QUESTIONNAIRE FOR CHILDREN AGE 5-17
(19 MARCH 2018 )
MICS 2018, Suriname



| CB1.Check the respondent's line number (FS4) in 5-17 CHILD INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): |  | $1 \leftrightharpoons C B 11$ |
| :---: | :---: | :---: |
| CB2. In what month and year was (name) born? <br> Month and year must be recorded. | DATE OF BIRTH <br> MONTH <br> YEAR |  |
| 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? |  | $2 \Rightarrow C B 11$ |
| CB5. What is the highest level and grade or year of school (name) has ever attended? |  | $\begin{aligned} & 000 \Rightarrow C B 7 \\ & 1 \Rightarrow C B 7 \end{aligned}$ |
| CB6. Did (he/she) ever complete that (grade/ year)? | YES......................................................................................................................................... |  |
| CB7. At any time during the school year 2017/2018 did (name) attend school or any early childhood education programme? |  | $2 \Rightarrow C B 9$ |
| CB8. During this school year 2017/2018, which level and grade or year is (name) attending? | EARLY CHILDHOOD EDUCATION.... 000 <br> PRE-PRIMARY........................................ 1 <br> PRIMARY.............................................. 2 $\qquad$ <br> LOWER SECONDARY............................ 3 $\qquad$ <br> UPPER SECONDARY............................... 4 $\qquad$ <br> HIGHER. |  |
| CB9. At any time during the school year 2016/2017 did (name) attend school or any early childhood education programme? | YES........................................................................................................................................... | $2 \Rightarrow C B 11$ |
| CB10. During that school year 2016/2017, which level and grade or year did (name) attend? |  |  |
| CB11. Is (name) covered by any health insurance? | YES...................................................................................................................................... | $2 \Rightarrow$ End |

CB12. What type of health insurance is (name) covered by?

Record all mentioned.

HEALTH INSURANCE
THROUGH EMPLOYER
. B
SOCIAL SECURITY (BAZO\&SOZAVO)..........C OTHER PRIVATELY PURCHASED COMMERCIAL

HEALTH INSURANCE

## CHILD LABOUR

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?
[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?
[B] Did (name) help in a family business or a relative's business with or without pay, or run (his/her) own business?
[C] Did (name) produce or sell articles, handicrafts, clothes, food or agricultural products?
[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’ ........................................................................................... | $2 \Rightarrow C L 7$ |
| 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? |  |  |
| 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)?
[A] Is (he/she) exposed to dust, fumes or gas?
[B] Is (he/she) exposed to extreme cold, heat or humidity?
[C] Is (he/she) exposed to loud noise or vibration?
[D] Is (he/she) required to work at heights?
[E] Is (he/she) required to work with chemicals, such as pesticides, glues and similar, or explosives?

| [X] Is (name) exposed to other things, processes or conditions bad for (his/her) health or safety? | YES........................................................................................................................................................... |  |
| :---: | :---: | :---: |
| CL7. Since last (day of the week), did (name) fetch water for household use? | YES............................................................................................................................................................ | $2 \Rightarrow C L 9$ |
| CL8. In total, how many hours did (name) spend on fetching water for household use, since last (day of the week)? If less than one hour, record '00'. | NUMBER OF HOURS.................................-_- |  |
| CL9. Since last (day of the week), did (name) collect firewood for household use? |  | $2 \Rightarrow C L 11$ |
| 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 / 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 CL1 1, [A]-[X]: | AT LEAST ONE 'YES’............................................................................................... | $2 \Rightarrow$ End |
| CL13. 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................................-_-_ |  |

## FCD1. Check CB3: Child's age?

CD2. 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 you or any other adult in your household has used this method with (name) in the past month.
[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 hand.
[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 another name like that.
[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. |
| :--- |
| FCD3. Check FS4: Is this respondent the mother or | caretaker of any other children under age 5?

FCD4. Check FS4: Has this respondent already responded to the following question (FCD5) for another child?

FCD5. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?


