY ....................................................................................................................................................................................... |  |
| FCF18. When (name) speaks, does (he/she) have difficulty being understood by people outside of this household? | NO DIFFICULTY .......................................................................................................................................................................................... |  |
| FCF19. Compared to children of same age, does (Name) have difficulty in learning things? | NO DIFFICULTY ..................................................................................................................................................................................................... |  |
| FCF20. Compared with children of the same age, does (name) have difficulty remembering things? |  |  |


| FCF21. Does (name) have difficulty concentrating on an activity that (he/she) enjoys doing? |  |
| :---: | :---: |
| FCF22. Does (name) have difficulty accepting changes in (his/her) routine? |  |
| FCF23. Compared with children of the same age, does (name) have difficulty controlling (his/her) behaviour? |  |
| FCF24. Does (name) have difficulty making friends? |  |
| FCF25. Next 2 questions have 5 different options. I will ask questions first and then read for you each of the answers. <br> I would like to know how often (name) seems very anxious, nervous or worried. <br> Would you say: daily, weekly, monthly, a few times a year or never? |  |
| FCF26. I would also like to know how often (name) seems very sad or depressed. <br> Would you say: daily, weekly, monthly, a few times a year or never? |  |


| PARENTAL INVOLVEMENT |  |  |
| :---: | :---: | :---: |
| PR1. Check CB3: Child's age? | AGE 5-6 YEARS........................................................................................................................................ | $\begin{aligned} & 1 \Rightarrow \text { End } \\ & 3 \Rightarrow \text { End } \end{aligned}$ |
| PR2. At the end of this interview I will ask you if I can talk to (name). If (he/she) is close, can you please ask (him/her) to stay here. If (name) 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. Does (name) have books at home to read besides textbooks? <br> If answer is "Yes" then ask to clarify: How many books does (name) have? | NONE $\qquad$ 00 <br> NUMBER OF BOOKS $\qquad$ . 0 $\qquad$ <br> TEN OR MORE BOOKS $\qquad$ 10 |  |
| PR4. Check CB7: Did the child attend any school? <br> 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 | $2 \Rightarrow$ End |
| PR5. Does (name) ever have homework? |  | $\begin{aligned} & 2 \Rightarrow P R 6 A \\ & 8 \Rightarrow P R 6 A \end{aligned}$ |
| PR6. Does anyone help (name) with homework? |  |  |
| PR6A. Did you attend (name)'s parents' meeting? |  | $\begin{aligned} & 2 \Rightarrow P R 6 C \\ & 8 \Rightarrow P R 6 C \end{aligned}$ |
| PR6B. Who did attend the last parents' meeting? |  |  |
| PR6C. Do you know if there is parents' Association in (Name)'s school? |  |  |
| PR6D. Do you know that general secondary school has School Management Council with representatives of teachers, school management, parents and children? | YES .............................................................................. 1 NO ............................................ 2 DK ....................................................................... 8 | $2 \Rightarrow P R 10$ |
| PR7. Does (name)'s school have a School Management Council in which parents can participate (such as PTA, etc.)? |  | $\begin{aligned} & 2 \Rightarrow P R 10 \\ & 8 \Rightarrow P R 10 \end{aligned}$ |


| PR8. In the last 12 months, have you or any other adult from your household attended a meeting called by this school governing body? |  | $\begin{aligned} & 2 \leftrightharpoons P R 10 \\ & 8 \Rightarrow P R 10 \end{aligned}$ |
| :---: | :---: | :---: |
| PR9. During any of these meetings, was any of the following discussed: <br> [A] (Name)'s school development policies, programme, plan or rules? <br> [B] School budget or use of funds received by (name)'s school? | SCHOOL DEVELOPMENT <br> POLICIES, PROGRAMM, <br> PLAN, RULES . $\qquad$ 1 <br> 2 <br> 8 <br> SCHOOL BUDGET $\qquad$ $\begin{array}{ll}1 & 2\end{array}$ |  |
| PR10. In the past 12 months, have you or any other adult from your household received information on (name)'s performance from the school? |  |  |
| 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? <br> [A] A school celebration, a sport event or an art festival? <br> [B] To discuss (name)'s progress with (his/her) teachers? |  Y N DK <br> CELEBRATION, SPORT EVENT    <br> OR ART FESTIVAL ...................... 1 2 8  |  |
| PR12. In the past 12 months, has (name)'s school been closed due to any of the following reasons: <br> [A] Natural disaster: for example, flooding, dzud and infectious disease breakout or similar? <br> [B] Other disaster: such as fire building collapse, riots or similar? <br> [C] Teacher strike? <br> [X] Other? | YATURAL DISASTER ................... 1 $\mathrm{~N}_{2}$ DK <br> N 8  <br> OTHER DISASTER.......................... 1 2 8 <br> TEACHER STRIKE......................... 1 2 8 <br> OTHER............................................. 1 2 8 |  |
| PR13. In the past 12 months, was (name) unable to attend class due to his/her teacher's absence? |  |  |
| PR14. Check PR12[C] and PR13: Any 'Yes' recorded? |  | $2 \Rightarrow$ End |
| 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? |  |  |


