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| MICS logo ALL | questionnaire for children Age 5-17Name and year of survey |  |
| 5-17 child information panel | fs |
| **FS1**. *Cluster number:* \_\_\_ \_\_\_ \_\_\_ | **FS2**. *Household number:* \_\_\_ \_\_\_ |
| **FS3**. *Child’s name and line number:*Name \_\_\_ \_\_\_ | **FS4**. *Mother’s / Caretaker’s name and line number:*Name \_\_\_ \_\_\_ |
| **FS5**. *Interviewer’s name and number:*Name \_\_\_ \_\_\_ | **FS6**. *Supervisor’s name and number:*Name \_\_\_ \_\_\_ |
| **FS7**. *Day / Month / Year of interview:*\_\_\_ \_\_\_ /\_\_\_ \_\_\_ / 2 0 1 \_\_\_ | **FS8**. Record the time: | Hours | : Minutes |
| \_\_ \_\_ | : \_\_ \_\_ |

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| Check respondent’s age in HL6 in List of Household Members, Household Questionnaire:If age 15-17, verify that adult consent for interview is obtained (HH33 or HH39) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and ‘06’ should be circled 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 1NO, First Interview 2 | 1*⇨FS10B*2*⇨FS10A* |
| **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 number 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 number 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, permission is given 1No, permission is not given 2 | 1*⇨Child’s Background Module*2*⇨*FS17 |

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| **FS17.** Result of interview for child age 5-17 years Codes refer to the respondent. Discuss any result not completed with Supervisor. | Completed 01Not at home 02Refused 03Partly completed 04Incapacitated (*specify*) 05No adult consent for mother/ caretaker age 15-17 06Other (*specify*) 96 |

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| **CHILD’S BACKGROUND** | **CB** |
| **CB1**. Check the respondent’s line number (FS4) in 5-17 CHILD INFORMATION PANEL and the respondent to the Household Questionnaire (HH47): | FS4=HH47 1FS4≠HH47 2 | 1*⇨CB11* |
| **CB2**. In what month and year was (***name***) born? *Month and year must be recorded.* | Date of birth Month \_\_ \_\_ Year \_\_ \_\_ \_\_ \_\_ |  |
| **CB3**. How old is (***name***)? *Probe*: How old was (***name***) at (his/her) last birthday? *Record age in completed years.* *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 1No 2 | 2*⇨CB11* |
| **CB5**. What is the highest level and grade or year of school (***name***) has ever attended? | Early Childhood Education 000Primary **1** \_\_ \_\_Lower Secondary **2** \_\_ \_\_Upper Secondary **3** \_\_ \_\_Higher **4** \_\_ \_\_ | 000*⇨CB7* |
| **CB6**. Did (he/she) ever complete that (grade/year)? | Yes 1No 2 |  |
| **CB7**. At any time during the current school year did (***name***) attend school or any early childhood education programme? | Yes 1No 2 | 2*⇨CB9* |
| **CB8**. During this current school year, which level and grade or year is (***name***) attending? | Early Childhood Education 000Primary **1** \_\_ \_\_Lower Secondary **2** \_\_ \_\_Upper Secondary **3** \_\_ \_\_Higher **4** \_\_ \_\_ |  |
| **CB9**. At any time during the previous school year did (***name***) attend school or any early childhood education programme? | Yes 1No 2 | 2*⇨CB11* |
| **CB10**. During that previous school year, which level and grade or year did (***name***) attend? | Early Childhood Education 000Primary **1** \_\_ \_\_Lower Secondary **2** \_\_ \_\_Upper Secondary **3** \_\_ \_\_Higher **4** \_\_ \_\_ |  |
| **CB11.** Is (***name***) covered by any health insurance? | Yes 1No 2 | 2*⇨End* |
| **CB12.** What type of health insurance is (***name***) covered by? *Record all mentioned.* | Mutual health organization/ Community-based health insurance AHealth insurance through employer BSocial security COther privately purchased commercial  health insurance DOther (specify) X |  |