TOOK AWAY PRIVILEGES ............................. 12

EXPLAINED WRONG BEHAVIOR ...................................................... 1 2

SHOOK HIM/HER ............................................. 12
SHOUTED, YELLED,
SCREAMED .................................................. 12
GAVE SOMETHING ELSE
TO DO .............................................................. 1 2
SPANKED, HIT, SLAPPED ON
BOTTOM WITH BARE HAND ..................... 12
HIT WITH BELT, HAIRBRUSH,
STICK OR OTHER HARD
OBJECT ............................................................ $1 \quad 2$

CALLED DUMB, LAZY OR ANOTHER NAME ......................................... 1 2

HIT / SLAPPED ON THE FACE, HEAD OR EARS .. 1

HIT / SLAPPED ON HAND, ARM OR LEG
.. 12

BEAT UP, HIT OVER AND OVER

| AS HARD AS ONE COULD ........................ 12 |  |
| :---: | :---: |
| YES.................................................................................................................................................. | $2 \Rightarrow F C D 5$ |
| YES................................................................................................................................................... | $1 \Rightarrow$ End |
|  |  |


| FCF1. I would like to ask you some questions about difficulties (name) may have. <br> Does (name) wear glasses or contact lenses? | $\begin{aligned} & \text { YES......................................................................................................................................... } 1 \\ & \text { NO....... } \end{aligned}$ |  |
| :---: | :---: | :---: |
| FCF2. Does (name) use a hearing aid? | YES...................................................................................................................................... 1 |  |
| FCF3. Does (name) use any equipment or receive assistance for walking? | YES...................................................................................................................................... 1 |  |
| 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: 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? | YES, FCF1=1 ..................................................................................................................... | $\begin{aligned} & 1 \Rightarrow F C F 6 A \\ & 2 \Rightarrow F C F 6 B \end{aligned}$ |
| FCF6A. When wearing (his/her) glasses or contact lenses, does (name) have difficulty seeing? <br> FCF6B. Does (name) have difficulty seeing? | NO DIFFICULTY .................................................. 1 SOME DIFFICULTY ..................................................................................................................... 4 |  |
| FCF7. Check FCF2: Child uses a hearing aid? | YES, FCF2=1 ................................................................................................................... | $\begin{aligned} & 1 \Rightarrow F C F 8 A \\ & 2 \Rightarrow F C F 8 B \end{aligned}$ |
| 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 .................................................. 1 SOME DIFFICULTY ................................................................................................................ 4 |  |
| FCF9.Check FCF3: Child uses equipment or receives assistance for walking? | YES, FCF3=1 ....................................................................................................................... NO, FCF3=2...... | $2 \Rightarrow F C F 14$ |

FCF10. Without (his/her) equipment or assistance, does (name) have difficulty walking 100 meters on level ground?

Probe: That would be about the length of 1 football field.

Note that category 'No difficulty' is not available, as the child uses equipment or receives assistance for walking.
FCF11. Without (his/her) equipment or assistance, does (name) have difficulty walking 500 meters on level ground?

Probe: That would be about the length of 5 football fields.

Note that category 'No difficulty' is not available, as the child uses equipment or receives assistance for walking.
FCF12. With (his/her) equipment or assistance, does (name) have difficulty walking 100 meters on level ground?

Probe: That would be about the length of 1 football field.

FCF13. With (his/her) equipment or assistance, does (name) have difficulty walking 500 meters on level ground?

Probe: That would be about the length of 5 football fields.

FCF14. Compared with children of the same age, does (name) have difficulty walking 100 meters on level ground?

Probe: That would be about the length of 1 football field.

FCF15. Compared with children of the same age, does (name) have difficulty walking 500 meters on level ground?

Probe: That would be about the length of 5 football fields.

