



**QUESTIONNAIRE FOR CHILDREN AGE 5-17
2019 SERBIA MICS**

5-17 CHILD INFORMATION PANEL		FS
FS1. Cluster number: _____	FS2. Household number: _____	
FS3. Child's name and line number: NAME _____	FS4. Mother's / Caregiver'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>2019</u>	FS8. Record the time:	HOURS : MINUTES _____ : _____

<p><i>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 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 caregiver identified in the household (HL20=90), the respondent will be the child him/herself.</i></p>		
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
FS10A. Hello, my name is (<i>your name</i>). We are from the Statistical Office of the Republic of Serbia. We are conducting a survey about the situation of children, women, families and households. I would like to talk to you about (<i>child's name from FS3</i>)'s health and well-being. This interview will take about 10 minutes. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	FS10B. Now I would like to talk to you about (<i>child's name from FS3</i>)'s health and well-being in more detail. This interview will take about 10 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 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/ CAREGIVER 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): Is this respondent also the respondent to the Household Questionnaire?	YES, RESPONDENT IS THE SAME, FS4=HH47..... 1 NO, RESPONDENT IS NOT THE SAME, FS4≠HH47..... 2	1 ⇒CB11
CB2. In what month and year was (<i>name</i>) born? <i>Month and year <u>must</u> be recorded.</i>	DATE OF BIRTH MONTH __ __ YEAR __ __ __ __	
CB3. How old is (<i>name</i>)? <i>Probe:</i> How old was (<i>name</i>) at (his/her) last birthday? <i>Record age in completed years.</i> <i>If responses to CB2 and CB3 are inconsistent, probe further and correct.</i>	AGE (IN COMPLETED YEARS) __ __	
CB4. Has (<i>name</i>) ever attended school or any early childhood education programme?	YES 1 NO 2	2 ⇒CB11
CB5. What is the highest level and grade or year of school (<i>name</i>) has ever attended?	KINDERGARTEN..... 000 PREPARATORY PRESCHOOL PROGRAM (PPP)..... 100 PRIMARY 2 __ __ UPPER SECONDARY (3 yrs.)..... 3 __ __ UPPER SECONDARY (4 yrs.)..... 4 __ __ HIGHER..... 5 __ __	000 ⇒CB7 100 ⇒CB7
CB6. Did (he/she) ever complete that (grade/year)?	YES 1 NO 2	
CB7. At any time during the current school year (2019/2020) did (<i>name</i>) 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 (<i>name</i>) <u>attending</u> ?	KINDERGARTEN..... 000 PPP 100 PRIMARY 2 __ __ UPPER SECONDARY (3 yrs.)..... 3 __ __ UPPER SECONDARY (4 yrs.)..... 4 __ __ HIGHER..... 5 __ __	
CB9. At any time during the previous school year (2018/2019) did (<i>name</i>) attend school or any early childhood education programme?	YES 1 NO 2	2 ⇒CB11
CB10. During that previous school year, which level and grade or year did (<i>name</i>) <u>attend</u> ?	KINDERGARTEN..... 000 PPP 100 PRIMARY 2 __ __ UPPER SECONDARY (3 yrs.)..... 3 __ __ UPPER SECONDARY (4 yrs.)..... 4 __ __ HIGHER..... 5 __ __	
CB11. Is (<i>name</i>) covered by any health insurance?	YES 1 NO 2	2 ⇒End
CB12. What type of health insurance is (<i>name</i>) covered by? <i>Record all mentioned.</i>	COMPULSORY HEALTH INSURANCE F VOLUNTARY PRIVATE 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 in this household.</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 other activity in return for income in cash or in kind, even for only one hour?</p>	<p>YES NO</p> <p>WORKED ON PLOT, FARM, FOOD GARDEN, LOOKED AFTER ANIMALS..... 1 2</p> <p>HELPED IN FAMILY / RELATIVE'S BUSINESS / RAN OWN BUSINESS 1 2</p> <p>PRODUCE / SELL ARTICLES / HANDICRAFTS / CLOTHES / FOOD OR AGRICULTURAL PRODUCTS 1 2</p> <p>ANY OTHER ACTIVITY 1 2</p>	
<p>CL2. Check CL1, [A]-[X]:</p>	<p>AT LEAST ONE 'YES' 1</p> <p>ALL ANSWERS ARE 'NO' 2</p>	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>	
<p>CL6. How would you describe the work environment of (<i>name</i>)?</p> <p>[A] Is (he/she) exposed to dust, fumes or gas?</p> <p>[B] Is (he/she) exposed to extreme cold, heat or humidity?</p> <p>[C] Is (he/she) exposed to loud noise or vibration?</p> <p>[D] Is (he/she) required to work at heights?</p> <p>[E] Is (he/she) required to work with chemicals, such as pesticides, glues and similar, or explosives?</p> <p>[X] Is (<i>name</i>) exposed to other things, processes or conditions bad for (his/her) health or safety?</p>	<p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>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</p> <p>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>)? <i>If less than one hour, record '00'.</i></p>	<p>NUMBER OF HOURS _ _</p>	
<p>CL9. Since last (<i>day of the week</i>), did (<i>name</i>) collect firewood for household use?</p>	<p>YES 1 NO 2</p>	<p>2 ⇒ CL11</p>
<p>CL10. In total, how many hours did (<i>name</i>) spend on collecting firewood for household use, since last (<i>day of the week</i>)? <i>If less than one hour, record '00'.</i></p>	<p>NUMBER OF HOURS _ _</p>	
<p>CL11. Since last (<i>day of the week</i>), did (<i>name</i>) do any of the following for this household?</p> <p>[A] Shopping for the household?</p> <p>[B] Cooking?</p> <p>[C] Washing dishes or cleaning around the house?</p> <p>[D] Washing clothes?</p> <p>[E] Caring for children?</p> <p>[F] Caring for someone old or sick?</p> <p>[X] Other household tasks?</p>	<p style="text-align: right;">YES NO</p> <p>SHOPPING FOR HOUSEHOLD 1 2</p> <p>COOKING 1 2</p> <p>WASHING DISHES / CLEANING HOUSE 1 2</p> <p>WASHING CLOTHES 1 2</p> <p>CARING FOR CHILDREN 1 2</p> <p>CARING FOR OLD / SICK 1 2</p> <p>OTHER HOUSEHOLD TASKS 1 2</p>	
<p>CL12. Check CL11, [A]-[X]:</p>	<p>AT LEAST ONE 'YES' 1 ALL ANSWERS ARE 'NO' 2</p>	<p>2 ⇒ End</p>
<p>CL13. Since last (<i>day of the week</i>), about how many hours did (<i>name</i>) engage in (this activity/these activities), in total? <i>If less than one hour, record '00'</i></p>	<p>NUMBER OF HOURS _ _</p>	