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| **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? [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? |  Yes NoWorked on plot, farm, food garden, looked after animals 1 2Helped in family / relative’s business / ran own business 1 2Produce / sell articles / handicrafts / clothes / food or agricultural products 1 2Any other activity 1 2 |  |
| **CL2**. Check CL1, [A]-[X]: | At least one ‘yes’ 1All answers are ‘No’ 2 | 2*⇨CL7* |
| **CL3**. Since last (***day of the week***) about how many hours did (***name***) engage in (this activity/these activities), in total? *If less than one hour, record ‘00’.* | Number of hours \_\_ \_\_ |  |
| **CL4**. (Does the activity/Do these activities) require carrying heavy loads? | Yes 1No 2 |  |
| **CL5**. (Does the activity/Do these activities) require working with dangerous tools such as knives and similar or operating heavy machinery? | Yes 1No 2 |  |
| **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 1No 2Yes 1No 2Yes 1No 2Yes 1No 2Yes 1No 2Yes 1No 2 |  |
| **CL7**. Since last (***day of the week***), did (***name***) fetch water for household use? | Yes 1No 2 | 2*⇨CL9* |
| **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? | Yes 1No 2 | 2*⇨CL11* |
| **CL10**. In total, how many hours did (***name***) spend on collecting firewood for household use, since last (***day of the week***)? *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? [A] Shopping for the household? [B] Cooking? [C] Washing dishes or cleaning around the house? [D] Washing clothes? [E] Caring for children? [F] Caring for someone old or sick? [X] Other household tasks? |  Yes NoShopping for household 1 2Cooking 1 2Washing dishes /  cleaning House 1 2Washing clothes 1 2Caring for children 1 2Caring for old / sick 1 2Other household tasks 1 2  |  |
| **CL12**. Check CL11, [A]-[X]: | At least one ‘yes’ 1All answers are ‘No’ 2 | 2*⇨End* |
| **CL13**. Since last (***day of the week***), about how many hours did (***name***) engage in (this activity/these activities), in total? *If less than one hour, record ‘00’* | Number of hours \_\_ \_\_ |  |

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| **CHILD DISCIPLINE** |  | **FCD** |
| **FCD1**. Check CB2: Child’s age? | Age 5-14 years 1Age 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 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. |  Yes NoTook away privileges 1 2Explained wrong behavior 1 2Shook him/her 1 2Shouted, yelled, screamed 1 2Gave something else  to do 1 2Spanked, hit, slapped on bottom with bare hand 1 2Hit with belt, hairbrush, stick or other hard object 1 2Called dumb, lazy or another name 1 2Hit / slapped on the face, head or ears 1 2Hit / slapped on hand, arm or leg 1 2Beat up, hit over and over as hard as one could 1 2 |  |
| **FCD3**. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished? | Yes 1No 2DK / No opinion 8 |  |