FCF16. Does (name) have difficulty with self-care such as feeding or dressing (himself/herself)?
SOME DIFFICULTY .....  2
A LOT OF DIFFICULTY .....  3
$3 \Rightarrow F C F 12$
CANNOT WALK 100 M AT ALL .....  4$4 \Rightarrow F C F 12$
SOME DIFFICULTY .....  2
A LOT OF DIFFICULTY .....  3
CANNOT WALK 500 M AT ALL .....  4NO DIFFICULTY. 1
SOME DIFFICULTY .....  2
A LOT OF DIFFICULTY ..... $. .3-3 \Rightarrow F C F 16$
CANNOT WALK 100 M AT ALL. .....  .4
NO DIFFICULTY ..... 1
SOME DIFFICULTY .....  2
A LOT OF DIFFICULTY .....  3
CANNOT WALK 500 M AT ALL .....  4
NO DIFFICULTY .....  .1
SOME DIFFICULTY .....  2
A LOT OF DIFFICULTY .....  3
CANNOT WALK 100 M AT ALL .....  4
$3 \Rightarrow F C F 16$ ..... $4 \Rightarrow F C F 16$ ..... $4 \Rightarrow F C F 16$
NO DIFFICULTY. .....  1
SOME DIFFICULTY .....  2
A LOT OF DIFFICULTY .....  3
CANNOT WALK 500 M AT ALL .....  4
NO DIFFICULTY .....  1
SOME DIFFICULTY .....  2
A LOT OF DIFFICULTY .....  3
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 ................................................... 1 SOME DIFFICULTY ................................................................................................ 4 |  |
| :---: | :---: | :---: |
| FCF18. When (name) speaks, does (he/she) have difficulty being understood by people outside of this household? | NO DIFFICULTY ...................................................... 1 SOME DIFFICULTY ........................................................................................................ |  |
| FCF19. Compared with children of the same age, does (name) have difficulty learning things? | NO DIFFICULTY ................................................... 1 SOME DIFFICULTY ............................................................................................. 4 |  |
| FCF20. Compared with children of the same age, does (name) have difficulty remembering things? | NO DIFFICULTY .................................................... 1 <br> SOME DIFFICULTY .............................................. 2 <br> A LOT OF DIFFICULTY ........................................ 3 <br> CANNOT REMEMBER THINGS AT ALL .......... 4 |  |
| FCF21. Does (name) have difficulty concentrating on an activity that (he/she) enjoys doing? | NO DIFFICULTY ................................................... 1 SOME DIFFICULTY .................................................................................................... 4 |  |
| FCF22. Does (name) have difficulty accepting changes in (his/her) routine? | NO DIFFICULTY .................................................... 1 <br> SOME DIFFICULTY .............................................. 2 <br> A LOT OF DIFFICULTY ........................................ 3 <br> CANNOT ACCEPT CHANGES AT ALL ............. 4 |  |
| FCF23. Compared with children of the same age, does (name) have difficulty controlling (his/her) behaviour? | NO DIFFICULTY .................................................... 1 <br> SOME DIFFICULTY .............................................. 2 <br> A LOT OF DIFFICULTY $\qquad$ <br> CANNOT CONTROL BEHAVIOUR AT ALL..... 4 |  |
| FCF24. Does (name) have difficulty making friends? | NO DIFFICULTY .................................................................................................................................................. 4 |  |
| FCF25. The next questions have different options for answers. I am going to read these to you after each question. <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.

Would you say: daily, weekly, monthly, a few times a year or never?
DAILY .....  1
WEEKLY ..... 2
MONTHLY .....  3
A FEW TIMES A YEAR .....  4
NEVER .....  5

| PARENTAL INVOLVEMENT |  | PR |
| :---: | :---: | :---: |
| PR1.Check CB3: Child's age? | AGE 5-6 YEARS $\qquad$ <br> AGE 7-14 YEARS $\qquad$ <br> AGE 15-17 YEARS $\qquad$ | $\begin{aligned} & 1 \Rightarrow \text { End } \\ & 3 \Rightarrow \text { End } \end{aligned}$ |
| 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. Excluding school text books and holy books, how many books do you have for (name) to read at home? | NONE.................................................................. 00 <br> NUMBER OF BOOKS $\qquad$ 0 <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. | $\begin{aligned} & \text { YES, CB7/ED9=1 .................................................................... } 2 \end{aligned}$ | $2 \Rightarrow$ End |
| PR5. Does (name) ever have homework? | YES ....................................................................................................................................... 1 NO ............... DK ............................................................................. 8 | $\begin{aligned} & 2 \Rightarrow P R 7 \\ & 8 \Rightarrow P R 7 \end{aligned}$ |
| PR6. Does anyone help (name) with homework? | YES ................................................................................................................................. 1 NO ............... DK ........................................................................... 8 |  |
| PR7. Does (name)'s school have a school governing body in which parents can participate such as an 'oudercommissie' (parent commission)? | YES ................................................................................................................................. 1 NO ............... DK ............................................................................ 8 | $\begin{aligned} & 2 \Rightarrow P R 10 \\ & 8 \Rightarrow P R 10 \end{aligned}$ |
| PR8. In the last 12 months, have you or any other adult from your household attended a meeting called by this school governing body? |  | $\begin{aligned} & 2 \Rightarrow P R 10 \\ & 8 \Rightarrow P R 10 \end{aligned}$ |
| PR9. During any of these meetings, was any of the following discussed: <br> [A] A plan for addressing key education issues faced by (name)'s school? <br> [B] School budget or use of funds received by (name)'s school? |  |  |
| PR10.In the last 12 months, have you or any other adult from your household received a student report card (school rapport) for (name)? | YES ...................................................................................................................................... 1 NO ............... DK ............................................................................ 8 |  |


