



QUESTIONNAIRE FOR CHILD AGED 2-14
Mongolia

1. 2-14 YEARS-OLD CHILD INFORMATION PANEL		HF
<i>This questionnaire is to be administered to all mothers/ caretakers in the household (see columns HL8 and HL9 in household listing form) who care for a child that lives with them and is aged 2-14 years. A separate questionnaire should be used for each eligible child.</i>		
HF1. Cluster number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HF7. Interviewer name and number _____ <input type="checkbox"/> <input type="checkbox"/>	
HF2. Household number <input type="checkbox"/> <input type="checkbox"/>	HF8. Date of interview (year/month/day) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	
HF3. Child name _____	HF8A. Aimag/ city name and code _____ <input type="checkbox"/> <input type="checkbox"/>	
HF4. Child line number <input type="checkbox"/> <input type="checkbox"/>	HF8B. Soum/ district name and code _____ <input type="checkbox"/> <input type="checkbox"/>	
HF5. Mother/ caretaker name _____	HF8C. Bag/ khoroo name and code _____ <input type="checkbox"/> <input type="checkbox"/>	
HF6. Mother/ caretaker line number <input type="checkbox"/> <input type="checkbox"/>	HF8D. Khesege name and code _____ <input type="checkbox"/> <input type="checkbox"/>	

If greeting has not already been read to this mother/ caretaker, then read the following:

If greeting has already been read to this mother/ caretaker, then read the following:

WE ARE FROM THE NATIONAL STATISTICAL OFFICE OF MONGOLIA AND WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH, EDUCATION, AND LIVING SITUATION. I WOULD LIKE TO TALK TO YOU ABOUT (name)'S HEALTH AND WELL-BEING NEARLY 20 MINUTES. ACCORDING TO THE ARTICLE 5, PARAGRAPH 4 OF THE MONGOLIAN STATE LAW ON CONFIDENTIALITY OF AN INDIVIDUAL" AND ARTICLE 22, PARAGRAPH 3 OF THE MONGOLIAN STATE LAW ON STATISTICS ALL THE INFORMATION WE OBTAN WILL REMAIN STRICTLY CONFIDENTIAL.

NOW I WOULD LIKE TO TALK TO YOU (name)'S HEALTH AND WELL-BEING. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ACCORDING TO THE ARTICLE 5, PARAGRAPH 4 OF THE MONGOLIAN STATE LAW ON CONFIDENTIALITY OF AN INDIVIDUAL" AND ARTICLE 22, PARAGRAPH 3 OF THE MONGOLIAN STATE LAW ON STATISTICS ALL THE INFORMATION WE OBTAN WILL REMAIN STRICTLY CONFIDENTIAL.

SHALL WE START THE INTERVIEW?

- Yes, permission is given → Go to HF12. Record the time and then begin the interview.
- No, permission is not given → Fill in HF9. Discuss the result with the supervisor.

HF9. Result of interview <i>Codes refer to the mother/ caretaker of the eligible child.</i>	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (specify) _____ 96
HF10. Field editor name and number	_____ <input type="checkbox"/> <input type="checkbox"/>
HF11. Data entry clerk name and number	_____ <input type="checkbox"/> <input type="checkbox"/>

HF12	Interview started at	Hour, minute..... <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
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2. CHILD INJURY			CI
№	QUESTION	RESPONSE CODE	STEP
CI1	<i>Copy the child's name and age from HL2 and HL6 in household listing form.</i>	Name _____ Age _____ <input type="text"/> <input type="text"/>	
CI2	DURING THE LAST 12 MONTHS, DID (<i>name</i>) HAVE ANY INJURIES?	Yes 1 No..... 2	2 → DA2
CI3	DURING THE LAST 12 MONTHS, WHAT TYPES OF INJURIES DID (<i>name</i>) HAVE? <i>Probe:</i> ANY OTHER TYPES OF INJURIES?	Falls A Burns B Drowning C Severely freezing..... D Moderately freezing E Wound by cutting F Struck by an object..... G Bitten by animals..... H Road traffic injuries..... I Other (specify) _____ X Don't know..... Z	
CI4	WHEN WAS THE MOST RECENT TIME (<i>name</i>) INJURED?	Days ago..... 1 <input type="text"/> <input type="text"/> Weeks ago 2 <input type="text"/> <input type="text"/> Months ago..... 3 <input type="text"/> <input type="text"/>	
CI5	WHAT TYPE OF INJURY DID (<i>name</i>) HAVE AT THE MOST RECENT TIME?	Falls 01 Burns 02 Drowning 03 Severely freezing..... 04 Moderately freezing 05 Wound by cutting 06 Struck by an object..... 07 Bitten by animals..... 08 Road traffic injuries..... 09 Other (specify) _____ 96 Don't know..... 98	
CI6	WHERE DID (<i>name</i>) HAVE THE LAST INJURY?	Home 01 School/ pre-school..... 02 Sports area 03 Buildings area 04 Play area 05 Road, street..... 06 River, lake 07 Countryside field..... 08 Other (specify) _____ 96 Don't know..... 98	