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| CHILD FUNCTIONING (Age 5-17) | FCF |
| **FCF1**. I would like to ask you some questions about difficulties (***name***) may have. Does (**name**) wear glasses or contact lenses? | Yes 1No 2 |  |
| **FCF2**. Does (**name**) use a hearing aid? | Yes 1No 2 |  |
| **FCF3**. Does (**name**) use any equipment or receive assistance for walking? | Yes 1No 2 |  |
| **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. 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 1No, FCF1=2 2 | 1*⇨FCF6A*2*⇨FCF6B* |
| **FCF6A**. When wearing (his/her) glasses or contact lenses, does (**name**) have difficulty seeing?**FCF6B**. Does (**name**) have difficulty seeing? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot see at all 4 |  |
| **FCF7**. Check FCF2: Child uses a hearing aid? | Yes, FCF2=1 1No, FCF2=2 2 | 1*⇨FCF8A*2*⇨FCF8B* |
| **FCF8A**. When using (his/her) hearing aid(s), does (**name**) have difficulty hearing sounds like peoples’ voices or music?**FCF8B**. Does (**name**) have difficulty hearing sounds like peoples’ voices or music? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot hear at all 4 |  |
| **FCF9**. Check FCF3: Child uses equipment or receives assistance for walking? | Yes, FCF3=1 1No, FCF3=2 2 | 1*⇨FCF10*2*⇨FCF14* |
| **FCF10**. Without (his/her) equipment or assistance, does (**name**) have difficulty walking 100 meters/yard 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.* | Some difficulty 2A lot of difficulty 3Cannot walk 100 m/y at all 4 | 3*⇨FCF12*4*⇨FCF12* |
| **FCF11**. Without (his/her) equipment or assistance, does (**name**) have difficulty walking 500 meters/yards 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.* | Some difficulty 2A lot of difficulty 3Cannot walk 500 m/y at all 4 |  |
| **FCF12**. With (his/her) equipment or assistance, does (**name**) have difficulty walking 100 meters/yards on level ground? *Probe:* That would be about the length of 1 football field. | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot walk 100 m/y at all 4 | 3*⇨FCF16*4*⇨FCF16* |
| **FCF13**. With (his/her) equipment or assistance, does (**name**) have difficulty walking 500 meters/yards on level ground? *Probe:* That would be about the length of 5 football fields. | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot walk 500 m/y at all 4 | 1*⇨FCF16* |
| **FCF14**. Compared with children of the same age, does (**name**) have difficulty walking 100 meters/yards on level ground? *Probe:* That would be about the length of 1 football field. | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot walk 100 m/y at all 4 | 3*⇨FCF16*4*⇨FCF16* |
| **FCF15**. Compared with children of the same age, does (**name**) have difficulty walking 500 meters/yards on level ground? *Probe:* That would be about the length of 5 football fields. | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot walk 500 m/y at all 4 |  |
| **FCF16**. Does (**name**) have difficulty with self-care such as feeding or dressing (himself/herself)? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot 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 1Some difficulty 2A lot of difficulty 3Cannot be understood at all 4 |  |
| **FCF18**. When (**name**) speaks, does (he/she) have difficulty being understood by people outside of this household? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot be understood at all 4 |  |
| **FCF19**. Compared with children of the same age, does (**name**) have difficulty learning things? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot learn things at all 4 |  |
| **FCF20**. Compared with children of the same age, does (**name**) have difficulty remembering things? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot remember things at all 4 |  |
| **FCF21**. Does (**name**) have difficulty concentrating on an activity that (he/she) enjoys doing? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot concentrate at all 4 |  |
| **FCF22**. Does (**name**) have difficulty accepting changes in (his/her) routine? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot accept changes at all 4 |  |
| **FCF23**. Compared with children of the same age, does (**name**) have difficulty controlling (his/her) behaviour?  | No difficulty 1Less 2The same 3More 4A lot more 5 |  |
| **FCF24**. Does (**name**) have difficulty making friends? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot make friends at all 4 |  |
| **FCF25**. The next questions have different options for answers. I am going to read these to you after each question. I would like to know how often (**name**) seems very anxious, nervous or worried. Would you say: daily, weekly, monthly, a few times a year or never? | Daily 1Weekly 2Monthly 3A few times a year 4Never 5 |  |
| **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 1Weekly 2Monthly 3A few times a year 4Never 5 |  |

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| **PARENTAL INVOLVEMENT** |  | **PR** |
| **PR1**. Check CB3: Child’s age? | Age 5-6 years 1Age 7-14 years 2Age 15-17 years 3 | 1*⇨End*3*⇨End* |
| **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 00Number of books 0 \_\_Ten or more books 10 |  |
| **PR4**. Check CB7: During the current school year did the child attend school or preschool at any time? | Yes, CB7=1 1No, CB7=2 or BLANK 2 | 2*⇨End* |
| **PR5.** Does (***name***) ever have homework? | Yes 1No 2DK 8 | 2*⇨PR7*8*⇨PR7* |
| **PR6**. Does anyone help (***name****)* with homework? | Yes 1No 2DK 8 |  |
| **PR7**. Does (***name****)*’s school have a school governing body in which parents can participate (such as parent teacher association or school management committee / use local terms)?  | Yes 1No 2DK 8 | 2*⇨PR10*8*⇨PR10* |
| **PR8**. In the last 12 months, have you or any other adult from your household attended a meeting called by this school governing body? | Yes 1No 2DK 8 | 2*⇨PR10*8*⇨PR10* |
| **PR9**. During any of these meetings, was any of the following discussed: [A] A plan for addressing key education issues faced by (***name****)*’s school? [B] School budget or use of funds received by (***name****)*’s school? |  Yes No DKPlan for adressing school’s issues 1 2 8School budget 1 2 8 |  |
| **PR10**.In the last 12 months, have you or any other adult from your household received a school or student report card for (***name***)? | Yes 1No 2DK 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? [A] A school celebration or a sport event?  [B] To discuss (***name****)*’s progress with (his/her) teachers? |  Yes No DKcelebration or  sport event 1 2 8To discuss progress with teacher 1 2 8 |  |
| **PR12**. In the last 12 months, has (***name***)’s school been closed on a school day due to any of the following reasons: [A] Natural disasters, such as flood, cyclone, epidemics or similar? [B] Man-made disasters, such as fire, building collapse, riots or similar? [C] Teacher strike? [X] Other? |   Yes No DKNatural disasters 1 2 8Man-made disaster 1 2 8teacher strike 1 2 8other 1 2 8 |  |
| **PR13**. In the last 12 months, was (***name***) unable to attend class due to (his/her) teacher being absent? | Yes 1No 2DK 8 |  |
| **PR14**. Check PR12[C] and PR13: Any ‘Yes’ circled? | Yes, PR12[C]=1 OR PR13=1 1No 2 | 2*⇨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? | Yes 1No 2DK 8 |  |