| 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 or a sport event? <br> [B] To discuss (name)'s progress with (his/her) teachers? | YES NO DK <br> CELEBRATION OR <br> SPORT EVENT. $\qquad$ 128 <br> TO DISCUSS PROGRESS <br> WITH TEACHERS. $\qquad$ 28 |  |
| :---: | :---: | :---: |
| PR12. In the last 12 months, has (name)'s school been closed on a school day due to any of the following reasons: <br> [A] Natural disasters, such as flood, cyclone, epidemics or similar? <br> [B] Man-made disasters, such as fire, building collapse, riots or similar? <br> [C] Teacher strike? <br> [X] Other? | $\qquad$ <br> NATURAL DISASTERS $\qquad$ 128 <br> MAN-MADE DISASTERS $\qquad$ 128 TEACHER STRIKE $\qquad$ 128 OTHER $\qquad$ 128 |  |
| PR13. In the last 12 months, was (name) unable to attend class due to (his/her) teacher being absent? |  |  |
| PR14.Check PR12[C] and PR13: Any 'Yes' recorded? | YES, PR12[C]=1 OR PR13=1 $\qquad$ <br> NO $\qquad$ | $2 \Rightarrow$ 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 ('oudercommissie')? | YES $\qquad$ <br> NO $\qquad$ <br> DK $\qquad$ |  |

FL0. Check CB3: Child's age?

| AGE 5-6 YEARS | .. 1 | $1 \Rightarrow$ End |
| :---: | :---: | :---: |
| AGE 7-14 YEARS |  |  |
| AGE 15-17 YEARS | 3 | $3 \Rightarrow$ End |

FL1. Now I would like to talk to (name). I will ask (him/her) a few questions about (himself/herself) and about reading, and then ask (him/her) to complete a few reading and number activities.

These are not school tests and the results will not be shared with anyone, including other parents or the school.

You will not benefit directly from participating and I am not trained to tell you how well (name) has performed.
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. Again, all the information we obtain will remain strictly confidential and anonymous.

| May I talk to (name)? | YES, PERMISSION IS GIVEN....................... 1 |
| :--- | :--- | :--- |
|  | NO, PERMISSION IS NOT GIVEN.................. 2 |

## FL2. Record the time.

## HOURS AND MINUTES.

$\qquad$ : __ _

FL3. My name is (your name). I would like to tell you a bit about myself.

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 General Bureau of Statistics. 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................................................... 1 |  |
| :---: | :---: | :---: |
|  | NO / NOT ASKED.................................... 2 | $2 \Rightarrow F L 28$ |

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.
$\square \quad$ You have engaged the child in conversation and built rapport, e.g. using an Icebreaker.
$\square$ 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. First we are going to talk about reading.
[A] Do you read books at home?
[B] Does someone read to you at home?

|  |  |  |
| ---: | ---: | ---: |
| READS BOOKS AT HOME................................. 1 | 2 |  |
| READ TO AT HOME............................................ 1 | 2 |  |
| RES |  |  |


| FL7. Which language do you speak most of the time at home? <br> Probe if necessary and read the listed languages. |  |  |
| :---: | :---: | :---: |
| 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: Is READING \& NUMBERS BOOK available in the language spoken at home? | YES, FL7= 01 .................................................................................................................. | $\begin{aligned} & 1 \Rightarrow F L 10 \\ & A \\ & 2 \Rightarrow F L 23 \end{aligned}$ |
| 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. | DUTCH <br> OTHER (specify) $\qquad$ 6 <br> DK $\qquad$ 8 | $\begin{aligned} & 1 \Rightarrow F L 10 \\ & A \\ & \\ & 6 \Rightarrow F L 23 \\ & 8 \Rightarrow F L 23 \end{aligned}$ |
| 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? | YES ....................................................................................................................................................... NO ....... | $2 \Rightarrow F L 23$ |
| FL11.Check CB3: Child's age? | AGE 7-9 YEARS................................................................................................................. 10. | $1 \Rightarrow F L 13$ |
| 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........................................................................................ 2 | $1 \Rightarrow F L 19$ |

FL13. Give the child the READING \& NUMBERS BOOK.