CHILD DISCIPLINE		FCD
FCD1. Check CB3: Child's age?	AGE 5-14 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. Please tell me if <u>you or any other adult in your household</u> used this method with <i>(name)</i> <u>in the past month</u> .	YES NO	
[A] Took away privileges, forbade something <i>(name)</i> liked or did not allow (him/her) to leave the house.	TOOK AWAY PRIVILEGES 1 2	
[B] Explained why <i>(name)</i> 's behaviour was wrong.	EXPLAINED WRONG BEHAVIOR..... 1 2	
[C] Shook (him/her).	SHOOK HIM/HER 1 2	
[D] Shouted, yelled at or screamed at (him/her).	SHOUTED, YELLED, SCREAMED 1 2	
[E] Gave (him/her) something else to do.	GAVE SOMETHING ELSE TO DO 1 2	
[F] Spanked, hit or slapped (him/her) on the bottom with bare hand.	SPANKED, HIT, SLAPPED ON BOTTOM WITH BARE HAND 1 2	
[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 1 2	
[H] Called (him/her) dumb, lazy or another name like that.	CALLED DUMB, LAZY OR ANOTHER NAME 1 2	
[I] Hit or slapped (him/her) on the face, head or ears.	HIT / SLAPPED ON THE FACE, HEAD OR EARS 1 2	
[J] Hit or slapped (him/her) on the hand, arm, or leg.	HIT / SLAPPED ON HAND, ARM OR LEG 1 2	
[K] Beat (him/her) up, that is hit him/her over and over as hard as one could.	BEAT UP, HIT OVER AND OVER AS HARD AS ONE COULD 1 2	
FCD3. Check FS4: Is this respondent the mother or caregiver 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 needs to 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</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?</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, 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 people's 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</p> <p>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 category 'No difficulty' is not available, as the child uses equipment or receives assistance for walking.</i></p>	<p>SOME DIFFICULTY 2</p> <p>A LOT OF DIFFICULTY 3</p> <p>CANNOT WALK 100 M AT ALL 4</p>	<p>3 ⇒FCF12</p> <p>4 ⇒FCF12</p>