| FOUNDATIONAL LEARNING SKILLS | AGE 5-6 YEARS.................................................. 1 | $1 \triangleleft$ End |
| :--- | :--- | :--- | :--- | :--- |
| FL0. Check CB3: Child's age? | AGE 7-14 YEARS...................................... 2 |  |
|  | AGE 15-17 YEARS..................................... 3 | $3 \Rightarrow$ End |

FL1. I would like to talk to (name) and do a simple exercise on reading and numbers.
These are not school tests and the results will not be shared with anyone, including other parents or the school.
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.

| May I talk to (name)? | YES, PERMISSION IS GIVEN........................................ 2 | $2 \Rightarrow F L 28$ |
| :--- | :--- | :--- | :--- |
|  | NO, PERMISSION IS NOT GIVEN................ 2 |  |


| FL2. Record the time. | HOURS AND MINUTES |  |
| :---: | :---: | :---: |
| FL3. I am (your name). |  |  |
| What is your name? 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 National Statistical Office. 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. $\qquad$ <br> NO / NOT ASKED $\square$ | $2 \Rightarrow F L 28$ |

FL4. Before you start with the reading and number activities, tick each box to show that:
$\square \quad$ 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. |  |  |
| :---: | :---: | :---: |
| FL6. Let's start talking about reading? <br> [A] Do you read books at home? <br> [B] Does someone read to you at home? | YES NO <br> READ BOOKS AT HOME ............................ 1 2 <br> READ TO AT HOME...................................... 1 2 |  |
| FL7. Which language do you speak most of the time at home? <br> Probe if necessary and read the listed languages. | $\qquad$ |  |


| FL8. Check CB7: In the current school year, did the child attend school or any early childhood education programme? <br> Check ED9 in the EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for child if CB7 was not asked. | YES, CB7/ED9=1................................................................................................. | $1 \Rightarrow F L 9 A$ |
| :---: | :---: | :---: |
| FL8A. Check CB4: Did the child ever attend school or any early childhood education programmes? <br> Check ED4 in the EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for child if CB4 was not asked. | YES, CB4/ED4=1............................................................................................ | $1 \Rightarrow F L 9 B$ |
| FL8B.Check FL7: Are READING \& NUMBERS Book available in the language spoken at home or not? |  | $\begin{aligned} & 1 \leadsto F L 10 B \\ & 2 \Rightarrow F L 23 \end{aligned}$ |
| FL9A. What language do your teachers use most of the time when teaching you in class? <br> FL9B. When you were in school, what language did your teachers use most of the time when teaching you in class? <br> Probe if necessary and name the listed languages. | MONGOLIAN...................................................................................................................................................................................................................................... KAZAKH | $\begin{aligned} & \begin{array}{l} 1 \Rightarrow F L 10 A \\ 2 \Rightarrow F L 10 A \\ 6 \Rightarrow F L 23 \\ 8 \Rightarrow F L 23 \end{array} \\ & \end{aligned}$ |
| FL10A. Now I am going to give you a short story to read in (Language recorded in FL9A/B). Would you like to start reading the story? <br> 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? | $\begin{aligned} & \text { YES ..................................................................................................................................................... } \\ & \text { NO ........ } \end{aligned}$ | $2 \Rightarrow F L 23$ |
| FL11. Check CB3: Child's age? | AGE 7-9 YEARS.............................................................................................................. AGE 10-14 YEARS...... | $1 \Rightarrow F L 13$ |
| FL12. Check CB7: In the current school year, did the child attend school or any early childhood education programme? <br> Check ED9 in the EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for child if CB7 was not asked. | YES, CB7/ED9=1........................................................................................... | $1 \Rightarrow F L 19$ |
| FL13. Give the child the READING \& NUMBERS Book. <br> Open the page showing the reading practice item and say: <br> Now we are going to do some reading. Point to the sentence. I would like you to read this aloud. Then I may ask you a question. Muujgai is a cat. Banhar is a dog. Muujgai is 5. Banhar is 6 . |  |  |
| FL14. Did the child read every word in the practice correctly? | YES NO. | $2 \Rightarrow F L 23$ |
| FL15. Once the reading is done, ask: How old is Muujgai? | MUUJGAI IS 5 YEARS OLD <br> OTHER ANSWERS <br> DID NOT ANSWER WITHIN 5 SECOND | 1 1 <br> 2  <br> 3  |
| FL16. Say: <br> Muujgai is 5 years old. and go to FL23. |  | $\Rightarrow F L 23$ |