3. CHILD DISABILITY

DA

Nº	QUESTION	RESPONSE CODE	STEP
DA2	I WOULD LIKE TO ASK HEALTH RELATED QUESTIONS CONCERNING <i>(name)</i> . COMPARED TO OTHER CHILDREN, DOES <i>(name)</i> HAVE ANY SERIOUS DELAY IN SITTING, STANDING OR WALKING?	Yes 1 No..... 2	
DA3	COMPARED TO OTHER CHILDREN, DOES <i>(name)</i> HAVE DIFFICULTY SEEING, EITHER IN THE DAYTIME OR AT NIGHT?	Yes 1 No..... 2	
DA4	DOES <i>(name)</i> APPEAR TO HAVE ANY DIFFICULTY HEARING OR DOES HE/ SHE USE HEARING AID OR IS HE/ SHE COMPLETELY DEAF?	Yes 1 No..... 2	
DA5	WHEN YOU TELL <i>(name)</i> TO DO SOMETHING, DOES HE/ SHE SEEM TO UNDERSTAND WHAT YOU ARE SAYING?	Yes 1 No..... 2	
DA6	DOES <i>(name)</i> HAVE DIFFICULTY WALKING OR MOVING HIS/ HER ARMS OR DOES HE/ SHE HAVE WEAKNESS AND/ OR STIFFNESS IN THE ARMS OR LEGS?	Yes 1 No..... 2	
DA7	DOES <i>(name)</i> SOMETIMES HAVE FITS, BECOME RIGID OR LOSE CONSCIOUSNESS?	Yes 1 No..... 2	
DA8	DOES <i>(name)</i> LEARN TO DO THINGS LIKE OTHER CHILDREN OF HIS/ HER AGE?	Yes 1 No..... 2	
DA9	CAN <i>(name)</i> MAKE HIMSELF/ HERSELF UNDERSTOOD IN WORDS?	Yes 1 No..... 2	
DA10	<p><i>Check CII to see if the child is aged 3-14 years.</i></p> <p><input type="checkbox"/> <i>Yes, the child is aged 3-14 years → Continue with DA11.</i></p> <p><input type="checkbox"/> <i>No, the child is aged 2 years → Go to DA12.</i></p>		
DA11	IS <i>(name)</i> 'S SPEECH NOT CLEAR ENOUGH TO BE UNDERSTOOD BY PEOPLE OTHER THAN THE IMMEDIATE FAMILY?	Yes 1 No..... 2	1→DA13 2→DA13
DA12	CAN <i>(name)</i> NAME AT LEAST ONE OBJECT SUCH AS AN ANIMAL, A TOY, A CUP, A SPOON, ETC.?	Yes 1 No..... 2	
DA13	COMPARED TO OTHER CHILDREN OF THE SAME AGE, DOES <i>(name)</i> APPEAR IN ANY WAY MENTALLY BACKWARD, DULL OR SLOW?	Yes 1 No..... 2	
DA13A	DOES <i>(name)</i> ALWAYS STAY IN SICKBED?	Yes 1 No..... 2	

№	QUESTION	RESPONSE CODE	STEP
DA14	<p>AS PART OF THIS SURVEY, OTHERS IN OUR TEAM MAY VISIT YOU AGAIN TO COLLECT MORE INFORMATION ON SOME OF THE TOPICS WE HAVE JUST TALKED ABOUT, CONCERNING <i>(name)</i>. SUCH A VISIT MAY TAKE PLACE WITHIN THE NEXT <i>(days/weeks/months)</i>.</p> <p>MAY I PROCEED AND NOTE THAT YOU WOULD BE FINE WITH SUCH A VISIT, IF IT OCCURS AT ALL? AGAIN, YOU MAY CHANGE YOUR MIND AND DECLINE TO SPEAK TO OUR TEAM IF AND WHEN THE VISIT HAPPENS.</p>	<p>No objections to additional visit..... 1 Uncertain about additional visit/ depends..... 2 Refused additional visit..... 3</p>	

HF13	<i>Interview completed at</i>	Hour, minute..... <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
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HF14	<p><i>Check if the mother/ caretaker is the mother/ caretaker of another child under aged 2-14 years in this household.</i></p> <p><input type="checkbox"/> <i>Yes → Go to the next “Questionnaire for Child aged 2-14” to be administered to the same mother/ caretaker.</i></p> <p><input type="checkbox"/> <i>No → Continue with HF15.</i></p>
HF15	<p><i>Check if there is another mother/ caretaker of a child aged 2-14 years.</i></p> <p><input type="checkbox"/> <i>Yes → Start administering the next “Questionnaire for Child aged 2-14” with the mother/ caretaker.</i></p> <p><input type="checkbox"/> <i>No → End the interview with the mother/ caretaker by thanking her/him for her/his cooperation.</i></p> <p><i>Check if there are any other eligible women for the next “Questionnaire for Woman aged 15-49” or eligible children under age of 5 years for the next “Questionnaire for Child under 5”, or eligible men for the next “Questionnaire for Man aged 15-54”.</i></p>