<p>FCF11. Without (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking 500 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 5 football fields.</p> <p><i>Note that category 'No difficulty' is not available, as the child uses equipment or receives assistance for walking.</i></p>	<p>SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY 3 CANNOT WALK 500 M AT ALL 4</p>	
<p>FCF12. With (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking 100 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 1 football field.</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY 3 CANNOT WALK 100 M AT ALL 4</p>	<p>3 ⇒FCF16 4 ⇒FCF16</p>
<p>FCF13. With (his/her) equipment or assistance, does (<i>name</i>) have difficulty walking 500 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 5 football fields.</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY 3 CANNOT WALK 500 M AT ALL 4</p>	<p>1 ⇒FCF16 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 AT ALL 4</p>	<p>3 ⇒FCF16 4 ⇒FCF16</p>
<p>FCF15. Compared with children of the same age, does (<i>name</i>) have difficulty walking 500 meters on level ground?</p> <p><i>Probe:</i> That would be about the length of 5 football fields.</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY 3 CANNOT WALK 500 M AT ALL 4</p>	
<p>FCF16. Does (<i>name</i>) have difficulty with self-care such as feeding or dressing (himself/herself)?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT CARE FOR SELF AT ALL 4</p>	
<p>FCF17. When (<i>name</i>) speaks, does (he/she) have difficulty being understood by people inside of this household?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT BE UNDERSTOOD AT ALL 4</p>	
<p>FCF18. When (<i>name</i>) speaks, does (he/she) have difficulty being understood by people outside of this household?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT BE UNDERSTOOD AT ALL 4</p>	

<p>FCF19. Compared with children of the same age, does (<i>name</i>) have difficulty learning things?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY 3 CANNOT LEARN THINGS AT ALL..... 4</p>	
<p>FCF20. Compared with children of the same age, does (<i>name</i>) have difficulty remembering things?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY..... 2 A LOT OF DIFFICULTY 3 CANNOT REMEMBER THINGS AT ALL..... 4</p>	
<p>FCF21. Does (<i>name</i>) have difficulty concentrating on an activity that (he/she) enjoys doing?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT CONCENTRATE AT ALL 4</p>	
<p>FCF22. Does (<i>name</i>) have difficulty accepting changes in (his/her) routine?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT ACCEPT CHANGES AT ALL 4</p>	
<p>FCF23. Compared with children of the same age, does (<i>name</i>) have difficulty controlling (his/her) behaviour?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT CONTROL BEHAVIOUR AT ALL 4</p>	
<p>FCF24. Does (<i>name</i>) have difficulty making friends?</p>	<p>NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT MAKE FRIENDS AT ALL 4</p>	
<p>FCF25. The next questions have different options for answers. I am going to read these to you after each question.</p> <p>I would like to know how often (<i>name</i>) seems very anxious, nervous or worried.</p> <p>Would you say: daily, weekly, monthly, a few times a year or never?</p>	<p>DAILY..... 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR..... 4 NEVER..... 5</p>	
<p>FCF26. I would also like to know how often (<i>name</i>) seems very sad or depressed.</p> <p>Would you say: daily, weekly, monthly, a few times a year or never?</p>	<p>DAILY..... 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR..... 4 NEVER..... 5</p>	