| FL17. Here is another question: Who is older: Is it Muujgai or Banhar? | BANHAR IS OLDER (THAN MUUJGAI) ................ 1 OTHER ANSWERS ................................................. 2 DID NOT ANSWER WITHIN 5 SECONDS ............ 3 | $1 \Rightarrow F L 19$ |
| :---: | :---: | :---: |
| FL18. Say: <br> Banhar is older than Muujgai. Banhar is 6 and Muujgai is 5. and go to FL23. |  | $\Rightarrow F L 23$ |


| FL19. Turn the page to reveal the reading passage. | On | the | way | back | home. | Misheel |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 1 | 2 | 3 | 4 | 5 | 6 |
| Thank you. Now I want you to try this. | likes | flowers. | One | day, | on | the |
|  | 7 | 8 | 9 | 10 | 11 | 12 |
| Here is a story. I want you to read it aloud as carefully as you can. | way | from | school | she | saw | yellow |
|  | 13 | 14 | 15 | 16 | 17 | 18 |
| You will start here (point to the first word on the first line) and you will read line by line (point to the direction for reading each line). | flowers | growing | behind | the | potato | field |
|  | 19 | 20 | 21 | 22 | 23 | 24 |
|  | She | wanted | to | give | flowers | to |
| When you finish I will ask you some questions about what you have read. | 25 | 26 | 27 | 28 | 29 | 30 |
|  | her | mother | before | the | flowers | fall |
| If you come to a word you do not know, go onto the next word. | 31 | 32 | 33 | 34 | 35 | 36 |
|  | off | in | Autumn. | Misheel | ran | fast |
| Put your finger on the first word. Ready? Begin. | 37 | 38 | 39 | 40 | 41 | 42 |
|  | alongside | the | field | to | pick | up |
|  | 43 | 44 | 45 | 46 | 47 | 48 |
|  | flowers. | She | stumbled | over | a | large |
|  | 49 | 50 | 51 | 52 | 53 | 54 |
|  | stone | near | the | field. | Having | heard |
|  | 55 | 56 | 57 | 58 | 59 | 60 |
|  | the | girl | crying, | a | farmer | came |
|  | 61 | 62 | 63 | 64 | 65 | 66 |
|  | to | her. | The | farmer | consoled | her |
|  | 67 | 68 | 69 | 70 | 71 | 72 |
|  | by | giving | her | flowers. | She | was |
|  | 73 | 74 | 75 | 76 | 77 | 78 |
|  | delighted | and | ran | home | happily. |  |
|  | 79 | 80 | 81 | 82 | 83 |  |
| FL20. Result of the child reading: | LAST WORD ATTEMPTED. $\qquad$ NUMBER $\qquad$ <br> TOTAL NUMBER OF WORDS <br> INCORRECT OR MISSED. $\qquad$ NUMBER |  |  |  |  |  |
| FL21. How well did the child read the story? | THE CHIL WORD <br> THE CH WORD <br> THE CH | READ AT RECTLY <br> DID NOT RRECTLY <br> DID NOT | T ONE <br> ANY <br> O READ |  | .. .1  <br> $\ldots$  <br> . .2 $2 \Rightarrow$ <br> . .3 $3 \Rightarrow$ |  |

FL22. Now I am going to ask you a few questions about what you have read.

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.

Thank you. Let's start next exercise.
Make sure the child can still see the passage and ask
[A] What does Misheel like?
[B] What did Misheel see on the way from school?
[C] Why did Misheel start crying?
[D] Where did Misheel fall (down)?
[E] Why was Misheel happy?