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| **FOUNDATIONAL LEARNING SKILLS** | **FL** |
| **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 1No, permission is not given 2 | 2*⇨FL29* |

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| --- | --- | --- |
| **FL2**. *Record the time.* | Hours and minutes \_\_ \_\_ : \_\_ \_\_ |  |
| **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 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, permission is given 1No, permission is not given 2 | 1*⇨FL4*2*⇨FL29* |

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| **FL4**. *Before you start with the reading and number activities, tick each box to show that:* 🞏 *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**. First we are going to talk about reading. [A] Do you read books at home? [B] Does someone read to you at home? |  YES NOREADS BOOKS AT HOME 1 2READS TO AT HOME 1 2 |  |
| **FL7**. Which language do you speak most of the time at home?*Probe if necessary and read the listed languages.* | LANGUAGE 1 1LANGUAGE 2 2LANGUAGE 3 3OTHER (*specify*) 6DK 8 |  |
| **FL8**. Check CB7: During the current school year did the child attend school or preschool at any time? Check ED9 in the EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for child if CB7 was not asked. | Yes, CB7/ED9=1 1No, CB7/ED9=2 or blank 2 | 2*⇨FL10B* |
| **FL9**. What language does your teachers use most of the time when teaching you in class?*Probe if necessary and name the listed languages.* | LANGUAGE 1 1LANGUAGE 2 2LANGUAGE 3 3OTHER (*specify*) 6DK 8 | 1*⇨FL10A*2*⇨FL10A*3*⇨FL10A*6*⇨FL10A*8*⇨FL10A* |
| **FL10A**. Now I am going to give you a short story to read in (***Language circled in FL9***). Would you like to start reading the story?**FL10B**. Now I am going to give you a short story to read in (***Language circled in FL7***). Would you like to start reading the story? | YES 1NO 2 | 2⇨*FL23* |
| **FL11**. Check CB3: Child’s age? | Age 7-9 years 1Age 10-14 years 2 | 1*⇨FL13* |
| **FL12**. Check CB7: During the current school year did the child attend school or preschool at any time?  Check ED9 in the EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for child if CB7 was not asked. | Yes, CB7/ED9=1 1No, CB7/ED9=2 or blank 2 | 1*⇨FL19* |
| **FL13**. *Give the child the Reading & Number Book.* *Open the page showing the reading practice item and say:* Now we are going to do some reading. I would like you to read this aloud (*pointing to the sentences*). Then I may ask you a question. *Sam is a cat. Tina is a dog. Sam is 5. Tina is 6.* |
| **FL14**. *Did the child read every word in the practice correctly?* | Yes 1No 2 | 2*⇨FL23* |
| **FL15**. *Once the reading is done, ask:* How old is Sam? | SAM IS 5 YEARS OLD 1Other answers 2No answer after 5 seconds 3 | 1*⇨FL17* |
| **FL16**. *Say:* Sam is 5 years old. *and go to FL23.* |  | *⇨FL23* |
| **FL17**. Here is another question: Who is older: Sam or Tina? | TINA IS OLDER (THAN SAM) 1Other answers 2No answer after 5 seconds 3 | 1*⇨FL19* |
| **FL18**. *Say:* Tina is older than Sam. Tina is 6 and Sam is 5.*and go to FL23.* |  | *⇨FL23* |
| **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. | Moses | is | in | class | two. | One | day, |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Moses | was | going | home | from | school. | He |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| saw | some | red | flowers | on | the | way. |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| The | flowers | were | near | a | tomato | farm. |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| Moses | wanted | to | get | some | flowers | for |
| 29 | 30 | 31 | 32 | 33 | 34 | 35 |
| his | mother. | Moses | ran | fast | across | the |
| 36 | 37 | 38 | 39 | 40 | 41 | 42 |
| farm | to | get | the | flowers. | He | fell |