PARENTAL INVOLVEMENT		PR
PR1. Check CB3: Child's age?	AGE 5-6 YEARS..... 1 AGE 7-14 YEARS..... 2 AGE 15-17 YEARS..... 3	1 ⇒End 3 ⇒End
PR3. Excluding school text books and holy books, how many books do you have for (<i>name</i>) to read at home?	NONE 00 NUMBER OF BOOKS <u>0</u> ____ TEN OR MORE BOOKS 10	
PR4. Check CB7: Did the child attend any school? <i>CHECK ED9 IN THE EDUCATION MODULE IN THE HOUSEHOLD QUESTIONNAIRE FOR CHILD IF CB7 WAS NOT ASKED.</i>	YES, CB7/ED9=1 1 NO, CB7/ED9=2 OR BLANK 2	2 ⇒End
PR5. Does (<i>name</i>) ever have homework?	YES..... 1 NO 2 DK 8	2 ⇒ PR6B 8 ⇒ PR6B
PR6. Does anyone help (<i>name</i>) with homework?	YES 1 NO 2 DK 8	2 ⇒PR6B 8 ⇒PR6B
PR6A. Who is usually helping (<i>name</i>) with homework?	MOTHER A FATHER B SIBLINGS C GRANDPARENTS D PAID TUTOR.....E OTHER PERSON X	
PR6B. Does (<i>name</i>) participate in any of the following activities that the household is paying for?		
PR6C. Check CB8: During this current school year, which level and grade or year is (<i>name</i>) attending?	CB8=000 OR 100 CB8=2 AND GRADE 01-04 CB8=2 AND GRADE 05-08 OR CB8= 3 OR 4	⇒PR6D[F] ⇒PR6D[A] □PR6D[C]

<p>PR6D. Does (<i>name</i>) attend any of the following activities in school that are free of charge?</p> <p>[A] Extended school stay (for children in grades 1-4)</p> <p>[B] Full-day classes (for children in grades 1-4)</p> <p>[C] Remedial classes</p> <p>[D] Extra classes</p> <p>[E] School sections and clubs (choir, mathematics, biology, acting)</p> <p>[F] Individual education plan</p>	<p style="text-align: right;">YES NO</p> <p>EXTENDED SCHOOL STAY 1 2</p> <p>FULL-DAY CLASSES 1 2</p> <p>REMEDIAL CLASSES..... 1 2</p> <p>EXTRA CLASSES 1 2</p> <p>SCHOOL SECTIONS AND CLUBS 1 2</p> <p>INDIVIDUAL EDUCATION PLAN 1 2</p>	
<p>PR7A. Is there a Parents Council in (<i>name</i>) school?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇨ PR10</p> <p>8 ⇨ PR10</p>
<p>PR8A. Are you or any other adult members of your household familiar with decisions reached by the Parent Council?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇨ PR10</p> <p>8 ⇨ PR10</p>
<p>PR9A. Are you familiar whether or not on any session of Parent Council following topics were discussed?</p> <p>[A] Key issues related to the education that (<i>name</i>)’s school is facing</p> <p>[C] Reports on school performance review</p>	<p style="text-align: right;">YES NO DK</p> <p>KEY EDUCATION ISSUES..... 1 2 8</p> <p>SCHOOL PERFORMANCE 1 2 8</p>	
<p>PR10. In the last 12 months, have you or any other adult from your household received a school or student report card for (<i>name</i>)?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	
<p>PR11. In the last 12 months, have you or any adult from your household gone to (<i>name</i>)’s school for any of the following reasons:</p> <p>[A] A school celebration or a sports event?</p> <p>[B] To discuss (<i>name</i>)’s progress with (his/her) teachers?</p> <p>[C] Parent teacher meeting?</p>	<p style="text-align: right;">YES NO DK</p> <p>CELEBRATION OR SPORTS EVENT 1 2 8</p> <p>TO DISCUSS PROGRESS WITH TEACHERS 1 2 8</p> <p>PARENT TEACHER MEETING..... 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 a flood, cyclone, epidemic 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>	

FS11. <i>Record the time.</i>	HOURS AND MINUTES ____ : ____	
FS13. <i>Language of the Interview.</i>	SERBIAN 2 OTHER LANGUAGE (specify) 6	
FS14. What is your native language?	SERBIAN 02 ALBANIAN 03 BOSNIAN 04 HUNGARIAN 05 ROMA 06 OTHER LANGUAGE (specify) 96	
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	
<p>FS16. <i>Thank the respondent and the child for her/his cooperation.</i></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

SUPERVISOR'S OBSERVATIONS