FL23. Turn the page in the READING \& NUMBERS Book so the child is $\quad \mathbf{9}$ looking at the list of numbers. Make sure the child is looking at this page.

Now here are some numbers. I want you to point to each number and tell me what the number is.

Point to the first number and say:
Start here.
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:

What is this number?
STOP RULE
If the child does not attempt to read 2 consecutive numbers, say:
Thank you. Let's start next exercise.

| 9 |
| :---: |
| CORRECT ............................... 1 |
| INCORRECT ........................... 2 |
| NO ATTEMPT ......................... 3 |
| 12 |
| CORRECT ............................... 1 |
| INCORRECT ........................... 2 |
| NO ATTEMPT ........................ 3 |
| 30 |
| CORRECT ............................... 1 |
| INCORRECT ........................... 2 |
| NO ATTEMPT ........................ 3 |
| 48 |
| CORRECT ............................... 1 |
| INCORRECT ........................... 2 |
| NO ATTEMPT ........................ 3 |
| 74 |
| CORRECT ............................... 1 |
| INCORRECT ........................... 2 |
| NO ATTEMPT ......................... 3 |
| 731 |
| CORRECT ............................... 1 |
| INCORRECT ........................... 2 |
| NO ATTEMPT ........................ 3 |
| YES, AT LEAST TWO |
| NO, AT LEAST 2 INCORRECT |
| OR WITH NO ATTEMPT ..... 2 |



|  |  |
| :---: | :---: |
|  |  |


 INCORRECT ............................................................ 2
NO RESPONSE / SAYS ‘I DON’T KNOW’........ 3 CORRECT (BECAUSE SHE STUMBLED) ............ 1 NCORRECT 2

CORRECT (SHE FELL NEAR FIELD) .................. 1
INCORRECT
2

CORRECT (BECAUSE A FARMER GAVE
FLOWER TO HER. / BECAUSE SHE GOT
FLOWERS FOR HER MOTHER)....................... 1
INCORRECT
INCORRECT .......................................................... 2
NO RESPONSE / SAYS ‘I DON’T KNOW'........ 3
[E]

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:

Look at these numbers. Tell me which one is bigger.
Record the child's answer before turning the page in the book and repeating the question for the next pair of numbers.

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.

If the child does not attempt 2 consecutive pairs, say:
Thank you. That is ok. We will go to the next exercise.
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 exercise.
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 $\qquad$ What number goes here?

If the child answers correctly say:
If the child answers correctly say:
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). | 5 | 6 | 7 | - |
|  | 14 | 15 |  | 17 |
| Record the child's answer before turning the page in the book and repeating the question. | 20 |  | 40 | 50 |
| 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. | 2 5 | 4 8 | 6 11 | - |
| If the child does not attempt 2 consecutive activities, say: |  |  |  |  |
| Thank you. That is ok. |  |  |  |  |


| FL28. Result of interview with child. <br> Discuss any result not completed with Supervisor. | COMPLETE ...................................................... 01 |
| :---: | :---: |
|  | NOT AT HOME ................................................ 02 |
|  | MOTHER / CARETAKER REFUSED .................... 03 |
|  | CHILD REFUSED.............................................. 04 |
|  | PARTLY COMPLETED ...................................... 05 |
|  | INCAPACITATED............................................. 06 |
|  | OTHER (specify __ 96 |


| FS11. Record the time. | HOURS AND MINUTES ....................__ : _ _ |
| :---: | :---: |
| FS12. Language of the Questionnaire. | MONGOLIAN .............................................................................................................................................................. |
| FS13. Language of the Interview. |  |
| FS14. Native language of the Respondent. | $\begin{aligned} & \text { MONGOLIAN .............................................................................................................................................................................................. } \\ & \text { KAZAKH } \\ & \text { TUVA............ } \\ & \text { OTHER LANGUAGE } \\ & \text { (specify) } \end{aligned}$ |
| FS15. Was a translator used for any parts of this questionnaire? | YES, THE ENTIRE QUESTIONNAIRE.................. 1 YES, PARTS OF THE QUESTIONNAIRE ..................................................................... |

FS16. Thank the respondent and the child for her/his cooperation.
Proceed to complete the result in FS17 in the 5-17 CHILD INFORMATION PANEL and then go to the HOUSEHOLD QUESTIONNAIRE and complete HH56.

Make arrangements for the administration of the remaining questionnaire(s) in this household.

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