| 43 | 44 | 45 | 46 | 47 | 48 | 49 |
| down | near | a | banana | tree. | Moses | started |
| 50 | 51 | 52 | 53 | 54 | 55 | 56 |
| crying. | The | farmer | saw | him | and | came. |
| 57 | 58 | 59 | 60 | 61 | 62 | 63 |
| He | gave | Moses | many | flowers. | Moses | was |
| 64 | 65 | 66 | 67 | 68 | 69 | 70 |
| very | happy. |  |  |  |  |  |
| 71 | 72 |  |  |  |  |  |
| **FL20**. *Results of the child’s reading.* | Last word attempted Number \_\_ \_\_Total number of words incorrect or missed Number \_\_ \_\_ |  |
| **FL21**. *How well did the child read the story?* | The child read at least one word correct 1The child did not read any word correctly 2The child did not try to read the story 3 | 2*⇨FL23*3*⇨FL23* |
| **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 Moses in? | Correct ((Moses is) in class two) 1Incorrect 2No response / Says ‘I don’t know’ 3 |  |
|  [B] What did Moses see on the way home?  | Correct (He saw some flowers) 1Incorrect 2No response / Says ‘I don’t know’ 3 |  |
|  [C] Why did Moses start crying?  | Correct (Because he fell) 1Incorrect 2No response / Says ‘I don’t know’ 3 |  |
|  [D] Where did Moses fall (down)?  | Correct ((Moses fell down) near a banana tree) 1Incorrect 2No response / Says ‘I don’t know’ 3 |  |
|  [E] Why was Moses happy?  | Correct (Because the farmer gave him many flowers. / Because he had flowers to give to his mother) 1Incorrect 2No response / Says ‘I don’t know’ 3 |  |
| **FL23**. *Turn the page in the Reading & Numbers Book so the child is 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 a 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. That is ok. We will go to the next activity. | **9**Correct 1Incorrect 2No attempt 3**12**Correct 1Incorrect 2No attempt 3**30**Correct 1Incorrect 2No attempt 3**48**Correct 1Incorrect 2No attempt 3**74**Correct 1Incorrect 2No attempt 3**731**Correct 1Incorrect 2No attempt 3 |  |
| **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 activity*.* |  7 5 \_\_\_\_\_ 11 24 \_\_\_\_\_ 58 49 \_\_\_\_\_ 65 67 \_\_\_\_\_ 146 154 \_\_\_\_\_ |  |
| **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*.* |  3 + 2 =\_\_\_\_\_ 8 + 6 =\_\_\_\_\_ 7 + 3 =\_\_\_\_\_ 13 + 6 =\_\_\_\_\_ 12 + 24 =\_\_\_\_\_ |  |
| **FL26**. *Turn the page to the practice sheet for missing numbers. Say* Here 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 answe****r. 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 \_\_\_. 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 row on the questionnaire.* *If the child does not attempt 2 consecutive activities,**say:* Thank you. That is ok. |  5 6 7 \_\_\_ 14 15 \_\_\_ 17 20 \_\_\_ 40 50 2 4 6 \_\_\_ 5 8 11 \_\_\_ |  |

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| **FL28**. *Result of interview with child.* Discuss any result not completed with Supervisor. | Completed 01Not at home 02Mother / Caretaker refused 03Child refused 04Partly completed 05Incapacitated 06Other (*specify*) 96 |  |

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| **FS11**. *Record the time*. | HourS and minutes \_\_ \_\_ : \_\_ \_\_ |  |
| **FS12.** *Language of the Questionnaire.* | ENGLISH 1Language 2 2Language 3 3 |  |
| **FS13**. *Language of the Interview.* | ENGLISH 1Language 2 2Language 3 3Other language (specify) 6 |  |
| **FS14**. *Native language of the Respondent.* | ENGLISH 1Language 2 2Language 3 3Other language (specify) 6 |  |
| **FS15***. Was a translator used for any parts of this questionnaire?* | Yes, the entire questionnaire 1Yes, parts of the questionnaire 2No, 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.* |

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| **Interviewer’s Observations** |
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| **Supervisor’s Observations** |
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