Open the page showing the reading practice item and say:

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.

Sam is een poes; Tina is een hond. Sam is 5 jaar oud. Tina is 6 jaar oud.

| FL14. Did the child read every word in the practice correctly? |  | $2 \Rightarrow F L 23$ |
| :---: | :---: | :---: |
| FL15. Once the reading is done, ask: How old is Sam? | SAM IS 5 YEARS OLD $\qquad$ <br> OTHER ANSWERS $\qquad$ <br> NO ANSWER AFTER 5 SECONDS. $\qquad$ | $1 \Rightarrow F L 17$ |
| FL16. Say: <br> Sam is 5 jaar oud. <br> and go to FL23. |  | $\Rightarrow F L 23$ |
| FL17. Here is another question: Who is older: Sam or Tina? | TINA IS OLDER (THAN SAM) $\qquad$ <br> OTHER ANSWERS $\qquad$ <br> NO ANSWER AFTER 5 SECONDS. $\qquad$ | $1 \Rightarrow F L 19$ |
| FL18. Say: <br> Tina is older than Sam. Tina is 6 and Sam is 5 . and go to FL23. |  | $\Rightarrow F L 23$ |

FL19. Turn the page to reveal the reading passage.

Thank you. Now I want you to try this.

Here is a story. I want you to read it aloud as carefully as you can.

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).

When you finish I will ask you some questions about what you have read.

If you come to a word you do not know, go onto the next word.

Put your finger on the first word. Ready?
Begin.

| paul | zit | in | de | tweede | klas. | op |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |


| een | dag | was | paul | op | weg | van |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| school | naar | huis | hij |  | 6 | 7 |

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.

Make sure the child can still see the passage and ask:
[A] What class is Paul in?
[B] What did Paul see on the way home?
[C] Why did Paul start crying?
[D] Where did Paul fall (down)?
[E] Why was Paul happy?

```
CORRECT ((PAUL IS) IN CLASS
    TWO)
                                . }
INCORRECT
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NO RESPONSE / SAYS ‘IDON’T KNOW’3
CORRECT (HE SAW SOME FLOWERS) .....  1
INCORRECT 2
NO RESPONSE / SAYS 'IDON'T KNOW’ .....  3
CORRECT(BECAUSE HE FELL) .....  1
INCORRECT 2
NO RESPONSE / SAYS 'I DON'T KNOW’ 3
CORRECT ((PAUL FELL DOWN) NEAR A B ANANA TREE)
INCORRECT
NO RESPONSE / SAYS ‘I DON'T KNOW’ 3
CORRECT (BECAUSE JUF ELS GAVE HIM MANYFLOWERS / BECAUSE HE HAD FLOWERS TOGIVE TO HISMOTHER) 1
INCORRECT

$$
2
$$

NO RESPONSE / SAYS ‘I DON’T
KNOW’ 3


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 activity.

$$
\begin{array}{r}
3+2= \\
8+6= \\
7+3= \\
13+6= \\
12+24=
\end{array}
$$

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:

That's correct, 20. Now I want you to try this on your own
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).

Record the child's answer before turning the page in the book and repeating the question.

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

| 5 | 6 | 7 | - |  |
| :---: | :---: | :---: | :---: | :---: |
| 14 | 15 | - | 17 |  |
| 20 | - | 40 | 50 |  |
| 2 | 4 | 6 | - |  |
| 5 | 8 | 11 | - |  |

If the child does not attempt 2 consecutive activities, say:

Thank you. That is ok.

FL28. Result of interview with child.

Discuss any result not completed with Supervisor.
COMPLETED ..... 01
NOT AT HOME ..... 02
MOTHER / CARETAKER REFUSED ..... 03
CHILD REFUSED ..... 04
PARTLY COMPLETED ..... 05
NCAPACITATED ..... 06
OTHER (specify) ..... 96

| FS11. Record the time. | HOURS AND MINUTES....................__ _ : _ _ |  |
| :---: | :---: | :---: |
| FS13. Language of the Interview. | DUTCH .......................................................... 1 <br> SRANAN TONGO <br> OTHER LANGUAGE <br> (specify) $\qquad$ 6 |  |
| FS14.Native language of the Respondent. |  |  |
| 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 |  |

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.

